



Leading in Emergencies

Resilient and Stress Management Training Packages for Health Workforce

in

Amhara & Afar Regions

Prepared by Jhpigo Ethiopia

Health Work Force Improvement Program/HWIP

Feb , 2022

Addis Ababa, Ethiopia

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ACKNOWLEDGMENT

We would like to acknowledge the contribution of HWIP staff who dedicated their efforts to develop these training modules for use by the health workforce deployed in health emergency response programming. We extend our acknowledgements to Dr Tegbar Yigzaw, Jemal Mohammed, Dereje Ayele, and, Zeine Abosse for finalizing these modules on time.

INTRODUCTION:

This comprehensive capacity building package is developed for the HWF that aims to assist local leaders/managers and the HWF improve their efficiency in the mitigation efforts being exerted in the Amhara region.

Health is an entry point for engagement in crises affected areas because people living in such places are disproportionately affected by major health problems such as high maternal and child mortality, NCD, AIDS, TB, malaria, mental illness and various forms of violence and improvements in health services help strengthen the health sectors and restore legitimacy to governments. As the characteristics of crises affected places varied based on the specific situations, its interventions also varied which combines short-term relief with longer-term development. Effective capacity building and engagement with the region depends on an understanding of health system challenges to inform the design of health programs and selection of interventions. In post-conflict or recovering states, because of the time lag between preservice training of health workers and the delivery of services by those workers, the state and donors need to begin addressing human resource development issues during the peak of the crisis.

This capacity building program will focus on the health workforce for meeting acute needs in terms of psychosocial support, human resource management, gender-based violence, and lifting them up from the frustrations they are in through equipping them on how to lead in times of crises, besides of re-establishing trust in governments and among groups in conflict. Such short-term interventions in the health sector can also serve as a bridge to peace and a source of stability in the region.

The situations in Amhara region continued to surface more challenges for the healthcare leaders and managers at all level of the health system and consequently it is imperative to provide a comprehensive package of trainings for the leaders/managers at all levels in the health system. Anecdotal evidences show that in Amhara people are in devastating humanitarian disaster from internal displacement, GBV, infectious diseases, and other preventable causes. And it is imperative to address the HWF in a comprehensive manner with a tailor-made material on selected topics to build their capacities to plan and respond to the emerging healthcare needs in the region. No matter how much money we put into improving health services, health systems, educational campaigns, health worker training, equipment, and facilities, it will not be realized without a motivated and energized staff at all levels in the system.

Experience tells us that it is people, not just systems that create the productive, goal-oriented work environment that raises health system performance. This intervention therefore focuses on developing people and teams, within organizations, networks, and public institutions at all levels of the health system, that are empowered to lead, manage, and govern to achieve greater health outcomes. Taking an iterative and adaptive approach that incorporates systems thinking—because no single individual or group can overcome health service delivery roadblocks alone—the program works closely with the interim government and stakeholders to identify the most pressing problems they need to address, to design and implement solutions, to attain their goals, and to learn from both successes and failures.

For this effect, the HWIP adapted existing materials on LMG, HRM, GBV, and Psychosocial support training materials and prepared tailor-made comprehensive training package for the health work force in Amhara. It will be done with a short-term capacity building intervention that address HRH and leadership challenges to improve organizational performances and build resiliency, maximizing resource mobilization efforts, and enhancing conducive work climate. While focusing on strengthening capacity at the regional level, HWIP technical supports in collaboration with the RHB will be cascaded across all levels of the health system. Specifically, the program will target key health system functions that support sustainable improvements in delivery of essential health services during the time of emergency and humanitarian crisis. This Manual, therefore, is the result of a comprehensive multi steps developmental and consultative process, guided and coordinated by USAID mission and Ministry of Health and facilitated by the Jhpiego Ethiopia HWIP.

So, the manual considered most of the underlying needs in the mitigation efforts and is tailoring it to fit to health professionals and those who are involved in the delivery of health care services at all levels. Therefore, it is a foregone conclusion that it would narrow down the gaps and be up to the expectations of the target participants.

Why Health Is Important to Address the Causes of Instability?

- Protecting human life: Reduction of morbidity and mortality is a humanitarian imperative, with positive effects that range from reduced spending on curative care to improved productivity.
- Serving as an entry point: Health services can be an entry point for engagement with governments and civil society.
- Demonstrating results: Health serves as one element of the “peace dividend” in post-conflict countries.
- Reducing fragility: Good health services enable governments to be more effective and increase their legitimacy.
- Breaking the cycle: Health services can help break the vicious cycle in which fragility contributes to poor health, and poor health can cause fragility.

Needs of a Crises Affected Areas Health System:

- The health system lacks infrastructure. There are insufficient facilities, human resources for health, equipment and supplies, and drugs.
- The health delivery system is in disarray or dysfunctional. Since the system lacks coordination or oversight, services are accessible primarily to urban populations.
- The government is not providing health services. For the most part, health services are provided by non-state providers, with little policy direction or monitoring by the government.
- There is a lack of equity in the provision of health services. In the services that do exist, there is great inequity, especially for secondary and curative services. Few public health services exist for the poor.
- There is no system for establishing policy. The health system is like a ship without a rudder—there is no clear course to follow. Providers of care have been free to offer whatever services they desire and to provide non-standardized training to health workers.
- Implementation of policies is nonexistent. National policies have not been established to steer the health system. The policies that do exist are not followed, since there is insufficient oversight of the health sector and of the implementation of policies.
- The health system operates without adequate information. There may be no up-to-date information about which diseases are endemic, what kinds of and how many health facilities exist, and where health workers are located.

- Few functional management systems are in place. Without systems, there is no basis for developing budgets, tracking expenditures, assessing workloads, tracking the availability of human resources, or carrying out disease surveillance.
- Management capacity is lacking. There is a shortage of managers skilled in managing the health system, health facilities, and human resources for health. These dysfunctional elements and deficiencies in the health system will be found in most fragile states. While they will not manifest themselves in the same way in each situation, the general systemic problems in the health system are typical. It is not just the limitations imposed by infrastructure problems, such as damaged hospitals or lack of clinics, but the inability of government to assess the situation, develop appropriate policies, and then provide the leadership to manage the necessary reforms and changes to the health system. So in determining what interventions and assistance can be provided to the fragile state, the real challenge is the requirement to address these interlinked problems concurrently.

The modules included in this manual will lead the HWF and leaders/managers to;

- **Seeing and operating from the big picture.** Seeing the big picture is necessary to create a shared vision, set strategies, and maintain the long view. This perspective will help them reorient people's attention and energy when they become immersed in struggles over short-term interests or are unsure how to prioritize their work.
- **Communicating the vision.** Managers who lead know how to communicate, over and over and in many different ways, where their organization and staff are headed and why so that all are rallied around the organization's vision. By communicating the vision and getting others in key positions to reinforce it, they demonstrate that they are on the same team and that they are all progressing together, even when there is tension around competing ideas and rivalry for resources and recognition.
- **Applying the Principles of Change Management:** If we keep your eyes and ears open, we can often detect when a change is needed before a crisis occurs. Changes in the external environment might signal a need to adjust the way something is done in our organization or team. For example, systems might need to be updated or adapted, staff might need to modify their roles, or might need to measure different aspects of their work. Certain skills might become outdated or no longer relevant, and staff might need to learn new ones. Change can be difficult to manage. You will sometimes have to change not only systems but also your own behavior, and then model that change for those at lower levels.
- **Recognizing stakeholders'/clients' interests.** The ability to bring stakeholders together, negotiate, and manage the tension that comes from competing interests and agendas, and turning conflict into win-win situations for maximum effectiveness is essential to leadership and good governance. Recognizing others' interests will help them find allies, as well as anticipate and be prepared for any groups whose interests are in opposition to their organization's mission, values, and goals.

- **Making the best use of their time.** Delegation will save time. If they are aware of and trust their colleagues' strengths and capabilities, they will be comfortable delegating tasks, freeing up time to pay attention to things that need leadership and good governance at the highest levels. In the process, they are developing their staff. Delegation should be coupled with setting priorities: determining the extent to which their many tasks contribute to or detract from achieving the vision. They must know how to lead meetings effectively, saving not only their time but also the time of everyone who attends. Careful listening and observation will enable them to respond thoughtfully to issues and avoid the crises that can consume everyone's time and energy.
- **Soliciting feedback and advice.** Asking for feedback—positive and negative—from colleagues and subordinates will help them work with others to address issues effectively. Acknowledging that they can always improve will strengthen their personal support system, which they can go to for advice and sustenance during difficult times.
- **Improving the Work Climate.** “Work climate” is a term for the prevailing atmosphere as employees experience it: what it feels like to work in a group. Experience in varied settings has shown that many positive changes emerge when the climate improves.

LIST OF ACRONYMS

ERC – Emergency Risk Communication
WHO – World Health Organization
GBV – Gender Based Violence
HCW – Health Care Worker
HRM – Human Resource for Health
HWF - Health Work Force
HWIP – Health Work Force Improvement Program
IDP – Internally Displaced Population
LMG – Leadership, Management, and Governance
MOH – Ministry of Health
NCD – None Communicable Diseases
PSS – Psychosocial Support
TB - Tuberculosis
USAID – United States Agency for International Development

COURSE SYLLABUS

Course Description: This **three-days** training course is prepared for the health workforce who can facilitate involvement of staff in crises mitigation efforts at all level in the health system. Those participated in this course as Training of Facilitators (ToF) will train, coach, and mentor and support other staff to lead and manage the crises; manage the health workforce crises; prevent and manage GBV; and provide psychosocial support for the staff and leadership team in the region.

COURSE GOAL

At the end of this course, participants are expected to demonstrate the required mindset in leading/managing the crises through the application of leadership & management, HRM, GBV, and Psychosocial concepts and skills in their own context. It also supports leaders/mangers at all levels of the health system to realign people with the organizational vision and mission, and redirect everyone's energy toward the future so as to improve patient safety through delivery of basic health services.

At the heart of this short training program is participants learn a proven method of crises management through applying skills of being servant and build their teams and larger organizational members to face prevailing health care challenges and improve client satisfaction in a complex situation.

Training participants are expected to go back to their organizations and discuss lessons with their colleagues, introducing and implementing the lessons into their workplaces.

SPECIFIC COURSE OBJECTIVES

At the end of this course/training, participants will be able to:

- Develop skills of crises leadership
- Develop leading and managing practices of the HWF at all levels
- Improve motivation of the HWF deployed at different hierarchies in the health system
- Develop their emotional intelligence
- Demonstrate insight into, and appreciation of, the external challenges and changes occurring in health care systems for effective responses.
- Apply change management skills

- Describe the key HRH actions for health workforce reconstruction in post conflict area
- Explain HRH action frame work
- Define human resources management
- Explain the meaning, types and consequences of gender-based violence
- Analyze why health programs should address gender-based violence
- Interpret the role of the health sector in addressing gender-based violence in emergency situations
- Understand the GBV preventions and response interventions in the health sector
- Describe the broader concept of MHPSS in emergencies
- Identify effective ways of managing stress as HCP working during post conflict period
- Understand the appropriate model of psychological first aid during conflict
- Deliver basic health services with the required quality

COURSE DESIGN:

This course is designed in accommodating a range of learning capacities of participants and is reasonably paced. The training manual follows a participatory, enquiry based, and practice-oriented approach. The course is further enriched by concise and comprehensive notes, exercises, and relevant examples. The training is also supplemented by power point presentations and a suggested list of further readings.

The manual also embodies activities testing and solidifying the learned items of information by way of individual and team-based assignments.

ORGANIZATION OF THE DOCUMENT:

The training manual is organized into four modules and each of which is subdivided into sessions;

Module 1: Leadership in a crisis

Module 2: Human Resource Management

Module 3: Gender Based Violence; and

Module 4: Mental Health and Psychosocial support

LEARNING METHODOLOGY:

- Participative mini-lecture
- Case scenarios
- Brainstorming
- Large and small group discussions
- Individual/small group exercises
- Individual/small group home-take exercises

Hence, brainstorming ideas, insights invoking questions, group discussions, and case studies have been incorporated as much as possible. In brief, the material is hoped to be up to the expectation of adult learners whose inputs are quite enriching for the process of learning.

Trainers' selection criteria

- Experts who have involved in the development of this course material
- Experts who are trained on training skills course and attend the basic training and have co-trained with the course developers

Training Materials/Aids

- A Comprehensive the training manual on Resilience and Stress management as a response to emergency and crisis in Amhara
- Laptop projector
- Power point slides
- Flip chart(s) easel and paper
- Tape
- Marker
- Self-stick notes or note cards
- Writing pad and Paper
- Name tags

Target Audience: The primary audience of this comprehensive capacity building training is the HWF and leaders/managers who are deployed at all levels in the health system.

Training Evaluation:

After the workshop, participants will evaluate the training's relevance, effectiveness, and quality. Additional approaches for evaluating and supporting facilitators should be used, including peer evaluations of trainers and evaluation from coordinators. In addition, we recommend that a pre- and post-test questionnaire be completed by participants to test the level of learning taking place as a result of the training.

- **Participant**
 - Formative
 - Group exercises
 - Drills
 - Evaluation of participant throughout the course
 - Summative
 - Participant's activity, attendance and participation throughout the course

- **Course**
 - Daily Evaluation
 - Daily trainer's feedback meeting
 - End of Course Evaluation
- **Course Venue**
 - In-service training centers or any conducive places for adult training
- **Course Duration**
 - Three days
- **Course Composition**
 - 30 participants
 - 4 trainers

- **Critical success factors**

A few factors must be in place for this comprehensive capacity building program to succeed.

- Keep it simple
- Key stakeholders are committed
- A local champion leads the effort
- Monitoring and evaluation are continuous
- Coaching visit and support teams

COURSE SCHEDULE

| Time | Topics | Facilitator / Co-facilitator |
|--------------|--------------|--|
| Day 1 | 8:00-8:30 | Introduction and opening of the training |
| 2:00 hrs. | 8:30-10:30 | <i>Module I: Leadership in a crisis</i> |
| | 10:30-10:45 | <i>Tea Break</i> |
| 2:00 hrs. | 10:45-12:45 | <i>Module I: Leadership in a crisis</i> |
| | 12:45 -1:30 | Lunch break |
| 2:00 hrs. | 1:30 -3:50 | <i>Module I: Leadership in a crisis</i> |
| | 3:50 - 4:00 | Tea break |
| 2:00 hrs. | 4:00 - 5:30 | <i>Module I: Leadership in a crisis</i> |
| Day 2 | 8:30- 10:30 | <i>Module II: Human Resource Management</i> |
| 2 :00 hrs. | | |
| | 10:30-10:50 | Tea break |
| 2:00 hrs. | 10:50- 12:30 | <i>Module II: Human Resource Management</i> |
| | 12:30-1:30 | Lunch break |
| 2:00 hrs. | 1:30-3:50 | <i>Module II: Human Resource Management</i> |
| | 3:50 - 4:00 | Tea break |
| 2:00 hrs. | 4:00-5:30 | <i>Module II: Human Resource Management</i> |
| Day 3 | 8:30-10:30 | <i>Module III: GBV</i> |
| 2:00 hrs. | | |
| | 10:30-10:40 | Tea break |
| 2:00 hrs. | 10:40-12:30 | <i>Module III: GBV</i> |
| | 12:30-1:30 | Lunch break |
| 2:00 hrs. | 1:30-3:30 | <i>Module IV: Mental Health & Psychosocial Support</i> |
| | 3:30-3:40 | Tea break |

| | | | |
|-----------|------------|--|---------------------|
| 2:00 hrs. | 3:40-5:00 | <i>Module IV: Mental Health & Psychosocial Support</i> | Lead and Co-Trainer |
| | 5:00 -5:15 | Reflections and Closing | |
| | 1:30-3:30 | Closing of Training | |

MODULE I

Leadership in a Crises

Module One: Leadership in Crises

Duration: 8 hours

Module Description

This 8 hours' module is designed to help the HWF and leaders/managers on how to lead and manage health systems in times of crises to achieve organizational objectives through the application of leadership and management practices. The module also prepares the HWF to meeting urgent health needs, carrying out quick-impact and medium-term responses, and addressing the longer-term development of health systems through using skills of crises management, change management, conflict resolution, team building, growing influence, inspiration, and establishing conducive work climate in their respective organizations/facilities.

Module objectives



Enabling objectives

After completing this module, participants will be able to:

- Identify leadership roles in a crisis
- Develop competencies of leading in a crisis
- Develop leading and managing practices of the HWF at all levels
- Identify the typical characteristics of a servant leader
- Describe importance of high performing teams in times of crises in the health system
- Build stress management skills of leaders/managers at all levels
- Improve motivation of the HWF deployed at different hierarchies in the health system
- Develop their emotional intelligence
- Demonstrate insight into, and appreciation of, the external challenges and changes occurring in health care systems for effective responses

- Apply change management skills
- Develop conflict and negotiation skills of leaders/managers
- Describe how to make effective requests and educing conflicts
- Inspire the HWF through trust, acknowledgement, and provision of effective feedbacks

Module outline

Session 1: Introduction to crises leadership

Session 2: Servant Leadership

Session 2: Emotional Intelligence

Session 3: Leading, Managing and Governing for Results Model

Session 4: Developing Managers Who Lead Triangle

Session 5: Work climate

Session 6: Conflict Management and Negotiation at workplaces

Session 7: Growing Influence

Session 8: Making Effective Requests and Reducing Complaints

Session 9: Gaining Commitment, not just Compliance

Session 10: Creating High Performance Teams

Session 11: Inspiring Others

Session 12: Managing Changes and Leading through Breakdowns



Activity 1:

Duration: 10 minutes

Group work:

Discuss in your team; What crises mean and why is it so easy for a leader to get distracted during a crisis?

Discuss leadership roles during and after the crises?

In your experience, what are some good ways a leader can maintain focus during times of crises?

Share your consensus points to the plenary

1. Introduction to Crises Leadership

What is crisis?

A specific, unexpected, and non-routine event or series of events that create high levels of uncertainty and threat or perceived threat to an organization's high priority goals.

A crisis is change – either sudden or evolving – that results in an urgent problem that must be addressed immediately. Crises, catastrophes, and calamities are an unfortunate but inevitable fact of life. They have been with us since the beginning of time. It can be argued that they will

be with us until the end of human history itself. In short, they are an integral part of the human condition. They are the human condition.

A crisis is an unstable time or state of affairs in which a decisive change is impending – either one with the distinct possibility of a highly undesirable outcome or one with the distinct possibility of a highly desirable and extremely positive outcome. It is usually a 50-50 proposition, but you can improve the odds.

What Is Crisis Leadership?

Crisis leadership is important to both the health sector leaders and the academia. It is important that we understand what a crisis is and what it might look like so that we are better able to detect one and put a plan into action. While crisis management and crisis leadership may appear similar the differences are apparent when you see that crisis management is more concerned with the immediate recovery effort while crisis leadership looks at the enduring role of a leader before, during, and after the crisis.

Leadership is also critical for responding to disease crises. Whether an epidemic spread naturally or through bioterrorism, any crisis can pose difficult challenges for leaders.

Table 1. Differences between crisis leadership and crisis management

| Crisis leadership | Crisis management |
|--|--|
| Long view of events | Short view of events |
| Proactive | Reactive |
| Learn during a crisis and from errors | No learning from a crisis. Respond and move on |
| Plan for many different potential crises | One plan for all crises |
| Plan for many different potential crises | One plan for all crises |
| Communicate to stakeholders the wide range of potential crisis | Communicate the “response plan” |
| Involve others in the plan and the response | Drive the response when the time comes |

Leading during and after crisis: Crises require leaders.

Individual personalities might come into play during crises: some elected officials might prefer to delegate decision making, whereas others might prefer to make all of the decisions

themselves. In either case, if those responsible do not take charge or do so ineffectually, a leadership vacuum results, leading to turf battles, leadership confusion, and response delays.

Public health leadership is as important as political leadership during a disease crisis. Public health leaders must work within their public health systems, however robust or weak they may be. In addition, they must communicate and collaborate with leaders from different agencies, jurisdictions, and disciplines.

Problems can arise when public health leaders' expectations or assumptions about their roles and responsibilities, particularly in relation to those of the political leaders, are incorrect. For example, if a public health leader decides that a population needs prophylactic antibiotics after a possible exposure to a deadly agent and announces the decision publicly, he or she could face difficulties if the elected official does not provide political support.

Three principles to deal with crises as a leader/manager:

1. *Have an emergency preparedness/business continuity plan.* You and your organization must have a comprehensive, multifaceted emergency preparedness/business continuity plan that focuses on the health issues, in addition to dealing with the human issues. No one can predict the type or timing of a disaster, but chances are great that *something* will happen sometime, and sooner than you might think. If you've got a plan, you'll be better able to respond to the situation and recover faster.

2. *Prepare to lead.* You must be prepared to assume a leadership role in planning for and taking actions when cases strikes. This means taking the time to develop plans and executing them immediately when needed, without asking permission especially where people's safety, security, and health are at stake. You need to recognize and remember you are in the best position to deal with the complex, unfolding human side of these events, both short- and long-term. Yet you must also realize you cannot do this alone. You must work closely with individuals from many disciplines, both inside and outside the organization.

3. *Expect the unexpected.* Regardless of how much planning you do, you must appreciate you will still experience the unexpected when a disaster strikes and you will have to adjust your plans on the fly. This may include propping up any of the organization's leaders who can't deliver in a crisis and supporting those who rise to the occasion. And these days it also may mean cleaning up after an executive or team of executives who caused or contributed to a man-made disaster, whether it involves fraud, ethical lapses, or some other type of malfeasance.

By adopting these principles and attending to the lessons, act quickly, and always show courage.

Steps to be taken in times of crises:

1. Step up to a leadership role in anticipating the human issues you might face in the event of a crises; you can't wait to be asked. You can be an invaluable partner to the senior leadership team and line managers. Think through now how you can step in if executives and managers crumble in the face of crises. It's your job to reassure and to keep people on track. Your self-control will have a calming influence, and employees at all levels will look to you for reassurance and a plan of action.
2. Be a champion for business continuity planning, and be involved in reviewing it regularly.
 - a. Make sure the plan addresses the human components of a crisis, including what provisions must be made for the care of employees near and far.
 - b. Make sure the plan incorporates a variety of scenarios and that you practice them using either tabletop, virtual, or live-action enactments.
 - c. Prepare a telephone tree or similar scheme for contacting employees. All managers should keep a list at home of their employees' home telephone and cell phone numbers, and their home and second-home addresses.
3. Develop contingent HR policies. It will save an enormous amount of time if you and the senior team can agree before a catastrophe on how you wish to care for your employees: what you are willing to pay for and not pay for, what you can give them, what to reimburse them for, and the like.
4. Over-communicate. Answer questions about safety frankly, promptly, and often. Be aware of what communication vehicles you have or can develop quickly, as well as what staff are available for getting a variety of messages to employees quickly.
5. Know what employee assistance resources are available and how they can be implemented to head off potential trauma-related problems.
 - a. Be acutely sensitive to human trauma, and go overboard with help rather than ignoring potential personal problems.
 - b. Understand how the event may have affected employees' families. Plan for extra assistance or trauma counseling for severe cases.
6. Make symbolic efforts to build and preserve credibility. For example, in the case of a work site that has undergone a significant amount of damage, move your most senior managers back to the site first. That not only makes a statement about safety, but indicates that they believe they are not at risk. Employees may or may not yet believe that all is okay, and this is a first step to soothe their anxieties.
7. Healing is slow process; not everyone will be on the same page at a given stage. Patience is helpful, and a strong yet understanding approach by managers will go a long way toward getting their people back on track.

Are You Ready to Lead?

Behavioral attributes:

Those qualities that come from within and have an impact on your behavior

| Competency | How satisfied am I with my strengths in this area? | What can I do about it? |
|--|---|--------------------------------|
| <i>Initiative:</i> Readiness to act and seize opportunities | | |
| <i>Relationship man- argument:</i> Inspirational leadership, influence, catalyst for change, conflict management, net- working, teamwork and collaboration | | |
| <i>Self-awareness:</i> Awareness of your emotions and their impact, knowledge of your strengths and weaknesses, sense of self- confidence | | |
| <i>Self-control:</i> Ability to control emotions, maintain objectivity, be empathetic, attain a degree of dispassion | | |
| <i>Innovation:</i> Creativity, tangential or peripheral thinking | | |
| <i>Strategic planning:</i> Creating a vision; mission and key strategies to move the business forward | | |
| <i>Tactical planning and organizing:</i> Developing action plans, structure, and staffing so that the strategies can come to life | | |
| <i>Communication and interpersonal skills:</i> Getting your message across to others; building relationships; remaining open to others' input | | |
| <i>Project management:</i> Leading others in the execution of a short-term project; understanding PERT and Gantt charting; task and staff scheduling; critical path analysis | | |

If there are areas in the self-assessment grid where you feel you need some professional development, discuss with the senior management team and identify area of concern for your organization.

Action Steps:

1. Work with senior leadership team to develop a strategic HR philosophy that fits and advances the organization's vision, mission, and key business strategies. The philosophy should encompass the ways in which the organization plans to:
 - a. Recruit, select, hire, and develop its people
 - b. Pay and reward employees
 - b. Provide care, such as benefits
 - c. Create a positive and productive workplace through the culture and organizational climate it hopes to achieve
 - d. Recognize employees for heroic actions
 - e. Coach, counsel, discipline, and terminate employees who are characterized by poor performance
2. Determine in advance, in the course of business continuity planning, how you will use this philosophy to address employee issues such as the following:
 - a. Pay
 - b. Attendance
 - c. Trauma
 - d. Benefits
3. Work with communications staff to develop ways to convey these contingent HR policies to employees.

Tips for Managing the Human Element:

- Putting employees first and getting help to them, as well as to the victims' families, immediately
- Pulling together a senior management team and having them meet daily to work through all of the issues
- Recruiting experts to help the senior management team and the employees, especially for behavioral health issues and sensitive media issues
- Involving employees in as many decisions as possible (for a natural disaster, this may occur after you've started the business recovery)
- Communicating regularly both to inform and to alleviate anxieties

These actions are time-intensive and energy draining. Yet they can produce a multitude of benefits as employees recognize that you're just not saying you care for them, but you're also showing them you do. You're a true leader and employer of choice.

Summary:

- A crisis is a fast-developing event that puts the organization at risk and forces it to act.
- Personal and organizational worldviews affect how crises are perceived.
- Crises are increasingly caused by events other than natural disasters.
- Crisis leadership is more than simply leading an organization through the response to a crisis.
- Leaders should lean on their faith to make it through a crisis.

2. Emergency Risk Communications (ERC)

Risk communication is an integral part of any emergency response. It is the real-time exchange of information, advice and opinions between experts, community leaders, or officials and the people who are at risk. During epidemics and pandemics, and humanitarian crises and natural disasters, effective risk communication allows people most at risk to understand and adopt protective behaviours.

It allows authorities and experts to listen to and address people's concerns and needs so that the advice they provide is relevant, trusted and acceptable.

Key Actions recommended in ERC :

A. Building Trust

To build trust, risk communication interventions should be linked to functioning and accessible services, be transparent, timely, easy-to-understand, acknowledge uncertainty, address affected populations, link to self-efficacy, and be disseminated using multiple platforms, methods and channels

Communicating uncertainties

Communication by authorities to the public should include explicit information about uncertainties associated with risks, events and interventions, and indicate what is known and not known at a given time.

Engaging communities

Identify people that the community trusts and build relationships with them. Involve them in decision-making to ensure interventions are collaborative, contextually appropriate and that communication is community-owned.

B. Integrating ERC into health and emergency response systems

Risk communication for health protection needs to work within health and emergency preparedness and response systems

ERC should be a designated strategic role in national (global) and provincial/regional/Woreda emergency preparedness and response leadership teams.

Information systems coordination

Develop and build on agency and organizational networks across geographical, disciplinary and, where appropriate, national boundaries.

Tailor information and communication systems to the needs of users and involve local stakeholders to guarantee the flow of information across sectors

Capacity building

Preparation and training of personnel for ERC should be organized regularly and focus on coordination across involved stakeholders. Implementation consideration: When planning training, consider incorporating, training and include media representatives in training exercises, as appropriate

Finance

ERC requires a defined and sustained budget that should be a part of core budgeting for emergency preparedness and response.

C. ERC Practice

Strategic planning primarily involves the assessment of needs, setting of objectives, implementation of targeted interventions in a coordinated way, and monitoring and evaluation of intervention activities in order to improve public awareness and influence behaviour before, during and after a public health event or emergency.

ERC planning must occur well in advance and be a continuous process with a focus on preparedness as well as response. Planning should be sensitive to stakeholders' needs, participatory, responsive to the context and incorporate feedback from affected groups.

Monitoring , evaluation and research

Monitoring and evaluation is also key. Research is required to establish best mechanisms and methods for rapidly evaluating ERC interventions, and incorporating evaluation findings and feedback from stakeholders and communities to inform and improve ongoing and future responses.

Social media - may be used to engage the public, facilitate peer-to-peer communication, create situational awareness, monitor and respond to rumours, public reactions and concerns during an emergency, and to facilitate local-level responses.

Introduction to Servant Leadership

What is Servant-Leadership?

Servant leadership begins with the natural feeling that one wants to serve, to serve first. Then conscious choice brings one to aspire to lead (Greenleaf, 1970). In addition to serving, Greenleaf states that a servant leader has a social responsibility to be concerned about the “have-nots” and those less privileged.

Servant leaders place the good of followers over their own self-interests and emphasize follower development (Hale & Fields, 2007).

Practicing servant leadership comes more naturally for some than others, but everyone can learn to be a servant leader (Spears, 2010)

Ten Characteristics of a Servant Leader

In an attempt to clarify servant leadership for practitioners, Spears (2002) identified 10 characteristics in Greenleaf's writings that are central to the development of servant leadership. Together, these characteristics comprise the first model or conceptualization of servant leadership.

Characteristics of a servant leader:

- | | |
|-----------------------------|---|
| • <i>Listening</i> | • <i>Foresight</i> |
| • <i>Empathy</i> | • <i>Stewardship</i> |
| • <i>Healing, Awareness</i> | • <i>Commitment to the growth of people and</i> |
| • <i>Persuasion</i> | • <i>Building community</i> |
| • <i>Conceptualization</i> | |

Who is a servant-leader?

The servant-leader is servant first. It begins with the natural feeling that one wants to serve. Then conscious choice brings one to aspire to lead. The best test is: do those served grow as persons; do they, while being served, become healthier, wiser, freer, more autonomous, more likely themselves to become servants? And, what is the effect on the least privileged in society? Will they benefit, or at least not be further deprived? (Robert K. Greenleaf, *Servant Leadership*, 1977/2002)

Even though servant leadership has some overlap with other leadership approaches such as transformational leadership, its explicit focus on ethics, community development, and self-sacrifice are distinct characteristics of this leadership style. Even though servant leadership has some overlap with other leadership approaches such as transformational leadership, its explicit focus on ethics, community development, and self-sacrifice are distinct characteristics of this leadership style.

Research shows that servant leadership has a positive effect on employee commitment, employee citizenship behaviors toward the community (such as participating in community volunteering), and job performance. Liden, R. C., Wayne, S., J., Zhao, H., & Henderson, D. (2008).

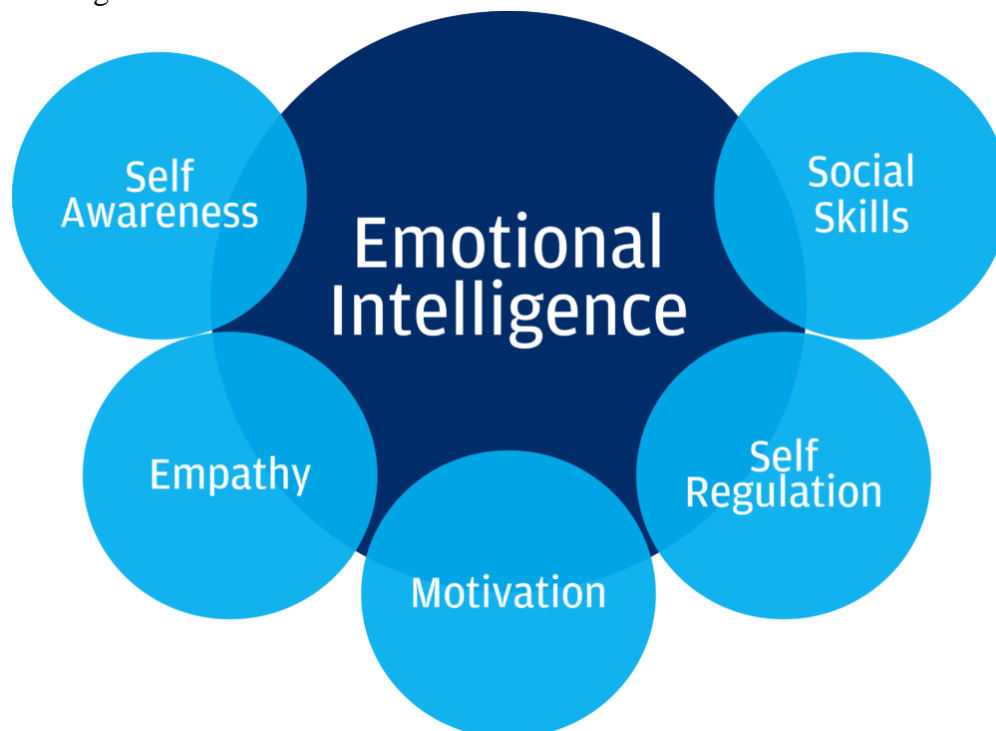
Research shows that servant leadership has a positive effect on employee commitment, employee citizenship behaviors toward the community (such as participating in community volunteering), and job performance.

3. Emotional Intelligence

Mayer & Salovey, 1997 defined emotional intelligence is the ability to perceive emotions, to access and generate emotions so as to assist thought, to understand emotions and emotional knowledge, and to reflectively regulate emotions so as to promote emotional and intellectual growth.

Emotional intelligence has to do with our emotions (affective domain) and thinking (cognitive domain), and the interplay between the two. Intelligence is concerned with our ability to learn information and apply it to life tasks, emotional intelligence is concerned with our ability to understand emotions and apply this understanding to life's tasks.

There are five elements that define emotional intelligence: Self-awareness, empathy, motivation, self-regulation and social skills.



Self-awareness: This is the ability to recognize and understand personal moods, emotions and drives and the effect of them on both self and others.

Empathy: the ability to understand the emotional make-up of others and the skill to treat people according to their emotional reactions.

Self-Regulation: This is the ability to control your emotions and actions.

Motivation: Highly motivated people put off short-term rewards for long-term success.

Social skills: Involves the ability to manage relationships, build networks, find common ground and build rapport.

4. Leading, Managing and Governing for Results Model



Activity 2: Reflection on the LMG for results model

Duration: 10 minutes

Brainstorming

Leading, managing, and governing practices

Discuss issues which arises during crises times and how the LMG for results model helps to resolve organizational challenges?

Group work

In your team, discuss what you expect as a result of applying the twelve practices in your organization and how it links to each other.

What do you anticipate as intermediate result before observing changes in the service indicators?

Discuss the importance of having changes at the intermediate level before we see sustainable improvement in the health outcomes.

Share your consensus points to the plenary

Leading, managing and governing practices to improved health outcomes/results¹

At the core of developing health care managers' capacity is this belief:

The proof of good leadership lies in achieving measurable improvements in health outcomes.

Your team focuses on improving these health outcomes through better delivery of Health Services.

- ☞ Managers who learned to apply the LMG practices and listed on the left of the model can bring about changes in the work environment & empowerment of health workers, strong management systems, and responsive health systems prudently raising and allocating resources that leads to increased access, availability & utilization of services, improved quality and low cost. The three circles in the middle are critical contributors to improved services and health outcomes.

5. Developing Managers Who Lead Triangle



Activity 3:

Duration: 10 minutes


Group work

How do you enable the HWF for facing the existing and anticipated crises in the health sector? Please compare your responses with the "Developing Managers who lead triangle".



Figure 1: Developing managers who lead triangle

6. Work climate

| | |
|--|--|
|  | <p>Activity 4: Duration: 5 minutes Individual reflection <i>Reflect on the importance of creating conducive work climate for the HWF working in a dysfunctional health system, and facilities where there are lack of the required resources.</i></p> <p><i>Share your experience to the larger group.</i></p> |
|--|--|

Work climate refers to the prevailing mood of a workplace or what it feels like to work there. Climate is the array of conditions related to staff motivation. Work climate is the “weather of the workplace.” Just as weather conditions can affect your daily activities, work climate influences your behavior at work.

A good work climate can improve an individual’s work habits, while a poor climate can erode good work habits. Most importantly, a positive work climate leads to and sustains staff motivation and high performance.

Rewards of a positive work climate:

When people work in a supportive environment, they strive to produce results. Such an environment is called a positive work climate.

A positive work climate stimulates staff motivation because it provides conditions under which people can pursue their own goals while striving toward organizational objectives.

When members of staff feel motivated, they want to put their capabilities to work. They may even make efforts that exceed job expectations. The following figure depicts how a positive work climate improves work performance.

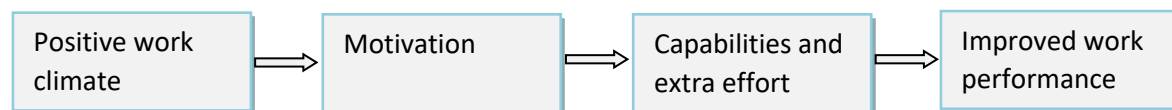


Fig 2: Link between positive work climate and improved work performance

Factors that influence work climate:

It is important to know how you can influence work climate and distinguish between factors that are within your control and those that are not.

7. Conflict Management and Negotiation at workplaces

A. Conflict management

Activity 6: Conflict management

Duration: 10 minutes

Role Play: Positive and Negative Action - Scenario

The staff member seems to be in a problem. There is a lot of gossip about the case team leader who is not knowing her job and not able to provide proper leadership. Although recruited recently, the case team leader has good qualification and good track record with the previous organization. You realize that this activity is different and that she may lack some skills to provide technical leadership. You also recognize that her assistant may resent that he did not get the job although he knows that he does not have adequate qualifications for the position.

Instructions for the Director/executive manager:

As a Director/ Executive Manager you decide to call both of them to your office to explore the conflict and find an appropriate solution. You knew that there may be difficulties when you recruited the new case team leader as the assistant was hoping to get the position. You however feel strongly that the assistant does not have adequate managerial skills to lead the team. He is hard working but cannot in your opinion provide the required leadership. You would like to give the chance for both of them, the case team leader and her assistant would like to avoid the situation where you have to ask the assistant to leave. You want to use a problem solving approach according to the following guidelines:

What is the current situation? What is the apparent cause of the problem? What is the real reason? What are the potential solutions? How will the solution be implemented? Will it work?

Instructions for Case team leader

You are recently recruited and very eager to do a good job. You have, however met a lot of resentment and hostility from your assistant. Although not outright rude, he never volunteers any information, does not respond to your attempts to draw him out and refuses to discuss the problem. His response is always that there is no problem. You feel uncomfortable as you have a suspicion that he encourages gossiping and is trying to frustrate your efforts for the team to accept you. You are, however, very keen to solve the problem and willing to listen to him.

Instructions for assistance case team leader

You feel very strongly that you have worked in the organization from the beginning and should be given a chance to become the assistance case team leader. Instead the management brought in an outsider, a much younger woman who does not really understand the activities. She may have all the qualifications but lacks experience in your opinion. You feel betrayed. However, you do not want to lose the job, would be keen to solve the problem but without losing the face.

Instructions for observers:

Using the situation, answer the problem-solving questions and then define some positive and negative actions the Director, the case team leader and the assistance case team leader took?

| <i>Positive action</i> | <i>Problem solving question</i> | <i>Negative action</i> |
|------------------------|---|------------------------|
| | <i>What is the current situation?</i> | |
| | <i>What is the apparent cause of the problem?</i> | |
| | <i>What is the real reason?</i> | |
| | <i>What are the potential solutions?</i> | |
| | <i>How will the solution be implemented?</i> | |
| | <i>Will it work?</i> | |

Examples of positive actions:

1. Carefully analyze events leading up to the problem.
2. Spot poor performance in sub-group team.
3. Recognize that sub-group leader is at fault.
4. Offer to retrain and support sub-group leader.
5. Review leader's training needs on regular basis.
6. Review situation in 6 months to check success.

Some examples of negative actions:

1. Ignore evidence and proceed as before

Ten Principles of Conflict Competence for Individuals, Teams and Organizations

Conflict competence applies to individuals, teams, and organizations. It is relevant at work, home, and in community settings. The following principles capture the key elements of conflict competence and can be used to frame effective training efforts.

1. Conflict is inevitable and can lead to positive or negative results depending on how it is handled.
2. While people generally see conflict as negative and prefer to avoid it, better results can emerge from engaging it constructively.
3. In order to overcome reluctance to address conflict, people need to believe it is important to do so — thus recognizing the tremendous value of managing conflict effectively.
4. Individual conflict competence involves developing cognitive, emotional, and behavioral skills that enable one to cool down, slow down, and engage conflict constructively.
5. Cognitive skills include developing self - awareness about one's current attitudes and responses to conflict and an understanding of conflict's basic dynamics.
6. Emotional skills include understanding one's emotional responses to conflict, regulating those responses to attain and maintain emotional balance, understanding and responding to the

emotions of one's conflict partners, and when necessary slowing own to allow extra time to cool down.

7. Behavioral skills include engaging constructively by understanding others' perspectives, emotions, and needs; sharing one's own thoughts, feelings, and interests; collaborating to develop creative solutions to issues; and reaching out to get communications restarted when they have stalled.
8. Engaging constructively also involves reducing or eliminating the use of destructive behaviors characterized by fight - or - flight responses to conflict.
9. In team settings, conflict competence includes creating the right climate to support the use of the "cool down, slow down, and engage constructively" model among teammates so they can have open and honest discussions of issues. Creating the right climate includes developing trust and safety, promoting collaboration, and enhancing team emotional intelligence.
10. In organizational contexts, conflict competence involves creating a culture that supports the "cool down, slow down, and engage constructively" model. This includes aligning mission, policies, training programs, performance standards, and reward structures to reinforce the conflict competence model. It also includes creating integrated conflict management systems to support these cultural changes.

In order to be conflict competent, an organization needs its leaders, managers, supervisors, and employees to be individually conflict competent. At the same time, it needs to align its conflict management processes with its mission, values, policies, performance standards, and reward structures in order to reinforce the kind of conflict behaviors it wants its personnel to use with each other and with its service providers and clients. This involves creating systems to reinforce its conflict model and to provide multiple avenues for employees to address conflicts, preferably at the lowest possible level at the earliest possible time.

When we work with teams, we ask the members if they encounter conflict in their work. They almost always say yes and readily agree that they will face it again in the future. When we probe further to see if they have developed processes for handling conflicts when they emerge, they almost always say no. This is why we believe teams have such a difficult time dealing with conflict. Team conflict is both natural as well as inevitable. It emerges from many types of differences that the members bring to a team such as education, experience, values, culture, personality, and interests. These differences can sometimes lead to people feeling threatened. They can also create expectations about how others should respond.

This, in turn, leads to conflicts when people do not respond in the desired manner.

Task conflict occurs when people have differences and they work to solve the problems and issues caused by the differences. This kind of conflict can result in creative solutions, good decisions, and improved implementation.

Relationship conflict is typified by focusing on whom to blame as opposed to how to solve problems. It leads to divisiveness and poorer outcomes in teams. When teams experience more task conflict than relationship conflict, they tend to perform better. So, how do teams engage in task conflict? Significant research has examined this issue over the past ten years. The key question

is whether team members are able to openly and honestly discuss difficult issues in a constructive manner. While this sounds straightforward, it clearly is not easy given the degree of difficulty that most teams experience around conflict.

In *Building Conflict Competent Teams*, there are two critical steps that teams can take to improve their chances of making the most out of the conflicts they experience. The first involves creating the right climate for discussions, and the second deals with using effective communication strategies to explore issues and develop solutions to problems. However, even when the right climate is established and teams employ effective communication strategies, teams may still experience conflict challenges.

Is conflict constructive?

Many people suggest that conflict is healthy and constructive. While conflict can provide broader perspectives and deeper understanding, for most people conflict is destructive.

A conflict is constructive only if as a result:

- The relationship is stronger
- You understand each other more
- There is greater willingness to meet each other's needs
- There is greater trust
- You have resolved the source of future conflicts
- There are richer perspectives

If the conflict results in deeper frustration, negative feelings and a growing hostility, it is destructive to the relationship. You have created a remedial situation from which you have to recover.

Resolving conflict:

As conflict is caused by a denial of people's needs, the successful resolution must involve the satisfaction of those needs; otherwise the conflict could simmer and re-ignite. If you want a lasting win, look for the win for the other.

If **Takele** just ignored **Kaba's** need for procedures and does the work **his** way, **his** needs are met and **Kaba's** are not ... it is *win-lose*, 10 for **Takele** and 0 for **Kaba**. If **Kaba** pulls rank and insists that **Takele** follow his procedures regardless of **his** need to be creative, this is *lose-win*, 0 for **Takele** and 10 for **Kaba**.

In both these scenarios the conflict remains unresolved and will continue, albeit under the surface, until there is some element of *win-win*.

Conflict resolved in the unshaded area is likely to keep re-emerging as needs are largely still unmet. Try to get a compromise with 5/5 and above. While it may not be possible to get 100% satisfaction, aim for at least 50% + satisfaction for both parties

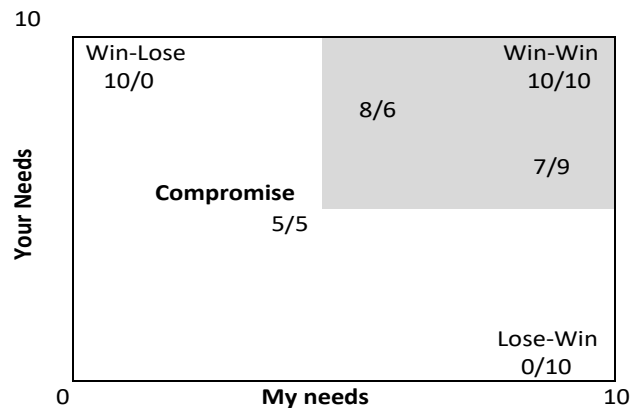


Fig. 3: Conflict resolution

Celebrate the difference:

The view through your window is different, not better, not right, just different. The difference need not be the battleground; it can be the source for broader perspectives. There is nothing wrong with you and there is nothing wrong with me, but there may be something wrong between us. Celebrate rather than fight the difference.

Win-win is more likely when people

- Focus on both sets of needs, concerns and feelings.
- Respect each other’s view.
- See the issue as a mutual problem to be solved.
- Are prepared to listen and compromise.
- Are not interested in winning at any cost.
- Opt for power *with* rather than power *over*.

The power of co-operation:

People will not want to co-operate with you, if you seem to be against them. Aim to be open, receptive and willing to collaborate.

Create an atmosphere in which everyone feels that something can be gained, i.e. everyone is a winner. Maybe you don’t get what you want until others get what they want.

Key skills for collaboration:

Here are three skills which prevent the escalation of the conflict and allow you to steer the energy along a path that will increase understanding, trust and co-operation.

1. *Listen acceptingly* – find out what others see through their window on the world.
2. *Talk constructively* – share what you see through your window on the world.
3. *Problem-solve* – marry the views for mutual wins.

The steps for managing conflict:

While there is more than just one way to resolve any conflict, there are certain processes that will enable you to manage the differences in open and honest ways without damaging the relationship.

Here are four steps in addition to skills discussed that allow you to make the transformation from you against me to us against the problem.

This model has evolved through work on conflict management in organizations and couple counselling.

Step one: Attend to the other person first.

Step two: Explore the need behind the want for both of you.

Step three: Invite the other's solution.

Step four: Build maximum win-win.

Steps one and two show that you are trying to understand the other person, Steps three and four show that you are willing to meet their needs.

Steps to conflict resolution

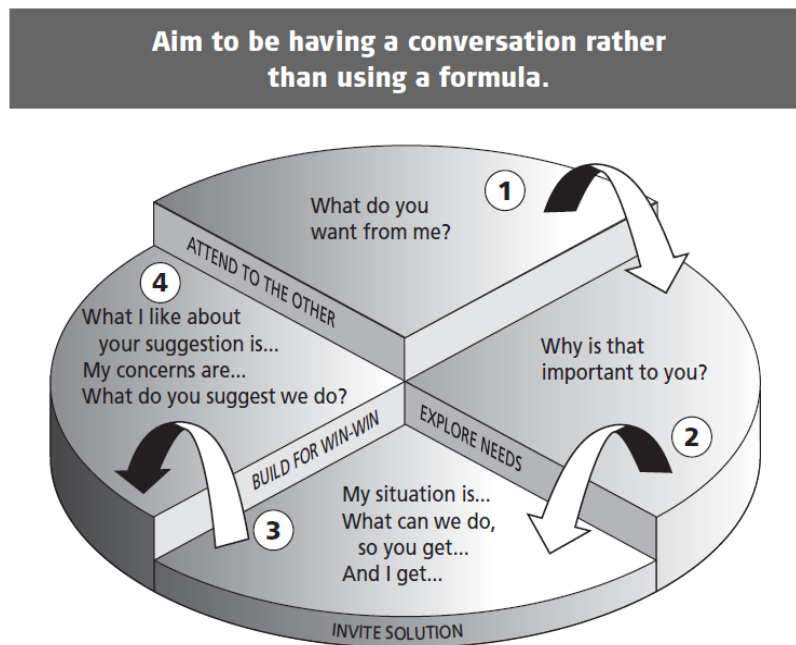


Figure 4: Steps to conflict resolution

8. Growing Influence



Activity 7: Recognizing your sphere of Control/Influence

Duration: 10 minutes

Group work

Personal exercise

From your personal experience whom do you think is/are under your sphere of Control? List down those group of people or situations which you consider under your control? Do similar activities for influence too? What factors did you consider for categorizing people and situations that are under your control and Influence?

Group work

Discuss the importance of recognizing your team sphere of control and Influence for facing an organization's challenge in times of crises?

Distinguish the distinctions among the three circles.

Identify on which of these circles do you worry about most?

What skills are required to influence others in order to bring people around your mission/vision?

In which circle are you most likely to have an impact?

Record answers on a flipchart and share to the plenary.

Sphere of control, influence and concerns

- “Control” inside the innermost circle;
- “Influence” in the middle circle;
- “Concern /No control or influence” in the outer circle

Note that leadership is about focusing on things one can influence rather than complaining about things one can do little.

Besides knowing your staff and yourself, you can positively influence others by changing the way you assign and manage the workload. Look for ways to:

- Challenge your staff to help them grow;
- Ensure clarity about work roles and responsibilities;
- Support staff by providing resources, making connections, and understanding their needs.

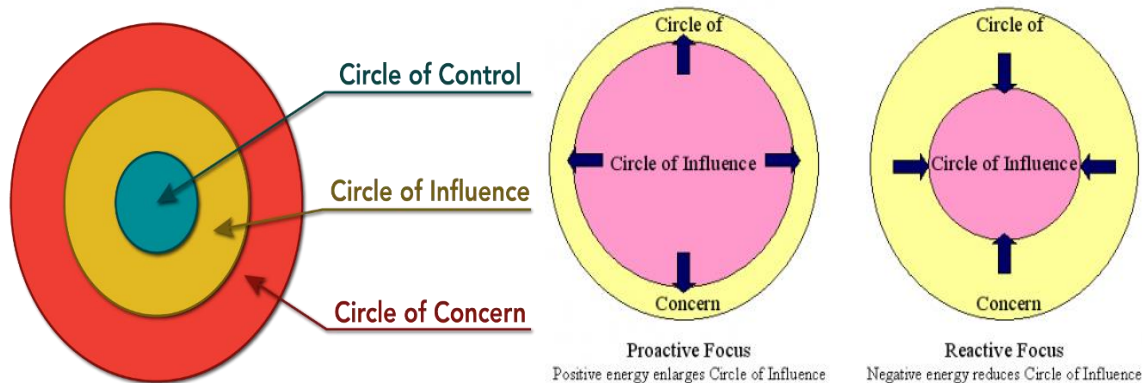



Fig. 5. Circle of control, influence and concerns

9. Making Effective Requests and Reducing Complaints



Activity 8: Making effective requests and reducing complaints
Duration 8 minutes
Change complaints into requests
Discuss in your small group on some examples of complaints you have or have heard in your organizations during this crisis.

Change a few of the complaints into requests.
Practice turning complaints into requests
Write down examples of three complaints and now rewrite these complaints as requests.

Share your requests
Work in pairs and check each other's requests to see if they have the three specific elements of a good request.

The following principles are helpful for handling complaints effectively:

- People complain only to someone who can do something about the situation.
- People state their complaint in the form of a request.
- If you receive a complaint you cannot do anything about, you decline to listen to it, and refer it to someone who can do something about it (avoid gossip).
- If you receive a request, you are free to respond in the three ways (yes, no, or counteroffer).

Make your requests in the following form:

1. Will you _____ (specific person)
2. Please do this _____ (specific action)
3. By this time _____ ? (specific time)

Rivers (2010) recommended that to change complaints into effective request you have to learn translating “your (and other people’s) complaints and criticisms into specific requests, and explain your requests.” If you want to win more cooperation by others, *whenever possible ask for what*

you want by using specific, action-oriented, positive language rather than by using generalizations.

10. Gaining Commitment, not just Compliance

Compliance versus Commitment



Activity 9: Gaining commitment, not just compliance

Duration: 8 minutes

Individual exercise: Reflect on motivating factors

Think of a time when you were really committed to doing something.

In the left column write the factors that motivated you. For contrast, think about a situation when you were forced or obliged to do something.

Write the factors that motivated you in that situation in the right column. At your table, share what you wrote in each column.

What is the difference between the answers in the two columns?

☞ You will probably find out that commitment has internal motivators while compliance has external motivators.

Discuss the effect of commitment and compliance on performance

What is the difference in the types of performance they produce?

Why is this distinction important for the leadership project you selected?

Are there times when compliance is okay? for what reasons?

Share your experience to the plenary

Step 3 Practice


Think about your workplace and where you can improve commitment of your staff during and post crises times.

Your ability to sustain a positive work climate also depends on your ability to inspire commitment in your team. Creating an initial vision with your team will go a long way toward engaging the team's commitment to addressing challenges. You can reinforce this commitment through conversation and actions that encourage individual staff to connect their own goals to this group effort. Over the long term, you can maintain your team's motivation if you keep an eye on your own behavior and apply techniques to sustain your staff's performance. You can:

- rekindle your commitment if it begins to fade;
- remain worthy of people's trust;
- balance commitment and compliance;
- acknowledge others' contributions;
- encourage your staff's performance through supportive techniques;
- foster learning that will encourage creative group solutions.

When you do these things continually, they become part of the prevailing work conditions that staff experience as a positive work climate. All contribute to an atmosphere in which your group's members feel inspired, clear about what they are doing, and supported in facing every challenge.

11. Creating High Performance Teams

| | |
|---|--|
|  | <p>Activity 10: Understanding roles in teamwork Duration: 10 minutes Practice team roles <i>In your team practice the different team roles. Pick a topic or challenge to discuss that will generate a spirited conversation. Assign two persons as observe. Observers give feedback from their notes to their teams.</i> Share experiences from the role-play <i>What was it like to be an observer only?</i> <i>Was it difficult?</i> <i>Did you see each of the four roles being played?</i> <i>Did you see the four roles in a balanced way, or was there too much of one role?</i></p> |
|---|--|

Creating high performance team

There are four equally important roles that people can play in a team: initiate, follow, oppose, or observe. A healthy team has people playing all four roles in order to get results.

For a team to function well, it needs all of the four roles played out in a productive way. For a team member to be effective, one needs to be good at each of the roles.

There are four roles in teamwork. These roles can be played at different times by different people.

- **Initiate:** start action, propose new ideas
- **Follow:** accept the idea or proposal for action and support it actively
- **Oppose:** question the direction
- **Observe:** watch what is going on

12. Inspiring Others

A. Building Trust



Activity 11: Inspire others through building trust

Duration: 10 minutes

Individual exercise

Think of someone whom you trust. What has he or she done to earn your trust?

Think of someone you do not trust. What has he or she done to lose your trust?

Share your responses with another participant.

Identify practices to improve trust

In your teams, discuss how you can use the eight practices of leading & managing to improve trust in your workplace.

Comment on the practice

Which of the practices you listed can you start implementing right away?

Which ones are more difficult? Discuss in a team and share it to the larger group.

Trust underlies everything that successful managers do with their work groups. Trust is essential for information exchange, problem solving, success of teams, enjoyment, and productivity. Being trust worthy means that others willingly rely on you because of your integrity, ability, and character. Team performance depends on mutual trust between you and the individuals in your team. But trust takes time to build and maintain.

B. Acknowledging others



Activity 12: Inspire through acknowledgment

Duration: 10 minutes

Complete a sentence beginning with “I acknowledge you for…” for every member of their team

- *These acknowledgments can include for what the other member has contributed to the team, to clients, or to the community.*

Read and receive acknowledgments

- *In the large group, have each person read the acknowledgments you wrote to each of their team mates aloud so everyone can hear it.*

Wrap up and practice

- *What was it like to receive these acknowledgments?*
- *Why is it so powerful?*
- *What keeps us from acknowledging and recognizing people more often?*
- *How can we increase acknowledgment in our work?*
- *Do you observe any difference in the way women and men acknowledge their own or others successes?*

If you acknowledge someone for something but do not actually mean it, you are at risk of being seen as insincere or fake.

To encourage staff members to strive together for results and recognition, you can follow the “seven essentials of encouraging the heart.” The essentials presented in the supplementary note will make clear to everyone what kind of performance you are looking for.

You can also strengthen the group’s team spirit by asking people to recognize each other’s contributions. At any time, you can call a meeting and ask people to write a sentence on a piece of paper for every member of their team, beginning with the phrase “I acknowledge you for . . .” These acknowledgments can include what the other member has contributed to the team, to clients, or to the community. Have each person read his acknowledgement to the other members of the team. Through this process, your group members will grow more appreciative of each other’s efforts and commit to producing desired results for each other.

13. Managing Changes and Leading through breakdowns

A. Leading change initiatives



Activity 13: Leading a change

Duration: 10 minutes

Group work

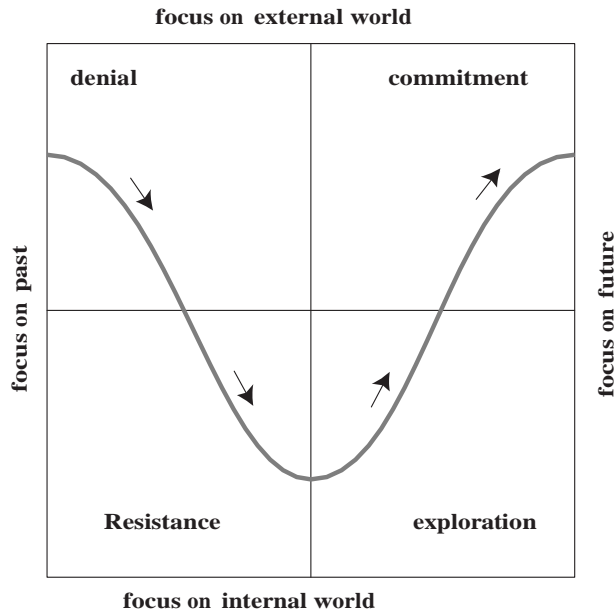
Discuss any change initiatives that your organizations have experienced in the past. Try to link with the current changes that is happening in the region. How did the staff members perceive it? Identify the steps/processes you followed to intervene the situation.

Share your consensus points to the plenary, especially focus on how you communicated the urgency of the change effort in the region.

Working with people’s responses to change:

To varying degrees, change can be stressful and complicated. Leading people through change requires managing the change process.

It is important to understand the responses people have to change and provide support and encouragement that is appropriate to where people are in their own process.



When people are in a place of....

Denial. Provide them with more information so that it becomes difficult to stay in denial.

Resistance. Create opportunities for people to express their feelings. Resist the impulse to explain or defend, which will make things worse. Show empathy for and understanding of the losses people experience.

Exploration. Make available opportunities and resources for discovering what is possible in the new situation. Encourage people to get together and support one another.

Commitment. There is no need to “Manage” the change process at this point, since people will manage themselves. Get out of the way.

B. Leading through Breakdowns

Breakdowns as a source of positive change



Activity 14:

Duration: 8 minutes

Reflect on personal responses to breakdowns

Think of a time when you have encountered commitments and obstacles:

What did you do then? Write your responses

Talk about lessons learned from breakdowns

What was the breakdown?

What were you committed to?

What was missing or what happened, that caused the breakdown to occur?

What did you learn?

What actions could you take now to avert the crises?

Draw out practices to handle breakdowns after sharing in pairs.

Leading your team through breakdowns

One of the differences between a group of individuals and a high-performing team is that, in a team approach, difficulties and breakdowns are expected and embraced, and the team addresses the breakdowns together. Help your teams identify breakdowns and see them as catalysts for understanding what is missing or what stands in the way of achieving the results you desire.

A breakdown is any situation that:

- Threatens progress toward a commitment
- Presents uncertainty or difficulty
- Stops effective action
- Presents obstacles to our commitments.

Breakdowns normally lead to:

- Minimizing or ignoring the problem
- Blaming each other
- Erosion of teamwork, trust, and effectiveness.

New ways to approach breakdowns:

- All large commitments have breakdowns;
- The greater our commitment, the more and greater the breakdowns: “No commitment, no breakdown”;
- Breakdowns (when well handled) are a major source of breakthroughs: “finding a new way” to meet your commitments together

MODULE II

HUMAN RWSOURCES FOR HEALTH MANAGEMENT

Module One: Human resources for health management

Duration: 8 hours

Module Description

This module introduces human resources management. It defines human resources management, describe action for health workforce reconstruction and indicates HRH action framework.

Module Objectives



Enabling objectives

After completing this module, participants will be able to:

- Describe the key HRH actions for health workforce reconstruction in post conflict area
- Explain HRH action frame work
- Define human resources management

Module Outline:

Session 1: Establishing human resources system during post conflict reconstruction

Session 2: Financial situation

Session 3: HRH action framework

Session 4: Impact of conflict on the workforce

Session 5: Human resources management

1. Establishing Human Resource Systems for Health during Post Conflict Reconstruction

Restoring health services is an essential component of any major nation rebuilding that follows some periods of conflict. Providing appropriate and good quality health services to the population reduces morbidity and mortality. This is an important goal in itself, but the delivery of health services also provides an important entry point for engagement between the government and civil society. Efforts to rebuild health services take place during periods of complex emergency, since conflict generally continues in pockets after any officially declared end to hostilities.

Countries as they emerge from violent conflict will require different approaches to respond to their unique circumstances and rebuild public service provision. “Post conflict reconstruction is a comprehensive, multidimensional and long-term undertaking to build institutions and promote good governance”². This usually involves ensuring security and reconstruction, promoting unity, rebuilding trust and legitimacy in government institutions and re-establishing the rule of law. Creating or rebuilding an environment through which health services can be provided is therefore just one of many competing priorities that government face following a period of conflict.

Post-conflict rebuilding of health services often takes place in a period known as a ‘complex emergency’, since conflict may continue to some extent even if it has officially ended and emerging from it is part of a slow process. During this period constitutional weaknesses and residual conditions of war will continue to have an impact on reconstruction, including that of the health sector.

Health workers are an essential, input to service provision. Decisions governing human resources are thus crucially important for rebuilding a health system. In many post conflict areas, however, little attention is given to identifying the effects of prolonged conflict upon the composition, skills, and deployment of the health work- force that is expected to provide services in a rebuilt health system. The urgency to restore health services perpetuates an emergency approach to developing human resources for health (HRH).

The key HRH actions for health workforce reconstruction include:

- identifying available staff;
- developing HRH management structures, systems, and capacity;
- clarifying HRH roles and responsibilities;
- establishing health worker equivalencies and upgrading skills;
- supporting civil service reconstruction;
- widely disseminating HRH information.

²United Nations: Reconstructing Public Administration after Conflict. Challenges, Practices and Lessons Learned; 2010

1.1 Financial situation

The state of the economy in post-conflict settings is likely to be unstable with limited ability to raise income fast enough, the financial structures in which to raise local revenue are damaged and the likelihood to attract foreign investment is low. Therefore, the role of donor funds becomes very important. Donor funds cannot be relied upon and in some circumstances donors also may be reluctant to support a government that is not yet well-established, and as a result, services may remain severely lacking in resources.

The expenditure required for human resources for health (HRH) is often underestimated or neglected by policy makers in the complex emergency or post-conflict periods, yet there is a need for substantial re-investment after the conflict has ended. Investment is needed for: training, development of HR systems and salaries and incentives.

1.2 The state of the workforce in the immediate post-conflict period

Human resources planning, management and development is a key area for any health sector. There is a need to produce, attract and retain a trained workforce of the appropriate skills mix, as well as assure good performance of the workforce; in post-conflict settings the challenges faced to achieve this are exacerbated (1). This section describes typical features of the workforce in post-conflict settings. These include: staffing numbers types and distribution, health workforce and health worker performance. An analysis of this situation is part of the planning cycle of the HRH Action Framework (in Figure 1).

Figure 1. HRH action Framework



1.3 Impact of conflict on the workforce

The impact of conflict varies across settings but it will have often impinged on many areas of the workforce. Post-conflict HR rebuilding may need to deal with the consequences of human and capital flight, death of health workers during the conflict, a lack of senior management, a distorted skills mix of health workers, growth of informal and uncontrolled private practice, inconsistent or poor availability of some categories of workers (midwifery/physicians), distortion of health worker supply and salaries by the aid industry, poor productivity (absenteeism, poor supervision, low salaries), deteriorating skills and poor regulation^{3, 4, 5}. In the post-conflict period, difficulties can emerge in recruitment, and people's willingness to work in some locations or professions.

1.4 Human resource management

Table Task (20 minutes)

In your group discuss the following questions:

What is HRM?

Why is a strong HRM system important?

What are some of the challenges of Human Resources management you are facing in your area?

HRM is the integrated use of procedures, policies, and practices to recruit, maintain, and develop employees in order for the organization to meet its desired goals. In this context, the three pillars of effective HRM are systems, policies and management and leadership practices.

In Ethiopia the health worker's intentions leave the current employer is very high. According to the study conducted in 2019 the intention to leave the current employer was close to half (48%-51%). The overall average turnover intention score was 3.23 and 46 percent of the research participants had a higher score than the reported average score.

2. Human resource planning and staffing during post conflict

³Pavignani E: Human Resources for Health through Conflict and Recovery: Lessons from African countries. Disasters 2011, Online.

⁴Kruk ME, Freedman LP, Anglin GA, Waldman RJ: Rebuilding health systems to improve health and promote statebuilding in post-conflict countries: A theoretical framework and research agenda. Social Science & Medicine 2010, 70(1):89-97.

⁵Macrae J: Dilemmas of 'post'-conflict transition: lessons from the health sector. Relief & Rehabilitation Network, Network Paper No 12 1995.

Time allocated: 4 hours

Course Description

In this course, we will look into the four interrelated human resources functions related to employees 'acquisition and integration into the organization. This includes Human resource planning, recruitment, selection and orientation.

Primary objective - After completing this course the participants will be able to: Explain human resource planning and staffing and the principles of induction

Enabling objectives

After completing this course, participants will be able to:



- Explain the importance, process and methods for HR forecasting and planning
- Apply essential elements and processes of recruitment and selection
- Describe the principles and procedures of induction /orientation of new employee
- Evaluate the HR planning, recruitment, selection and orientation activities in their organization and outline areas that need improvement

Course outline

- 3.1: Human Resources planning
- 3.2: Recruitment and Selection Process
- 3.3: Orientation and staff induction
- 3.4: Summary

2.I Human Resource planning

2.1. HR Planning: what is it and how it is defined?

Individual reflection

- Is there an HR plan after conflict?



- How was it developed
- What does it contain?
- How is it being used/ implemented?

Time: 20 min

One of the important responsibilities of human resource managers is to carryout human resource planning in order to acquire the right people needed for effective performance of the organization. Different scholars of human resource management functions define human resource planning differently, however, for our purpose we have defined Human Resource Planning as *“a process by which an organization ensures that it has the right number and kind of people at the right place and at the right time capable of effectively and efficiently completing tasks that will help the organization achieve its overall objective. HR Planning then translates the organizations objective’s and plans into the number of workers needed to meet those objectives.”*

HR planning is the process that links the resource needs of an organization to its strategic plan to ensure that staffing is sufficient, qualified, and competent enough to achieve the organization’s objectives. HR planning is becoming a vital organizational element for maintaining a competitive advantage and reducing employee turnover.

2.1.1. Need/ Advantages / Role /Benefits/ Importance of Human Resource Planning



Activity 1

Think – pair- share

- *What are the benefits of Effective HR Planning after post conflict?*

Time: 10 min

Successful organizations understand benefits of effective their HR planning as an integral part of planning their service targets, financial, material and knowledge/information resources. Effective human resource planning has many benefits for the organization as it does for the employees. Some of these benefits include¹⁰:

- **To make optimum utilization of human resources:** HRP helps to make optimum utilization of the human resources in the organization. It helps to avoid wastage of human resources.
 - **To forecast manpower requirements:** HRP helps to forecast the future manpower requirements of all organizations. It helps to forecast the number and type of employees who will be required by the organization in a near future.
 - **To provide manpower:** Every organization requires manpower to conduct its business activities. HRP provides different types of manpower as per the needs of the organizations.
 - **To face manpower problems:** HRP helps to face the manpower problems, which are caused by labor turnover, introduction of new technologies, etc.
-

- **To integrate different plans:** HRP helps to integrate the personnel plans with the other important plans of the organization.
 - **To make employee development programs more effective:** HRP selects the right man for the right post. The right man will get maximum benefits from the employee development programs. Therefore, HRP helps to make the employee development programs more effective.
 - **To reduce labor cost:** Today the cost of labor is about 25% to 45% of the cost of production. So the labor cost is increasing very quickly. Labor cost has to be reduced in order to face competition. HRP helps to avoid both shortage and surplus of labor. It helps to make optimum utilization of labor. It also helps to reduce labor turnover. All this helps to reduce labor cost.
 - **To enable organizations to grow:** When an organization grows, the number of jobs also increases. More employees are required to perform these jobs. HRP helps to supply these employees to the organizations. So HRP enables the organization to grow.


- **To identify potential replacements:** Each year many employees either retire or leave or are taken out of the organization. HRP helps to find replacements for these employees. These replacements may be either from inside or from outside the organization.

- **To avoid disturbance in production and/or service Delivery:** In HRP, the manpower requirements of the organization are determined well in advance. So the manpower is supplied continuously to the organization. This helps the production process to run smoothly. Thus, HRP helps to avoid disturbances in the production process.

- **Basis for effective recruitment and selection:** HRP is the basis for effective recruitment and selection in the organization. It helps the organization to select the right man for the right post.

- **Basis for employee development programs:** HRP is the basis for employee development programs.

2.1.2. Key steps in HR Planning

| | |
|---|---|
|  | <p>Group discussion Groups of 3-4 participants</p> <ul style="list-style-type: none">▪ Discuss and develop HR planning protocol for your organization for the coming year (outline the steps that need to be followed and actions to be taken, and by when, by whom)▪ Share you protocol with other participants in the plenary |
|---|---|

Human resource planning is a critical element of HRM for any organization including health service organizations. Effective HR planning requires systematic approach to gather, analyze and interpret HR data. This enables generating meaningful information to decide on the organization's current and future needs of human resources. There are five basic phases of action that any HR planning process should follow in determining current and future HR needs of an organization. Each of these phases is described below.

Step 1: Review of Organization's Objectives

Human resource planning ideally starts by reviewing objectives of the organization for the period of planning. HR managers and experts with relevant staff in the organization conduct organization's scan to prepare a list of all the activities (jobs) that are required to achieve the objectives. Major components of organizational scan include:

- ***Estimating the service demand:*** Organizations are dynamic and they may change in response to both internal and external influences. These influences may lead to revision of its organizational objectives and strategies and may require the organization to restructure, introduce new technology, and redesign its work processes and other similar changes. All these changes may, in turn, have an implication on the size and mix of employees the organization will need in the future. Hence, it is important to analyze the plans of the organization to identify its future human resource requirements.
- ***Assessing Current Human Resources (Human Resource Audit):*** The assessment of the current/existing HR of an organization helps to determine the size and mix of HR of the organization at a given point in time. It involves developing a profile of the current status of human resource within the organization. This is an internal analysis

that includes an inventory of the current staff and skills already available along the variables such as: name, age, date of employment, current position, present duties and responsibilities, educational background, previous work history, skills, abilities, and interests. Such assessment is done by preparing a human resource inventory report. The input to this report would be available from human resource information system (HRIS), personnel record or database where it exists. Human resource inventory report is valuable in determining what skills are currently available in the organization and also in identifying current or future threats to the organization's ability to perform its core mandate from human resources perspective. It is also possible to use job analysis report to understand about the nature of the jobs in the organization and the behaviors necessary to perform those jobs. Based on this information, the assessment of the current human resources in the organization can be done more accurately.

Step 2: Forecasting Human Resource Needs (Demand Analysis)

Demand forecasting is usually done by identifying the most appropriate measures that can be related to the need for human resources. Such measures are usually the main outputs of the organization such as service level. Demand forecasting can be done for the whole organization first and then the estimated figures can be allocated to each sub-unit (top down approach). Alternatively, it can be done for each sub-unit first and then the estimated figures can be aggregated to project demand for the whole organization (bottom-up approach). Several methods of forecasting demands are available, e.g. Managerial Judgment or Delphi method or the ratio- trend analysis or Workload analysis.

Managerial Judgment (Delphi Method)

This is expert-panel or management judgment approach to solve the complex problems such as projections and forecasting health workforce. As described by Linstone&Turoff, Delphi method is a structured communication technique originally developed as a systematic, interactive forecasting method which relies on a panel of experts¹¹. The experts answer questionnaires in two or more rounds. After each round, a facilitator provides an anonymous summary of the experts forecasts from the previous round as well as the reasons they provided for their judgments. Thus, experts are encouraged to revise their earlier answers in light of the replies of other members of their panel. It is believed that during this process the range of the answers will decrease and the group will converge towards the "correct" answer. Finally, the process is stopped after a pre-defined stop criterion (e.g. number of rounds, achievement of consensus, and stability of results) and the mean or median scores of the final rounds determine the results.

The Delphi method is based on the assumption that group judgments are more valid than individual judgments. First applications of the Delphi method were in the field of science and technology

forecasting. The objective of the method was to combine expert opinions on likelihood and expected development time, of the particular technology, in a single indicator. Later, the Delphi method was applied in other areas, especially those related to public policy issues, such as economic trends, health and education. It was also applied successfully and with high accuracy in business forecasting. Human resources for health forecasting and planning also make use of Delphi in combination with other approaches described below.

Ratio-Trend Analysis

The ratio trend analysis is the most widely used technique for forecasting the future demand. This technique seeks to calculate a ratio between activity level or output and staff number and between one type of employee compared with another. This can be expressed as the number of people required for a certain activity level or the number of work hours for a given level of outputs. It is carried out by studying the existing ratios. The figures thus arrived at are adjusted for the planned productivity enhancement measures and anticipated human wastage. The following is an illustration of the application of the ratio-trend analysis method.

Example: For instance, the estimated family planning service of a health center for next year is 40000 visits and the ratio of service level to the number of health professionals is given as 1:2000. The estimated number of workers needed will be calculated as follows:

$$40000 \text{ visits}/2000 = 20$$

Accordingly, the estimated number of workers required to provide family planning services for 40000 visits is 20 health professionals.

Work-Study Technique such as Workload Indicators for Staffing Needs (WIS² Work study this technique is also known as '*work-load analysis*'. The technique is suitable where the estimated work-load is easily measurable. Under this method, estimated total production and activities for a specific future period are predicted. This information is translated into number of man-hours required to produce per unit items taking into consideration the capability of the workforce. Past-experience of the management can help in translating the work-loads into the number of man-hours required. Thus, demand of human resources is forecasted on the basis of estimated total production and contribution of each employee in producing each unit items. The following example illustrates how this technique can be applied:

Let us assume that the estimated family planning service of a health center is 20000 visits. The standard man-hours required to provide each service are 2 hours. The past experiences show that the work ability of each health professional in man-hours is 1500 hours per annum. The work-load and demand of human resources can be calculated as follows:

- Estimated total family planning service = 20, 000 visits
- Standard man-hours needed to provide each service = 2 hrs
- Estimated man-hours needed to meet estimated annual family planning service is calculated as: estimated family planning service multiplied by standard man-hour needed (a x b) i.e. = 40,000 hrs
- Work ability/contribution per health professional in terms of man-hour = 1500 hours
- Estimated no. of workers needed (c / d) = 40,000/1500 = 27 units The above example shows that 27 health professionals are needed for the year to provide the estimated total family planning service at the health center. Further, absenteeism rate, rate of labor turnover, resignations, deaths, etc. should also be taken into consideration while estimating future demand of human resources/ manpower.

Step 3: Forecasting Human Resource Availability (Supply Analysis)

This looks at the availability of human resources in the organization at a particular point in time and also in the labor market. The internal supply assessment is done by flow analysis. Flow analysis tracks the movement or flow of people which either increases or decreases their number in a given period of time.

An increase in the supply of human resources can come from new hires, or transfer-in. Similarly, a decrease in supply can come from retirements, dismissals, transfer-out, layoffs, voluntary quits, death, and sabbatical leave. An estimation of such changes needs to be made based on the past trends. The decrease in supply is usually expressed as a turnover rate calculated on the basis of past trends.

Some of the methods we utilize to make internal supply analysis are: skill inventory, replacement chart and succession plan. Each of them is briefly described below:

- *Skills Inventories/management Inventories /human resource audit*: skills inventories contain comprehensive information about the capabilities of current employees. Data gathered for each employee include name, age, date of employment, current position, present duties and responsibilities, educational background, previous work history, skills, abilities, and interests. Information about current performance and readiness for promotion is generally included as well. Data pertaining to managerial staff are compiled in **management inventories**.

- *Replacement Charts:* are typically used to keep track of potential internal candidates for the organization's most critical positions. It assumes that the organization chart will remain static for a long period of time and usually identifies potential candidates for a top-level position, should it become vacant.
- *Succession Plans:* refers to the plans an organization makes to fill its most important executive positions. It focuses on identifying, developing, and tracking future leaders for executive positions or positions that are critical to the success of the organization. Succession planning is a long-term process of grooming a successor (selected from a pool of candidates on the basis of perceived competency) for management or critical positions.

Step 4: Determining Human Resource Requirements (Gap analysis)

This step involves matching both demand and supply and determining the shortage or surplus of people. The final forecast is an estimate of short-term and long range HR requirements. Long-range plans are general statements of potential staffing needs and may not include specific numbers. Short-term plans—although still approximations—are more specific and are often depicted in a **staffing table**. A staffing table is a pictorial representation of all jobs within the organization, along with the number of current positions and future employment requirements for each.

Simply put, at this step, human resource manager and experts compare the manpower requirements and manpower supply and act accordingly. For example, If there is no difference between the manpower requirements and the manpower supply, then the HR Manager does not take any action. This is because manpower requirements are equal to the manpower supply. If the manpower requirements are less than the manpower supply, then there is a surplus. During manpower surplus, the HRD manager takes the following actions: termination i.e. removal of staff, lay-off or voluntary retirement. If the manpower requirements are greater than the manpower supply, then there is manpower shortage. During manpower shortage, the HRD manager takes the following actions: promotions, overtime, training to improve quality and hire staff from outside, etc.

Step 5: Designing Human Resource Programs

HR Program includes various components of HR plan for annual or multi-year operations. Once the supply and demand of human resources have been estimated, various components of HR plan put together to create the plan document. These components include:

- **Recruitment plan** to show how many and what type of people is required and when they are needed;

- **Redeployment plan** to help chart out the future movement in terms of training and transfers.
- **Training plan and Professional development** to chart out if training is required. If yes, when and to which level;
- **Motivation and Retention plan:** Will indicate reasons for employee turnover and show strategies to avoid wastage through compensation policies, changes in work requirements and improvement in working conditions.
- **Redundancy plan** will indicate who is redundant, when and where; the plans for retraining, where this is possible; and lay-off,

2.1.3. Budget for HR Plan

Every organizational function and activity needs money to run and manage properly. Availability of adequate financial allocation is needed for development and improvement purposes. This is also true of HR¹³. Continuous development and improvement in HR is as important as those in the business activities of your organization. HR planning can no way be complete without comprehensive costing of planned activities and allocation of budget. As human resources manager and/or expert take time to think through and to prepare a good and facilitative HR budget.

Your HR budget must cover every important head of expenses, whether present or future, and even for seemingly insignificant items. Funds for HR contingencies are also required. If you do not have an HR budget you will not know how much HR is costing the organization, whether for the month, year or per each employee. You will have no indication on the return on your HR investments (ROI).

Effective HR planning can help in the preparation of a good HR budget. With the figures written down clearly whether you can carry out the planned HR activities or not, and whether you can implement them immediately, fairly soon, in the short term or after five years, or not at all.

Justifications of Budgeting for HR Plan

Nearly all activities in HR Plan have cost implications and it is important to understand what the HR budget provides for or where HR budget will be invested in during the planning period. In simple language, HR Budget is important for two broad functions i.e. maintaining HR functions and for continuous improvement of HR functions. To shade more light, some of the activities under each category are summarized in the table 3.1, below:

Table 1. HR activities that require budget in two major functional categories

| In the maintenance of current HR activities | In the improvement of the HR function |
|--|---|
| <ul style="list-style-type: none"> • Current overheads for salaries, wages, allowances, and benefits; • Training to maintain and develop skills and capabilities; • Office supplies and equipment for HR Department; • Logistical overheads of the HR department such as vesicles for dispatch; Administrative costs including maintenance of HRIS system, intranet; Outstations duties; Meetings, briefings, etc. <ul style="list-style-type: none"> • Traveling and accommodation costs; Superannuation, provident fund contributions; <ul style="list-style-type: none"> • Insurance premiums for group personal accident, group life, medical consultation and hospitalization, professional negligence liability, etc. • Safety and security costs; Labor relations costs; Amenities and facilities; | <ul style="list-style-type: none"> • Estimated costs for recruitment plan for the coming year or next six or twelve months; • Estimated increase in personnel overhead costs, namely, salaries, allowances, benefits for new employees; • Estimated costs for training new employees, and training to provide serving employees with new skills or to enhance their professionalism; • Estimated costs for conducting employee surveys for improvement purposes; • Estimated cost for salary increases including those of employees identified for promotion; • Estimated cost for bonus payments; • Estimated costs of purchases of new office equipment whether as replacements or not; • Estimated increases in logistical costs; • Estimated increase in superannuation contributions, provident fund, insurance premiums, etc. <ul style="list-style-type: none"> • Purchase of capital items for HR department; • Contingencies |

Approaches and components of HR budget

As described above, there are many HR activities that require financial and materials resources to achieve organizational goal and resources need to budgeted and allocated for HR functions on the basis of HR Plan. Budgeting involves the systematic collection of information and data so that the finances needed to support an organization objective can be projected. Most organizations have established system and process for developing a budget. Two common methods for developing budget are:

- ***Incremental (historical incremental) budgeting:*** a new budget is developed by using the current budget with making adjustments upwards or downwards to each item based upon expectations.
- ***Zero-based budgeting:*** every item included in the budget must be justified before being included; therefore, the process begins with a clean slate.

Generally, process for developing budget requires the collection of many forms of data. From a human resource perspective, the data needed to create a new budget include the following:

- Number of employees projected for next year.
- Benefits cost increases or projections.
- Projected turnover rate.
- Actual costs incurred in the current year.
- New benefits/programs planned.
- Other changes in policy, business strategy, law or regulation that may impact costs.

2.2. Recruitment and Selection



Activity 1

Think – pair- share

- How does your organization fulfill its HR demand?
- List some of the mechanisms that are used to attract and recruit staff

- How recruitment is related to other HR functions?

Once the size and type of additional human resources need of an organization is determined and subsequent HR plans are prepared, the next activity is recruitment and selection of suitable employees. Therefore, recruitment and selection are among the critical functions of human resources management and facilitate the availability of effective staff, which in turn is a critical input for effective organizational performance. This session introduces the recruitment and selection activities, and the processes involved in the acquisition of the appropriate number and type of human resources essential for the continued performance of the organization.

Though interrelated and sequential, recruitment and selection are two distinct aspects of the staff acquisition activities of an organization and the nature, elements, and processes of each of them are outlined below.

2.2.1. Recruitment

Recruitment is the process of generating a pool of suitable candidates for the available jobs and attracting them to apply for the jobs. It is also a process of discovering potential candidates for actual or anticipated organizational vacancies. Recruitment aims at acquiring, in a cost effective manner, the optimum number of suitable employees for the operations of the organization. In order to identify and appoint the most appropriate persons for existing or newly created positions, it is crucial that potential candidates are drawn from a wide pool of candidates.

The basic steps of the recruitment process are outlined in the recruitment action checklist below:



Group Exercise

Groups of 3-4 participants

- critically review and develop a flow chart of the current recruitment system in your organization
- Identify gaps or points of weakness in the system and give recommendations for improvement. (30mins)
- Plenary: share your work (5 mins per group)

1. Review staff requirements

Take a broad view of your staffing needs and consider whether you really have a vacancy. For example, if an employee is leaving a clinic that you already feel is overstaffed, review the workload at that facility and decide whether a full-time permanent replacement is needed or whether an alternative option would be more appropriate. For example, would a part-time or temporary worker be sufficient? Should the job be restructured? What would the staffing implications of this be?

2. Consult with those involved

Always be sure to take any organizational policies and procedures into account. Authorization for a replacement or a new appointment may be needed from senior management. Consult with your personnel or HR department if you have one, as they will have expertise in this area.

3. Specify the sort of person you are looking for

List the duties, responsibilities, and relationships involved in the job role and define the level of authority the post holder will have. Decide what qualifications and skills are required; what type and length of experience is needed and which personal attributes will be important. This will enable you to draw up an up to date job description and person specification. State the geographic location of the vacancy (hospital, clinic etc.) and set a target start date.

4. Research the labor market

Depending on the nature of the job, you may want to review the job description and person specification and ask yourself whether you are likely to find what you are looking for in one person. If so, undertake some research to gauge the pay and benefits package you will need to offer. Monitoring job advertisements and networking with employers in your area and sector can also give you an idea of current pay rates for certain common job categories.

5. Comply with local labor laws and other legal requirements

In most countries, recruitment activities are covered by a growing body of legislation and codes of practice designed to exclude favoritism, discrimination, and unfair treatment. As such, the entire recruitment team needs to be aware of and keep themselves up to date with the latest developments to ensure that they follow good practice and do not infringe on the regulations.

6. Plan how to find and attract candidates

Again, depending on the position you want to fill, you may want to start within your organization. Are there any employees suitable for promotion or re-assignment? Even if you are doubtful, it is important to advertise internally as a courtesy to staff who may wish to apply, and because they may have friends or relations who will be interested in the position.

Refer to your existing database of previous applicants, whether unsolicited or otherwise. Draw on any appropriate contacts.

Decide whether to use the services of a recruitment agency to identify and shortlist candidates for you, weighing the costs incurred, against the time and expertise at your disposal.

Consider whether e-recruitment techniques or an e-recruitment service would be appropriate.

7. Decide where to advertise

If you decide to advertise independently rather than use an agency, think through the options and decide which is most likely to reach the kind of candidates you have in mind: local or national press, bulletin boards of professional associations, Internet recruitment sites, or mailing lists. Research the costs involved and decide what you can afford.

8. Write the advertisement

Decide if you or other staff has the skills and knowledge required to draw up an advertisement. If your organization has an HR department, they will probably take on this task, but ensure that you are involved throughout the process. In the case of a senior post, or if you are recruiting in large numbers, you may wish to hire an advertising agency to draft the advert and place it appropriately. Naming your organization in the advert is preferable to using a box number unless you have particular reasons for secrecy. Ensure that the advert provides the following details clearly and succinctly—

- Duties and responsibilities of the job
- Qualifications and experience required
- Personal qualities sought
- Location
- Some indication of the salary range
- Form of reply you require (i.e., CV and covering letter, copies of relevant certificates, and testimonials)
- Deadline for the submission of applications and where the application should be sent.

If you are asking applicants to complete an application form, check that it requests all the details you will need to help you assess the candidates. It can also be helpful to ask a colleague to complete the form from the perspective of a candidate to ensure that it is clear.

9. Receiving and Processing Applications

Applications should be accepted until the deadline is over regardless of the volume of applications received before the deadline. There are certain procedures the HR unit should follow while processing job applications and these may include:

- List the applications on a control sheet setting out name, date application received and actions taken.
- In some cases, the applicant may be asked to complete and return an application form by post or by e-mail to supplement a letter or Curriculum Vitae.
- Compare the applications with the key criteria in the person specification and sort them initially into three categories: (e.g. possible, marginal and unsuitable).
- Develop an interview schedule. The time you should allow for the interview will vary according to the complexity of the job. For a fairly routine job, 30 minutes or so should be enough. For a more senior job, 60 minutes or more is required. It is best not to schedule too many interviews in a day – if you try to carry out more than five or six consecutive interviews you will quickly run out of energy. It is advisable to leave about 15 minutes between interviews to write up notes and prepare for the next one,
- Invite the candidates to interview, using a standard letter where large numbers are involved. At this stage, candidates should be asked to complete an application form, if they have not already done so,
- It is possible that applicants could misinform their prospective employers about their education, qualifications and employment record. So it is advisable to check with universities and previous employers that the facts given by applicants are correct. Other checks can also be made such as: *identity check, confirmation of previous employment with revenue Authority, and Criminal Records.*

2.2.2. Selection



Group discussion

Groups of 3-4 participants

- Critically review the selection system of your organization, identify gaps and give recommendations for improvement. (15mts)

- Plenary: share your work (5 mints per group)

Selection is about making choice and starts where recruitment ends and it is the process of choosing, from a pool of candidates, the persons who are most likely to meet the criteria of the job. It matches people with jobs and predicts their future success on the job. Once applications are received, sorted and organized the actual selection process can start. This involves establishing selection committees, formulating selection plan and deciding the method and approach of selection appropriate to the nature of the positions to be filled.

Selection Committee: It is a good idea to form a selection committee for executing selection function, either on need basis or on a regular basis, in accordance with government HR rules and regulations. In addition to the relevant directors or managers, including the one looking after human resource functions, it is advisable to include one or two relevant professional human resource or subject experts locally available. The committee should be responsible for preparing staff selection plan, administering selection procedures, and recommending for selection of the candidates.

Selection Plan: The selection committee should prepare a selection plan for all positions required on the basis of the recruitment schedule and considering the requirements of the jobs as defined in job specifications. The selection plan specifies the job category and the number of persons to be selected, the responsibility for the management of the selection procedures, the timings of the selection process, criteria or dimensions for assessing the candidates with weights, and the methods of selection with weights.

Selection methods design: This involves deciding on the selection methods/predictors, the selection approach and the detailed procedures of the selection function. The main selection methods include:

- References from previous employers or prestigious persons
- Paper and pencil tests on the related knowledge domains

- Performance/ work sample tests related to job performance areas
- Interviews (unstructured, structured)
- Medical examination
- Psychological tests (written or verbal)
- Ability test
- Aptitude test
- Achievement test
- Personality test
- Interest/motivation test

Interviewing Candidates Interviewing is one of the most widely used methods of selection. Its purpose is to obtain and assess information about candidates' future job performance. It specifically aims at answering whether the job candidates are:

- competent enough to handle the job,
- are well motivated and
- fit to the culture and value system of the organization

Interviewing involves face to face or telephone discussion and provides the best opportunity for the establishment of contact/rapport between the interviewer and the interviewee. Interviews can be either structured or unstructured. A structured interview is built around a set of predetermined questions related to the competencies required as indicated in role profiles or job specifications. The common competency areas addressed during interviews include:

- knowledge-*what the individual needs to know to carry out the role of the job,*
- skills and abilities-*what the candidate must be able to do to perform the role,*
- behavioral competencies-*the types of behavior required for successful performance of the role,*
- qualifications and training-*the professional or technical or academic attainment the candidate should have to perform the job,*
- experience- *the type of achievements and previous activities of the candidate which would help to predict success,*
- Specific demands-*suitability of the candidate to different circumstances specific to the job or role (e.g. ability to work under pressure or travel extensively, etc.)*

How to Interview Job Candidates?

The thoroughness and professionalism you use to interview candidates can make a strong, positive impression on candidates. It also conveys to them that you expect the same from them if they are hired by your organization. The following are some of the key steps (guidelines) for a successful interview:

- A. Preparation:** No doubt, a thoughtful preparation is will lead to identifying strong candidates for weak candidates. Bear in mind to schedule interviews with all candidates that meet the minimum qualifications specified in the job description helps make sure that you are not

excluding candidates because of unfair biases. Ideally, when you invite them for an interview, also send them the job description to ensure they have reasonable preparation for the interview. Also mention who will interview them. Preparation for interview includes:

- Reviewing the job requirements to consolidate required competencies
- Identifying core competencies that can effectively be assessed through interview and then competencies that require separate assessment and verifications
- Develop key questions that help reveal the required competencies
- Determine the interview panel and provide necessary documents to the panel members:
- Determine the venue and necessary logistics (tea, coffee, water etc.) for the interview
- Make sufficient copies of the CV and supporting documents
- Develop interview scoring tools (scoring sheet/form) and print sufficient copies (per candidate) for the interview panel members

B. Conduct the interview

Use multiple Interviewers: The interview panel should consist of 3-4 members. Although this can be intimidating to the interviewee, this practice can ensure them a more objective and fair consideration for the job because several perspectives (among the interviewers) will be considered, rather than only one. Have the same interviewers in all of the interviews, if possible, to ensure that each candidate received equal treatment.

Agree beforehand who, among the interview panel members, will welcome the candidates and open the interview few general questions. The interviewer takes turn to ask and probe the candidate's job knowledge, past performance and attitude. Make sure that each interview panel member scores each candidate's performance (though the person does not ask a particular question) and take note of key strengths and gaps of each candidate against the job requirement

Questions to Pose during Interviews: When posing the following types of questions, always be courteous and respectful to the candidates. Do not share reactions between interviewers.

Do not rely on your memory: ask permission from the candidate for you to take notes. Be sure that you document the name of the candidate and the date on the notes.

While interviewing candidates, always apply the same questions to all candidates: this approach ensures the fair treatment and comparison of all candidates.

All questions should be primarily in regard to performing the duties of the job: Do not ask questions about the candidate's race, nationality, age, gender, disabilities (current or previous), marital status, spouses, children and their care, criminal records or credit records. Asking those types of questions leaves you open to losing lawsuits that allege discrimination.

Ask open-ended questions and try to avoid questions answered with “yes” or “no.”: Open-ended questions tend to generate more useful information and provide the opportunity for the interviewer to observe how well the candidate articulates answers to questions.

Consider asking some rather thought-provoking and challenging questions: Ask "What skills do you bring to this job?", "What concerns do you have about filling this role?" and "What was your biggest challenge in a past job and how did you meet it?"

Talk for at most 25% of the time – listen for the rest: This often is a challenge for new interviewers who feel that silence is somehow to always be avoided. The more time that the interviewer talks, the less time to learn about the candidate.

If it is clear that the candidate is not suitable for the job, then “sell” the organization: If he/she does not meet the minimum qualifications, after all, or there are other stronger candidates, then use the time in the interview to enlighten the candidate about the positive attributes of the organization in case the candidate chooses to spread the word to others.

Administrative / Human Resource Questions

Ask the candidate about what he/she expects for compensation and benefits: Even though the job description might specify the pay ranges and benefits, the candidate might have strong preference for other provisions that suit his/her nature.

Find out when the candidate can start work, if offered the job: Allow him/her at least two weeks to get his/her affairs in order. Expecting a candidate to start sooner might convey to the candidate that the organization operates in a crisis mode, which can be very unattractive to good candidates.

Explain to the candidate when you will be getting back to the person: Then always do get back to each person soon regarding whether he/she got the job. If your first choice for candidate does not work out, you might have to resort to choosing the second-best candidate. He/she might not accept the job if offended that you did not get back to him/her.

Ask if you can get, and check, any references from the candidate’s previous jobs: Always contact at least three references that the candidate offers from his/her past work history. Share the results of these activities with the interviewers. If your programs involve direct services to children, adults and the elderly, then seriously consider conducting background checks on the most preferred candidates for the job.

Be sure to tell candidates of any relevant conditions from your personnel policies: For example, tell the candidate whether there is a probationary period for the job. (The best way to deal with a

poor performer is not to hire him or her in the first place. It is often wise to have a probationary period of, for example, six months, wherein if the employee does not meet the responsibilities of the position, you can quickly terminate the employee.)

Behavioral/Competency-Based Interview: Hire the Right Person for the Job

The word competency is widely used in business and personnel psychology and refers to the behaviors that are necessary to achieve the objectives of an organization. A competency is also something you can measure and lists of competencies form a common language for describing how people perform in different situations. Every job can be described in terms of key competencies. This means that they can be used for all forms of assessment, including appraisals, training needs analysis and of course, selection.

Behavioral/competency-based interview is the interview approach based on the idea that past behavior is the best predictor of future behavior. The interviewer will want specific examples of when and how the candidate demonstrated particular behaviors. Prior to interview each position is assessed for the skills/competencies and characteristics that relate to job success. Interview questions are then developed to probe into these areas. All candidates are asked the same questions and notes are taken in order to evaluate candidates.

Behavioral or competency-based interview focuses on two very important elements of the interviewing process:

- Identifying the required skills and traits that are needed to be effective for the particular position.
- Asking the right questions to obtain a behavioral example of a specific skill or a specific trait you are looking for.

The rationale for asking for behavioral examples is the notion that the best predictor of what individuals will do in the future is what they have done in the past. Therefore, you ask an applicant to describe a specific event that shows in detail how she did something or handled a problem or dealt with a specific situation. Behavioral example questions typically start out with the following phrases to encourage the person to talk about their experiences in a non-threatening manner.

“Tell me about a time when....”

“Give me an example of....”

“How did you....?”

Note how the following question has been rephrased so that it will elicit an answer that explains how the person dealt with a specific situation.

Original: “Have you had experience training new supervisors? |

Revised: “Tell me about a time when you had to hire and train a new supervisor. How did you go about it? Would you do anything differently?”

Remember, the purpose of the interview is to obtain accurate information for selecting the best person for the job. Behavioral/competency-based interviewing is a technique that focuses on an applicant's skills and traits not on a manager's gut impressions.

C. Summary Scores and Notes

Scores of the candidates are handed in to the interview coordinator to compute average scores and summarize key strengths and gaps noted by the panel members. This should be shared with each panel for review and inputs. This will be the basis for selection of the candidates.

D. Final Selection

Decision for final selection should be made after strong reference and background check up, and needs to be agreed and signed off by the interview panel members. Put simply, a typical selection process involves: short listing of applicants based on the predetermined criteria, design and administration of selection plan, testing and scoring the candidates, and making selection decisions based on the results. Although several methods are available for selection, performance tests, structured or situational interviews, and psychological tests have been found to have high selection validity. Those candidates who successfully passed the assessments and finally selected will be informed through an appointment letter: After final selection decision, the authorized person should issue a letter of appointment to the selected candidate.

2.3. Induction and Orientation of New Employees

The recruitment and selection activities result in new employees joining the organization. New employees are likely to experience some difficulties, uneasiness or stress as they start on their new job. Therefore, it is the responsibility of the organization to ease them into the job and the organization making them feel comfortable and confident so that they can start their job effectively. This session outlines the importance, contents and procedures of an orientation and induction program.


Induction is a brief familiarization of new employees to the organization and giving them the basic information they need while orientation is a process with longer duration to provide new employees with information about the organization and the job to enable them to fulfill the job roles effectively. However, these two terms are conceptually related as they are related to making an employee/s comfortable and smoothly transition into the new job roles. Thus, the terms are interchangeably used in practice while the differences are borne in mind, and orientation is utilized to represent the two terms throughout this participant's manual.

As stated above, orientation is a process of providing new employees with basic background information about the organization and the job required for effective performance and satisfaction. It covers the activities involved in introducing a new employee to the organization and to her/his work unit. It expands upon the information received during the recruitment and selection stages and helps to reduce the initial anxiety we all feel when we first begin a new job.

Therefore, an orientation program should be able to:

- familiarize the new member with the organization 's objectives, history, procedures, and rules;
- communicate relevant personnel policies such as hours of work, pay procedures, overtime requirement and fringe benefits;
- review the specific duties and responsibilities of the new member 's job;
- provide a tour of the organization 's physical facilities; and
- Introduce the employee to his or her superior and coworkers.

It is essential that managers and supervisors prioritize and carry out this important function.



Individual reflection

- Did you receive an orientation when you took up your current position?
- Who provided the orientation?
- How long was the orientation and what was the content?

Time: 20 min

3.3.1. Importance of employee Orientation

Employee orientation is as much about creating an impression as it is about providing information and confidence to cope with the new situation and perform well from the beginning. It serves the following purposes:

- Make new employees feel welcome to and valued members of the organization.

- Reduce the initial anxiety and apprehension and makes new employees psychologically ready for performance.
- Equip new employees with relevant information about the work, working culture, expectation, and relationship with others.
- Support new employees during this difficult period and help new employees become fully integrated into the organization as quickly and as easily as possible.
- Provide new employees with necessary motivation to adjust to a new work environment and to encourage the development of loyalty and enthusiasm towards the organization,
- Enable new employees to settle into the organization quickly and become productive and efficient members within a short period of time.
- Ensure that they are highly motivated and that this motivation is reinforced,
- Ensure that they operate in a safe working environment.
- Reduce costs associated with repeated recruitment, training and lost production

2.3.2. Responsibility for orientating new employees

Who is responsible for planning and conducting orientation programs?

This can be done either by the supervisor of new employee, HR managers and staff or combination of these. In many medium size and most large organizations, the personnel department takes charge of explaining such matters as overall organizational policies and employee benefits. In others new employees will receive their entire orientation from their supervisor. In most of the small organizations, orientation may mean the new member report to her/his supervisor, who then will introduce her/him to those persons with whom he/she will be closely working. Such a brief familiarization of new employees is sometimes referred to as induction.

An effective approach to orientation is the one that involves both the HR staff and line managers (supervisors) of the new employee. To apply the orientation program consistently, it should be well planned, scheduled in advance and guided by employee orientation manual/employee handbook. New employees should be given an employee hand book which they can and use as a reference.



Group discussion

- You have been asked to put together an orientation program for five newly hired employees.
- Develop the content of the program with a clear schedule (20mins),
- Plenary: share your work (5 mins per group)

2.3.3. Check list for an orientation programs

Several important issues are covered during induction and orientation of new employees. The scope, areas of emphasis and duration of the orientation vary from an organization to another and one job/job class to the other. However, the following are general components of an orientation program:

Welcome to the new employee(s)

- Meet HR
- Meet the management & Admin
- Meet department team
- Meet Finance & other key offices
- Canteen and other facilities
- Dresses (uniforms & other gears)

Introduce the statutory requirements

- The organization history, structure & chart
- Relevant legislation: proclamations, rules & regulations
- HR Policies: Health and safety, Harassment, Drugs and alcohol, Employee relation, Discipline etc.

Locations & logistics

- Office locations
- Operation areas/districts
- Email and internet facility
- Office Furniture
- Stationeries and supplies
- Transport facility
- Office time

The Job

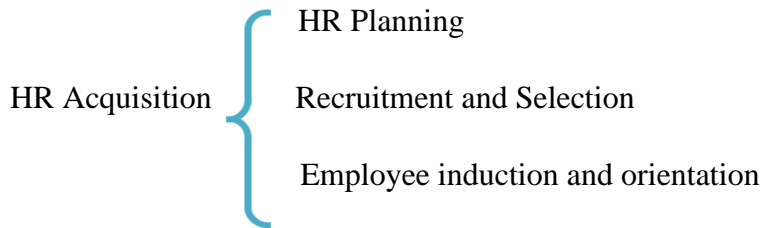
- Duties and Responsibilities

- Role defined
- Work/Reporting relationships
- Targets/Achievement levels expected
- Resources/Budget
- Performance Management
- Probation period
- Rewards (Promotion, Salary increment, Training opportunity etc)

Administrative issues/procedures

- Payment system
 - Loan and advance
 - Leave (different forms)
 - Other benefits (insurance, housing etc.)

3.4. Summary of the course



3. PERFORMANCE MANAGEMENT

Time Allowed: 2 Hours

Course description

In this course, we will look into the three sections of performance management such as background part or introduction of performance management, workforce performance, performance management system, line manager and performance management and management and supervision in post conflict area. We will also look into performance appraisal.

Primary Objectives

By the end of this module participants will be able to:

- Describe the concept and components of performance management and its importance in improving the performance of staff.
- Identify key performance management factors
- Explain the principles and processes of an effective performance appraisal system

- Evaluate current performance management practices in their respective work place to identify the gaps and plan the ways of improvement.

Course outline

- 3.1: Introduction
- 3.2: Workforce performance
- 3.3: Performance management system
- 3.4: Line managers and Performance management
- 3.5: Management and supervision

Table Task

In small groups ask participants to reflect on the performance management system after post conflict

- How is the system operationalized in your setting?
- What's working? What needs to be improved and how?

3.1 Introduction

The performance of a health system depends, to a large extent, on the performance of the people working within that system. When an array of health workers at different levels of the health system achieves high levels of performance, they will contribute to the achievement of the health system's objectives. On the other hand, if the performance of health workers is poor, the outputs and outcomes of the health care service will also be poor. Health service managers (at the MOH, RHB, ZHD, WoHOs and health care facilities), therefore, must know how to manage the performance of their staff. Effective management of health workers' performance is, however, a lingering challenge owing to lack of performance management and supervision skills among health managers combined with loose reinforcement of performance management as a system. For this reason, it is imperative that health managers (Executives, Line managers and HR managers) develop an understanding of the basic principles, processes and the techniques of managing staff performance.

3.2 Workforce performance

Work organization and job design

Throughout the early post-conflict period, work may need to be reorganized and jobs redesigned to ensure that health workers perform adequately and meet changing service needs⁶. Various health systems actors are involved in facilitating these processes including policy makers, NGOs and aid agencies and health facility managers. Two related topics among the few studies found in this area were job descriptions and task shifting. First, job descriptions (an important HRM tool to define and standardize roles and to assess performance) may have become irrelevant during conflict. When conflict ends, the RHB and the lower management structures may distribute job descriptions to meet immediate service needs.

However, if these are not regionally coordinated, performance management becomes difficult. Second, task shifting is used to mitigate shortages of trained and qualified health workers by redistributing tasks from trained health workers to those with less training and fewer (or no) qualifications⁷, including community health workers⁸. However, without clear policies and job descriptions nor sufficient supplies and equipment, task shifting may put service quality and safety at risk⁹. In Afghanistan, for example, increased demand for midwifery services resulted in unmanageable workloads and health workers being asked to perform unpaid tasks beyond their training¹⁰. Thus, although task shifting seemingly provides a short-term solution to supply shortages and work reorganization, evidence is still wanting on its effects on overburdened health workers' productivity levels and competence to deliver services safely.

3.3 Performance Management System

3.3.1. Introduction

Traditionally, staff performance is regarded as the extent to which employees conform to organizational norms and rules. For example, a health worker who regularly arrives at her/his place of work on time each day is viewed as a good performer. Likewise, certain positive traits, personal characteristics and competencies of a staff member could also be perceived as good performance. For example, loyalty to the organization or strong professional skills (clinical, nursing etc.) of a staff member is usually viewed as examples of good performance. Such conforming behaviors, personal traits or competencies do not constitute performance; they are rather the conditions or inputs that may influence performance.

⁶WHO: World Health Report 2006: Working Together for Health. Geneva: World Health Organization; 2006.

⁷Dambisya YM, Matinhure S: Policy and programmatic implications of task shifting in Uganda: a case study.

⁸Maes K, Kalofonos I: Becoming and remaining community health workers: perspectives from Ethiopia and Mozambique. *SocSci Med* 2013, 87:52–59 *alth Serv Res* 2012, 12:61

⁹Varpilah ST, Safer M, Frenkel E, Baba D, Massaquoi M, Barrow G: Rebuilding human resources for health: a case study from Liberia. *Hum Resour Health* 2011, 9:11.

¹⁰Wood ME, Mansoor GF, Hashemy P, Namey E, Gohar F, Ayoubi SF, Todd CS: Factors influencing the retention of midwives in the public sector in Afghanistan: a qualitative assessment of midwives in eight provinces. *Midwifery* 2013, 29:1137–1144.

Performance is regarded as *the achievement of objectives, outputs or results of a job or a position*. It is *a set of outcomes on a specified job during a specified period of time*. For example, the performance of a health worker may be defined in terms of how many patients he/she treated or how many couples he/she counseled during a specified period of time. For effective management of performance, one should take this result or output-focused view of performance.

Performance Management in health care service organizations is a systematic process for improving the performance of the health care service organizations by developing the performance of health workers and their teams. It is a means of getting better health service/care results by understanding and managing performance within an agreed framework of planned goals, standards and competency requirements. The process involves establishing a shared understanding about what is to be achieved, how it is to be achieved, and an approach to managing the health workers that increases the probability of achieving the desired results.

3.3.2. Objectives of Performance Management System

According to Armstrong (2011), the overall objective of performance management is "to develop the capacity of people to meet and exceed expectations and to achieve their full potential to the benefit of themselves and the organization they work for". Specifically, it focuses on:

- aligning individual and organizational objectives,
- improving individual performance,
- providing the basis for personal development,
- improving organizational performance,
- developing a performance culture,
- informing reward (contribution/performance pay) decisions

3.3.3. Characteristics of Good Performance Management System

Good performance management system should exhibit the following characteristics:

- Involves well-planned process.
- Focuses on measures outcomes against performance standards (expectations)
- Concerned with both inputs and values required (how results are achieved)
- Interlinked steps to continuous and flexible process
- Based on the principle of management by contract
- Focuses on future performance improvement and personal development

- Can also be applied to teams

3.3.4. Performance Management Cycle

Putting together, contemporary concept of result-based performance management system is composed of interlinked system-components of: performance planning (also called Goal/Objective setting for performance), performance implementation, measuring and monitoring performance against planned targets, improving performance to meet the standards (including making mid-term adjustments) and Performance Appraisal (also called annual performance Evaluation). These system components are summarized into performance management cycle (see figure 6.1, below)

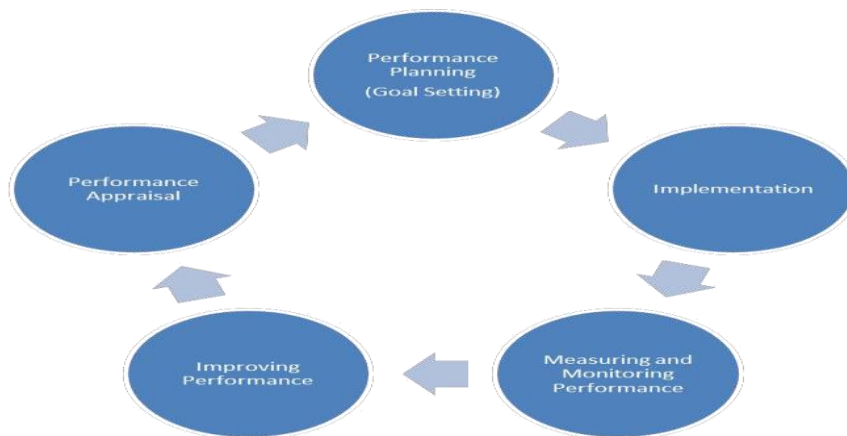


Fig 2. Performance management cycle

As described above, performance management is a management system that involves:

- Setting and agreeing on clear job expectations and key performance objectives for individual employee or a team;
- Identification and development of skills and competencies to do the job;
- Provision of necessary support, tools and resources for performance;
- Evaluation of and feedback on performance against the set objectives;
- Diagnosis and handling of performance problems; and
- Rewards for the results achieved and corrective actions for failing to achieve the objectives.

Performance management is based on the simple principle that when skilled people know and understand what is expected of them, and have been able to take part in forming those expectations, they can and will perform to meet them. And a process of evaluating and appraising their performance needs to be established and implemented consistently in order to optimize the

performance of the staff. In the following sections, performance management cycle will be described briefly:

A. Performance Planning

Performance planning is a process of goal setting by which supervisors and employees come together to discuss goals, objectives, and expected performance throughout the year. This process emanates from organization 's/institution 's planning process where core plan of the organization/institution is developed and the goal is cascaded (—Goal Cascading) to the departments, Teams and individual staff. This may mean an organization/institution develops its strategic plan and/or annual operational plan with clear goals, SMART¹⁷ Objectives, Strategies and activities. Then departments/Units/Teams and/or individual staff develop their plans to ensure the organization 's/institution 's plan is achieved within the plan period.

Performance planning is a detailed discussion (*between a supervisor and staff*) to agree on four major activities:

- Coming to agreement on the individual 's key job responsibilities
- Developing a common understanding of the goals and objectives that need to be achieved
- Identifying the most important competencies that the individual must display in doing the job
- Creating an appropriate individual development plan

This process allows the supervisor and employee to improve their communication and plan for higher levels of output from the unit or department. The actual performance evaluation is a logical extension of the process which allows the supervisor and employee to discuss the accomplishment of certain standards and goals.

Annual performance plan is developed with aid of various tools and formats. For example, an organization might have standard format and planning guidelines (e.g. Woreda-based planning in Ethiopia) or the organization may adapt tools to their specific needs OR develop their own tools as there are varieties of tools and templates are available on web-sites. These are commonly linked to annual Performance appraisal/evaluation forms.

B. Implementation

This step of PM is acting upon the plan or performs the tasks set out in the performance planning. It involves mobilizing human, material and financial resources; coordinating and communicating with internal and external stakeholders to accomplish tasks to achieve the performance goal.

C. Measuring and Monitoring

Measuring and monitoring is gauging the performance of activities/tasks and the results achieved in comparison with performance standards/expectation. This step involves both *informal* and *formal* approaches:

- **Informal Approaches**

- self-assessment (against plan targets & quality standards)
- Staff meetings
- Peer review and feedback
- Continuous observations and with/without feedback from supervisor

- **Formal Approaches** include planned supportive supervision, feedback, action planning (with documentation and reporting). Supportive supervision is a process of regular review of staff performance that aims to improve quality and results, support, guide and help staff to feel empowered, identify and resolve problems; and promoting high standards, teamwork, and good communication.

Measuring and monitoring of performance helps an organization/team or staff to identify successes, gaps (shortfalls) and challenges for performance. Managers and staff need to identify underlying cause (s) for poor performance to plan interventions. There are several key performance factors that affect staff performance and HR leaders and supervisors should assure that the performance management system is in place to address following:

- Job expectations,
- Performance feedback,
- Work environment and tools,
- Motivation
- Skills and knowledge

Key questions need to be answered during performance planning and management is briefly stated below:

Job expectations--do staff know what to do?

- Is there clarity about national standards, clinical and other protocols, desired results?
- Can staff state job expectations? Link them to standards/desired results?
- Is there up-to-date job description in use?
- How do they get 'job expectations?
- Are they clear about acceptable level of performance?

Performance feedback--*do staff know how well they are doing?*

- How well are providers performing against job expectations?
- How do they find out? Periodic? Non-threatening? Timely?
- How clearly does staff act on feedback?
- Any way to provide feedback to supervisors?

Work environment/tools--*what systems in place support positive work environment?*

- Is there a positive team environment at the site level--good teamwork?
- Are there adequate and reasonably up-to-date supplies and tools?
- Are work place safety policy and practices in place?
- Can staff provide input into how things work?

Motivation--*do staff have a reason to perform as they are asked to perform? Does anyone notice?*

- How is good performance recognized or rewarded?
- How well do site level teams work together to celebrate successes?
- What is range of non-monetary incentives used within system or site?
- What input do staff have regarding incentives?

Skills and knowledge--*do staff know how to do the job?*

- Is PSE curriculum tied to HRH strategic plan? Current workforce needs and plans?
- What feedback system is in place to inform PSE changes?
 - How were skill/knowledge gaps identified? What range of in-service training opportunities are available to address skill/knowledge gaps?
 - What kind of follow-up ensures education and training _works ‘?

D. Performance Improvement

Measuring and monitoring performance over time gives opportunities to improve performance including making mid-term adjustments in targets. Actual improvement interventions vary based on underlying performance factor (s) and appropriate course of action should be designed through participatory problem analysis. However, all improvement plan need to be clear, specific,

achievable. Clear responsibility among various organizational bodies and staff should be developed with timeline for initiation and completion of the actions.

Like any planning, performance improvement goes through series of steps as described below:

- Identify and agree on the problem.
- Establish the reason(s) for the shortfall.
- Decide and agree on the action required.
- Provide the coaching, training, guidance, experience or facilities required to enable agreed actions to happen.
- Monitor and provide feedback.

E. Performance Appraisal

Although performance management is a continuous process it is still necessary to have a formal review once or twice a year. This provides a focal point for the consideration of key performance and development issues. It leads to the completion of the performance management cycle by informing performance and development agreements. Individuals should be encouraged to assess their own performance and become active agents for change in improving their results. The common practice with regard to performance review is to have one or two performance review sessions in a year. The practice in the civil service sector of Ethiopia is to conduct appraisals twice a year (every six month).

Why and how should our organization conduct performance appraisals of our employees?

Performance Appraisal (PA)—is a structured process to review and discuss an employee’s performance of assigned duties, achievement of goals and fulfillment of responsibilities over a specific time period.

The performance appraisal (PA) process strengthens organizations and fosters improved individual performance by enhancing and reinforcing the link between individual and organizational performance. The performance appraisal process can help:

- *Align staff responsibilities and goals with organizational or program objectives.*

PAs often include reviewing an employee ‘s job description and goals to ensure that responsibilities and goals are consistent with those of the organization or program.

- *Align staff attitudes and performance to organization’s values.* When planning performance goals, identify the values the organization wants to see reflected in an employee ‘s performance

- ***Recognize and reinforce good performance.*** The PA process provides an opportunity for recognizing and reinforcing good performance. When employees feel valued, they are more likely to engage in their work and, as a result, be more productive.
- ***Identify and formally address issues.*** PAs reinforce ongoing communication by providing a forum for employees and supervisors to discuss problems or challenges and document the issues discussed.
- ***Identify training and professional development needs.*** When developing performance goals, the employee and the supervisor can plan for any training required to help the employee meet performance goals.

How to Establish a Performance Appraisal Process?

To set up your PA process, use the following steps as a guide.

1. Outline the purpose and objectives of the PA process.

Defining the purpose and objectives helps staff and the organization to understand and monitor the process.

2. Map out the PA process for your organization

With input from staff at different levels, tailor the process to the needs of your organization and decide on the following:

- What type of performance appraisal system do you want? One-on-one, 360° review—a type of performance appraisal that incorporates feedback from management, subordinates, peers, clients and others into the review process—or a combination?
- How often should appraisals occur? Annually, annually with a six-month review or as part of a probationary period?
- Will appraisals be customized for different staff—management, general staff and volunteers?
- Who will conduct the appraisals and for whom?
- How will the information gathered in the appraisal be documented and used?
- How will the PA process be linked to other organizational processes, such as pay period, supervision or quality assurance?

3. Develop PA materials

When developing PA forms and tools, consider fairness, consistency and functionality. Keep tools simple and user-friendly, and test them prior to implementation. The following table outlines some useful PA tools that you may want to consider.

| Tool | Use | Process Elements |
|--|--|--|
| Employee Performance Plan | Developed at the start of employment. Updated periodically after the supervisors assessment and the employee's self-evaluation have been jointly reviewed and discussed. | <ul style="list-style-type: none"> • Attach revised final job description. • Set and document performance goals for the upcoming year. • List professional development activities (fulfillment of activities is based on organizational priorities and available funding). |
| Employee Self-Evaluation | Completed by employee first and given to the supervisor to incorporate into his/ her evaluation. | <ul style="list-style-type: none"> • Review job description. • List achievements and constraints in meeting goals set in the Employee Performance Plan. • Rate performance according to key criteria. • List performance objectives for coming period. • List desired professional development. • Give feedback on supervision and support received. |
| Supervisor's Evaluation of Employee | Completed by supervisor after receiving the employee's self-evaluation. | <ul style="list-style-type: none"> • Review job description. • Assess achievement of performance goals set for the period under review. • Summarize findings from 360° review (if appropriate). • Include comments on overall performance. |
| Performance Improvement Plan | Used when an employee's performance does not meet the expectations of the position. | <ul style="list-style-type: none"> • Identify the job duties or responsibilities that are not being performed at the expected level. • Outline specific, work-related examples of performance (poor, acceptable). • Indicate acceptable work performance standards and expectations that must be completed on a consistent basis. • Specify clear timeline for follow-up. • Identify the measurements to evaluate |

progress.

4. Establish a plan for PA implementation and monitoring.

Develop a clear timeline of activities and list of participants in the process:

- **Establish indicators** to measure the effectiveness of key milestones during the PA process (for example, deadlines for developing, testing and revising PA forms, dates for finishing a pilot process and number of performance reviews completed in a specified time period).
- **Pilot the approach with a small group of staff** to observe how the process flows, determine how easy it is to use and make adjustments as needed.
- **Launch** the process (in stages if needed) throughout the organization.
- **Assess and address lessons learned** to improve the process, make it easier for supervisors and employees to use and increase overall effectiveness.
- **Train staff and supervisors on the PA process.**

Performance appraisal is not intuitive. Supervisors and staff need training in how to complete the forms, communicate with one another and set goals. Supervisor training should include: explaining the purpose and objectives of the PA, facilitating the performance appraisal, giving feedback to employees and setting performance goals.

Employees will require training to understand the purpose and objectives of the PA process, what to expect during a PA meeting, how to handle feedback, communicate with supervisors and set performance goals.

IMPORTANT TIPS:

An effective PA process is:

- **Participatory**—Both the supervisor and employee should provide input. Feedback from peers and other managers can also be included.
- **Transparent**—All staff should understand the PA process and criteria used for performance assessment.
- **Applied consistently**—Regardless of whether the individual employee appraisals are conducted in phases or simultaneously, they should be done uniformly *with all staff* to ensure fairness and consistency.

- **Reviewed regularly**—PAs should be checked regularly to ensure relevance, accuracy and consistency with organizational needs.

Important rules for conducting performance review and appraisal meetings:

- ***Be prepared.*** Managers should prepare by referring to a list of agreed objectives and their notes on performance throughout the year. They should form views about the reasons for success or failure and decide where to give praise, which performance problems should be mentioned and what steps might be undertaken to overcome them.
- ***Work to a clear structure.*** The meeting should be planned to cover all the points identified during preparation. Sufficient time should be allowed for a full discussion (hurried meetings will be ineffective).
- ***Create the right atmosphere.*** A successful performance review meeting depends on creating an informal environment in which a full, frank but friendly exchange of views can take place. It is best to start with a fairly general discussion before getting into any detail.
- ***Provide good feedback.*** The feedback should be presented in a manner that enables individuals to recognize and accept the facts about individual performance. It should be a description of what has happened, not a judgment.
- ***Use time productively.*** Time should be allowed for the individual to express his or her views fully and to respond to any comments made by the manager.
- ***Use praise.*** Managers should begin with praise for some specific achievement, but this should be sincere and deserved.
- ***Let the staff/employee do most of the talking.*** This enables them to relax and helps them to feel that they are getting a fair hearing.
- ***Invite self-assessment.*** This is to see how things look from the individual 's point of view and to provide a basis for discussion – many people underestimate themselves.
- ***Discuss performance not personality.*** Discussions on performance should be based on factual evidence, not opinion. Always refer to actual events or behavior and to results compared with agreed performance measures.
- ***Encourage analysis of performance.*** Don 't just hands out praise or blame. Analyze jointly and objectively why things went well or badly and what can be done to maintain a high standard or to avoid problems in the future.
- ***Don't deliver unexpected criticisms.*** There should be no surprises. The discussion should only be concerned with events or behaviors that have been noted at the time they took place.
- ***Agree on measurable objectives and a plan of action.*** The aim should be to end there view meeting on a positive note.

3.3.5 Dealing with (Handling) under-performers

Poor performance is best seen as a problem in which the employee and management are both accountable. Managing under-performers therefore should be a positive process that is based on feedback throughout the year and looks forward to what can be done by individuals to overcome performance problems and, importantly, how managers can provide support.

The five basic steps required to manage under-performers are:

- Identify and agree on the problem.
- Establish the reason(s) for the shortfall.
- Decide and agree on the action required.
- Provide the coaching, training, guidance, experience or facilities required to enable agreed actions to happen.
- Monitor and provide feedback.

3.4 Line managers and performance management

Line managers are crucial to the success of performance management, so it is imperative to enhance their skills in performance management. As such, HR units or managers where they exist should:

- Involve line managers in the development and introduction of performance management.
- Train and coach line managers – existing managers and, importantly, potential, and newly appointed managers,
- Get top management to stress the importance for staff and the organization. Keep it simple do not impose a bureaucratic system,
- Emphasize whenever possible that performance management is a normal process of management and that one of the criteria for assessing the performance of managers is how well they do it.
- Do whatever can be done to persuade line managers that formal performance reviews need not be stressful occasions if they are conducted properly but can in fact provide quality time ‘for the two parties to engage in a dialogue about performance and development opportunities.

3.5 Management and supervision

Strong management capacity at all levels of the health system, including frontline supervision, is vital to improving work performance in areas recovering from conflict¹¹. The types of management

¹¹WHO: Guide to Health Workforce Development in Post-Conflict Environments. Geneva: World Health Organization; 2005

and supervision activities identified as being important include on-going supportive supervision¹², coaching and mentorship programs¹³, in-service training¹⁴, and performance appraisal¹⁵. During and immediately after conflict, numbers of managers and supervisors capable of implementing these activities reach critically low levels, and are usually non-existent in rural areas¹⁶. However, these issues are rarely prioritized in long-term training and capacity building strategies¹⁷. Consequently, untrained, under-resourced and often unsupported managers – who themselves may be coping with the effects of conflict – are tasked with redressing perpetual workforce problems such as low productivity, incompetence, and absenteeism.

Several studies have examined policies and interventions to strengthen management and supervision capacity in post-conflict settings. Health managers self-reported substantial improvements in management skills including strategic problem solving, financial management, human resource management, and leadership. Recommended best practices for implementing participatory management strengthening programs in post-conflict settings included use of short course formats with practical tools; use of didactic training, on-site projects, and mentoring; and securing ministry level support to ensure participation¹⁸.

Self-Assessment Questions

- Why is performance management important for staff and the organization?
 - What are some of the key performance factors?
 - Explain the difference between performance management and performance appraisal?
-
- What are some of the key steps of establishing a performance appraisal process?

¹²Smith J, Ho L, Langston A, Mankani N, Shivshanker A, Perera D: Clinical care for sexual assault survivors multimedia training: a mixed-methods study of effect on healthcare providers' attitudes, knowledge, confidence, and practice in humanitarian settings. *Confl Health* 2013, 7:14

¹³Turkmani S, Currie S, Mungia J, Assefi N, JavedRahmanzai A, Azfar P, Bartlett L: 'Midwives are the backbone of our health system': lessons from Afghanistan to guide expansion of midwifery in challenging settings. *Midwifery* 2013, 29:1166–1172

¹⁴Beesley M, Scuccato R: First Steps Towards Healing a Workforce: In-Service Training in Angola. In *Health in Emergencies*, Volume 18. Geneva: WHO; 2003.

¹⁵Hamdan M, Defever M: Human resources for health in Palestine: a policy analysis: part I: current situation and recent developments. *Health Policy* 2003, 64:243–259

¹⁶Pavignani E: Human resources for health through conflict and recovery: lessons from African countries. *Disasters* 2011, 35:661–679

¹⁷. Rowe L, Brilliant S, Cleveland E, Dahn B, Ramanadhan S, Podesta M, Bradley E: Building capacity in health facility management: guiding principles for skills transfer in Liberia. *Hum Resour Health* 2010, 8:5.

MODULE III

Gender Based Violence

Duration: 4 hours

Module description

This half day training/ orientation on Gender Based Violence (GBV) is designed to create general awareness and common understanding about GBV among the health program managers and health workers to enhance their role and commitment in regards to preventing and responding to the problem so as they mainstream the basic and essential GBV services in the health sector response to the crisis situation.

Module Objective

By the end of this one-day training/ orientation, participant of the training will be able to understand, promote, integrate and implement basic gender based violence related health services in the health sector response of the emergency interventions

Module Objective



Enabling objectives

After completing this module, participants will be able to:

- Describe the meaning of gender and related concepts
- Explain the meaning, types and consequences of gender based violence
- Analyze why health programs should address gender based violence
- Interpret the role of the health sector in addressing gender based violence in emergency situations
- Understand the GBV preventions and response interventions in the health sector

Module outline

Session 1: concepts of gender and gender based violence

- 1.1. Overview of the gender based violence in conflict context
- 1.2. The concept of gender and sex
- 1.3. Defining gender based violence
- 1.4. causes of gender based violence
- 1.5. Type and prevalence of GBV
- 1.6. Consequences of GBV

Session 2: Health Sector Response

- 2.1. Why health Organizations should address GBV
- 2.2. Role of Health care
- 2.3. Prevention and Response of GBV

1. Session one: concepts gender and gender based violence

1.1. Overview gender based violence in conflict context

Gender based violence; sometimes referred to as violence against women (VAW) has been recognized public health and human rights problem throughout the world, crossing cultural, geographic, and religious, social and economic boundaries. As per the WHO report, one in three women worldwide will experience physical and/or sexual violence by a partner or sexual violence by a non-partner. In 2016 the Ethiopian Demographic Survey Result (EDHS, 2016), found that more than a third In 2016, more than a third (35 percent) of ever-married women in Ethiopia reported experiencing physical, emotional, or sexual violence from an intimate partner, with higher rates of violence experienced by older women and those in more rural areas (United Nations Children’s Fund [UNICEF] 2016). . The Ministry of Women, Children, and Youth Affairs (MoWCYA) assessed the conditions of GBV in Ethiopia and found that 56.9 percent of women and girls experienced multiple types of violence with some overlap of sexual, physical, and psychological violence (2013). MoWCYA also found that GBV survivors experienced multiple challenges in accessing services and support systems, such as legal aid, shelters, law enforcement, psychosocial support, and particularly, medical care.

Conflict situations and emergencies often increase the vulnerabilities of already disadvantaged population and groups. Reports of GBV incidents are areas of headline news coming from the affected areas in any crisis. During a crisis, such as armed conflict or natural disaster, institutions and systems for physical and social protection may be weakened or destroyed. Police, legal, health, education, and social services are often disrupted; many people flee, and those who remain may not have the capacity or the equipment to work. Families and communities are often separated, which results in a further breakdown of community support systems and protection mechanisms (WHO, 2005)

Following the break out of conflict in Amhara region in July 2021, sever humanitarian have been reported by international agencies including OCHA and UNICEF. As in any conflict or military operations, women and children are among the most vulnerable in addition to food, water, sanitation and hygiene, protection, health (including pshycho-social support), safety and security remain some of the priority concerns, as well as access to public services. The report released by the Ethiopian Human Rights Commission (EHRC) in January 2021, has indicated that the humanitarian situation in the region has been exposing residents and internally displaced

people to further human rights violations. In the past two months alone, 108 cases of rape have been reported in Mekelle, Ayder, Adigrat and Wukro hospitals (with a possibility that the actual number of cases might be higher and more widespread than the reported cases). According to this report, the war and dismantling of the administrative and local structures such as police and health facilities where victims of sexual violence would normally turn to report such crimes have led to a rise in gender-based violence

1.2. The concept of gender and gender based violence

The concept of gender and sex?

Objective of the session: by the end of this session the participants will

- Understand the meaning of gender and explore the social and cultural expectations for males and females.
- Explain what GBV is and, its forms
- Describe the consequences and impacts of gender based violence

Training methods: Interactive lecture, discussions

Brainstorming activity (10 minutes)

Ask participants to brainstorm on the following question;

Can you share an experience/example when you felt that your gender allowed or did not allow you to do certain things?

Sex: refers to the physical/biological differences between males and females. It is determined by biology - Does not change (without surgical intervention).

Gender - Refers to the social differences between males and females - determined by social factors—history, culture, tradition, societal norms, religion. Gender identity is acquired through socialization that involves various agencies including family, school, media, community and institutions. Gender refers to socially described roles, responsibilities opportunities, privileges, limitations, and expectations for women, men, boys and girls in different culture. Some examples of sex characteristics:

- ✓ *Women menstruate while men do not*
- ✓ *Men have testicles while women do not*
- ✓ *Women have developed breasts that are usually capable of lactating, while men have not*

Gender does not just reveal information about men and women's different roles and experience, but also sheds light on ingrained assumptions and stereotypes about men and women, the values and qualities associated with each, and the ways in which power relationships can change.

1.3. Defining gender based violence

Gender-based violence (GBV), sometimes also referred to as **sexual and gender based violence (SGBV)** is defined as ‘any harmful act that is perpetrated against a person’s will’ and that is based on socially ascribed (i.e. gender) differences between males and females (Inter Agency Standing Committee Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action 2015).

Brainstorming (15 minutes): start the discussion by asking the following questions

- ✓ What is power?
- ✓ What are some examples of people or groups who have power? How do you know they are powerful?

Power:the ability to control and access resources, opportunity privileges and decisions making processes. GBV is a structural problem that is deeply embedded in the historical unequal power relationships between men and women, which have led to domination over and discrimination against women by men (UNFPA, 2015).

Consent: Refers to approval or assent, particularly and especially after thoughtful consideration. “Informed consent” occurs when someone fully understands the consequences of a decision and consents freely and without any force. The absence of informed consent is an element in the definition of GBV. There can be no consent in situations where any kind of force (physical violence, coercion, etc.) is used. (UNFPA, 2018)

Victim or Survivor? The terms “victim” and “survivor” can be used interchangeably. “Victim” is a term often used in the legal and medical sectors. “Survivor” is the term generally preferred in the psychological and social support sectors because it implies resiliency

1.4. Causes of Gender Based Violence

The root causes of gender-based violence are a society’s attitudes towards and practices of gender discrimination. Typically, these place women and men in rigid roles and positions of power, with women in a subordinate position in relation to men. The accepted gender roles and lack of social and economic value for women and women’s work strengthen the assumption that men have decision-making power and control over women. Through acts of gender based violence perpetrators seek to maintain privileges, power, and control over others. This disregard for or lack

of awareness about human rights, gender equality, democracy and non-violent means of resolving problems help continue the inequality that leads to GBV.

While gender inequality and discrimination are the root causes of all forms of gender-based violence, various other factors will influence the type and extent of GBV in each setting. During crises, many such factors can increase risk and vulnerability to GBV. Examples include:

- ✓ Community and family support systems have broken down
- ✓ Families are often separated
- ✓ Institutions such as health facilities and police are under-staffed or nonexistent
- ✓ There is a prevailing climate of human rights violations, lawlessness, and impunity
- ✓ Displaced populations are dependent on aid and vulnerable to abuse and exploitation
- ✓ Temporary communities and shelters may not be safe, may be overcrowded, may be in isolated areas, or could lack sufficient services and facilities

While men may experience GBV, in general, women experience more violence that is sexual, more severe physical violence, and more control from male partners. GBV against women and girls is one of the most widespread violations of human rights, with a significant impact on physical, psychological, sexual and reproductive health.

Gender based Violence in international and National laws : GBV is a human rights violation

- The Universal Declaration of Human Rights (UDHR = 1948)
- The convention on Elimination of All Forms of Discrimination Against women (CEDAW, 1979)
- The Convention on the Rights of the Child (CRC – 1989)

GBV- violets the rights to

- Life, liberty and security of the person
- The highest standard of physical and mental health
- Freedom from torcher or cruel inhuman treatment

1.5. Type and Prevalence of GBV

Gender-based violence can be broadly defined into five categories:

1. **Sexual violence** **Sexual violence/abuse** is the act of sexual activity without consent and/or any sexual act on a person who could not give consent, such as children and persons with disabilities.

This act includes:

(1) The use of physical force to compel a person to engage in a sexual act against his or her will, whether or not the act is completed. Harassment, rape, marital rape, abuse/exploitation, sexual child abuse/incest, sexual abuse (non-penetrating), forced prostitution (“willing” but involuntary), child prostitution, sexual trafficking and forced abortion, etc.

(2) An attempted or completed sex act involving a person who is unable to understand the nature or condition of the act, to decline participation, or to communicate unwillingness to engage in the sexual act (e.g. because of illness, disability, or the influence of alcohol or other drugs, or due to intimidation or pressure).

(3) The act of an adult or someone older than a child involving the child in any form of sexual activity, ranging from fondling the child’s sexual parts to actual or attempted sexual acts.

(4) *Rape/Attempted rape* is an act of non-consensual sexual intercourse. This can include the invasion of any part of the body with a sexual organ and/or the invasion of the genital or anal opening with any object or body part. Rape and attempted rape involve the use of force, threat of force, and/or coercion. Any penetration is considered rape. Efforts to rape someone that do not result in penetration are considered attempted rape.

Rape of women and of men is often used as a weapon of war, as a form of attack on the enemy, typifying the conquest and degradation of its women or captured male fighters. It may also be used to punish women for transgressing social or moral codes, as for instance those prohibiting adultery or drunkenness in public. Women and men may also be raped when in police custody or in prison

2. **Physical violence** is defined as the *intentional* use of physical force with the potential to cause death, disability, injury, or harm.

Physical violence includes, but is not limited to: scratching, pushing, shoving, throwing, grabbing, biting, choking, shaking, poking, hair pulling, slapping, punching, hitting, burning, use of a weapon (gun, knife or other object), and use of restraints or one's body, size, or strength against another person. Physical violence also includes coercing other people to commit any of the above-mentioned acts. It also includes, often in children, the acts or omissions of deprivation/neglect

3. Psychological/emotional violence/abuse and neglect are acts of coercion or use of abusive language (e.g. verbal assaults) and arbitrary deprivation of liberty, whether occurring in public or in private life.

Psychological/emotional abuse can include but is not limited to; humiliating a person controlling what the person can and cannot do, withholding information from the person, deliberately doing something to make the person feel diminished (e.g. less smart, less attractive), Prohibiting access to transportation or telephone etc.

The prevalence of gender-based violence is extremely difficult to obtain due to its hidden nature and because it is under reported. The statistics usually tells only the number of those individuals who reported not all of the individuals who have experienced GBV. As per the World health organization's report, one in three women face GBV globally

Emergencies such as armed conflicts and natural disasters always increase the prevalence and intensity of GBV. Sexual attack, exploitation abuse by person in power, child sexual abuse, sex for survival, sexual bartering and trafficking, capture by soldiers for slavery etc. are among the common type of GBV incidents in such situations. Due to lack of appropriate training, lack of resources and inadequate physical settings, GBV services are not always properly handled in the health facilities.

1.6. Consequences of gender-based violence

Gender based violence has serious, immediate and long-term impacts on the sexual, physical and psychological health of survivors.

GBV has complex consequences for adult and child victims as well as for those children witnessing violence. Victims/survivors of GBV often have the tendency to blame themselves (self-blame) and feel guilt or shame. They are stigmatized and blamed by family, friends and the society. GBV also undermines the right, autonomy, security of the victims and reinforces gender inequality in the society.

Furthermore, GBV has an **Economic** impact for the society. It is estimated that domestic violence and rape are risk factors for increased morbidity.

GBV also has complicated **health** related consequences. It negatively affects physical, mental and reproductive health. The physical health consequences may include disabilities and disfigurement to death. The mental health consequences include post-traumatic stress disorder, depression, anxiety, suicide, intergenerational violence, sleeping disorders, low self-esteem, altered sexual orientation and the like. **The sexual and reproductive health** problems that are caused by GBV include pelvic inflammatory disease, sexually transmitted infections (STIs) including HIV/AIDS, cervical cancer, sexual dysfunction, unwanted pregnancy, abortion, miscarriages, fetal injuries, oral lesions, and the like. **Social consequences:** extend to families and communities. Families can also be stigmatized because of gender-based violence. For example, when children are born following a rape, or if family members choose to stand by a survivor, fellow members of their community may avoid them.

Economic consequences: include the cost of public health and social welfare systems, and the reduced ability of many survivors to participate in social and economic life.

Checking Your Knowledge–

GBV Concepts and Terms Review what you know about GBV concepts and terms. Read the following scenario and answer the questions below.

A displaced woman fleeing with three children from armed conflict approaches an armed soldier at a checkpoint. The woman has been separated from the rest of her family and community; she is seeking refuge at a town on the other side of the checkpoint. The soldier asks the woman to give him some money to go through the checkpoint (there is no fee - he is asking for a bribe). The woman explains she has no money and nothing of value to offer. The soldier tells the woman that he will let her through if she has sex with him. The woman agrees. The man is very rough and the woman feels pain while he is inside of her. She tries not to cry in front of her children.

1. Did the woman consent to sex?

a) Yes

b) No

2. Is this an incident of gender-based violence?

a) Yes

b) No

3. *Why is this an incident of gender-based violence? Check all that apply:*

- a) It was based on an unequal balance of power between the soldier and the woman*
- b) It was harmful to the woman*
- c) It violated the woman's human rights*
- d) She gave her consent to have sex e) It involved the use of force*

2. Session 2: Health Sector Response to GBV

Session objectives: at the end of this session the participants will

- ✓ Analyze why health programs should address gender based violence
- ✓ interpret the role of the health sector in addressing gender based violence in emergency situations
- ✓ Relate to the GBV preventions and response interventions in the health sector

2.1. Why health organizations should address gender-based violence

Brainstorming discussion: Ask participants to reflect on the following question (10 minutes)

- ✓ What are some of the reasons that GBV is not always addressed by the health sector at the very outset of a crisis?

Health service delivery programs/projects should include the prevention and response interventions in their programming because:

- Gender-based violence is a major cause of disability and death among women
- Health providers who do not ask about gender-based violence may misdiagnose victims or offer inappropriate care
- All women are likely to seek health services at some point in their lives
- Health service organizations may be the first or only point of contact outside the home for women experiencing violence
- Health programs—including those devoted to HIV/AIDS—can be more effective if they recognize the reproductive health implications of violence against women.
- Health providers who counsel women and provide information may be strategically placed to help women get assistance before violence escalates.
- Addressing GBV can improve the overall quality of women’s healthcare by being more attuned to their medical and psychological needs.
- Healthcare organizations can raise society’s awareness of GBV as a public health problem. (Source: Adopted from Bott et.al, 2004)

2.2. The Role of Health Care

The health sector is a critical entry point for identifying GBV, providing medical care to survivors and referring them to other essential services, such as shelters, counseling centers, or specialized medical care. For many survivors of violence, a visit to a health professional is the first point of contact enabling them to access support and care. Therefore, strengthening the capacity of health professionals to identify and support survivors of violence is crucial to the prevention of and response to GBV. Many survivor women do not have the knowledge about the support service in the community and it is crucial that the health care professionals work closely with other sectors to mend these disconnect. Health professionals must be trained in how to ask about abuse, respond appropriately, and offer referrals to a specialist GBV service. Health providers and health systems have a critical role in supporting women, minimizing the impact and preventing violence from happening

In an emergency, health actors may be reluctant to focus on GBV issues because of the prioritization of other acute health needs. Nevertheless, health sector response to GBV is a crucial, lifesaving response for survivors and is part of the Minimum Initial Services Package series of crucial actions required at the onset of every emergency. Health sectors can integrate essential actions to address GBV throughout the humanitarian programme cycle.

Needs assessment: include GBV related questions in to health assessment.

Example: How many health facilities provide clinical care for survivors of rape and other forms of GBV? Are there written protocols/SOPs for provision of health care to survivors?

One can use the existing service delivery statistics, DHS data and information on barriers to women as critical source of information.

Strategic planning: Understand the impact of GBV on health outcomes and ensure these are addressed within the health objectives of the Humanitarian response plan

Examples:

- *Include services for gender-based violence survivors within your definition of “lifesaving services”*
- *Include information on the availability of GBV services in the summary of needs.*

- *Include at least 1 target on GBV in the health sector plan, e.g. 90% of health facilities provide clinical care to GBV survivors.*

Resource mobilization: include budget or request funding for health related GBV prevention and response activities in project proposals from the outset

Examples:

- ✓ Include funding for commodities, training and supplies for post-rape care into the budget of your health care project.
- ✓ Monitor funding for health services for survivors and advocate with donors around gap

Implementation and Monitoring Include GBV services in the essential package of health services } Ensure availability of PEP, STI treatment, EC, and hepatitis B vaccine. } Include indicators to measure the outcomes of GBV interventions. E.g. # of health facilities with a functioning referral pathway for survivors

Examples:

- ✓ Ensure medical staff have skills to clinically manage survivors of GBV.
- ✓ Design health facilities to include private, confidential spaces.
- ✓ Link survivors to other needed service

2.3 Prevention and response to Gender Based Violence

2.3.1 Prevention interventions

The health sector is strategically positioned to prevent and respond to gender based violence by

- ✓ **Raising awareness on gender equality and women's rights through** their community mobilization activities (e.g. promote messages about consent and respect through health education activities), during HAD meetings, house to house visits and other public meetings.
- ✓ Support prevention programs that **challenge norms that perpetuate male dominance** or female subordination, stigmatize survivors or normalize violence
- ✓ Make gender based violence an agenda; emphasize the consequences and effects.

- ✓ **Community Development Approach:** In GBV prevention work, a community development approach allows the community to identify, define and take action to protect vulnerable groups from experiencing abuse. This approach recognizes that prevention action that is born out of communities will have the greatest chance at sustaining change
- ✓ **Survivor-centered Approach:** In GBV prevention work, a survivor-centered approach assumes that each survivor understands what is best for her or his own safety, healing and recovery. A survivor-centered approach to prevention adheres to the four guiding principles of safety, confidentiality, respect and non-discrimination

2.3.2. Responding to Gender Based Violence

Brainstorming: (10 minutes)

- ✓ What approaches do you use to identify GBV cases?
- ✓ What are the challenges related to identifying GBV cases

Even though survivors of GBV are more likely than the general population to use health services, they are not likely to spontaneously disclose. When health professionals sensitively enquire if a patient present with symptoms that can indicate GBV, this can increase the chance of disclosure. Therefore, facilitating a positive disclosure of GBV is an important starting point for any health intervention. Asking about GBV, when done in a professional and supportive manner, can help to break the feelings of isolation, guilt, and shame that survivors of violence may experience, and help to convey the message that help is available and that she may. In health settings two approaches are used to facilitate the disclosure of gender-based violence: universal screening and case finding.

Universal screening is also known as routine enquiry as this approach requires asking all women presenting in health settings about their exposure to GBV. In contrast, case-finding (also known as clinical enquiry) refers to asking use it if she feels ready women about GBV if they present with certain clinical symptoms, history and (if appropriate) examination of the patient

Case-finding: also known as (**clinical enquiry**) is asking women presenting in health care settings based on clinical conditions, the history and (if appropriate) examination of the patient.

According to a recent WHO study, universal screening can be burdensome in health care settings, particularly when there are limited referral options, limited capacities for effective response, and overstretched resources/providers. This can in turn have a major impact on the women patients, who may choose to disclose during universal screening, only to be met with no effective action taken.

Case-finding, which is based on selective and careful clinical considerations, is found to be the most effective, particularly when health staff is specially trained in how to best respond and refer. IMPLEMENT is a good example in this regard, and is following WHO's recommendation, of "enhancing provider's ability to respond adequately to those who do disclose violence, show signs and symptoms associated with violence, or are suffering from severe forms of abuse. The Case finding approach is recommended in many situations.

First-line support refers to the minimum level (primarily psychological) support and validation of their experience that should be received by all women who disclose violence to a health care provider or other provider, such as the GBV advocate. It shares many elements with what is being called 'psychological first aid' in the context of emergencies involving traumatic experiences

Generally, the health sector is required to consider the following activities in preparing for GBV response.

- **Training of health personnel** and emergency responders to recognize signs of GBV and its treatment.
- **Basic Services:** Psycho social services, physical injury treatment, counseling provision of reproductive and maternal health services as well as "dignity kits" to women and girls. Dignity kits are care packages targeted to women and girls and include items such as menstrual pads, clean underwear, and soap.
- **Provision of GBV-related health services** to victims including emergency contraception, pregnancy testing, post-exposure prophylaxis for HIV, administration of rape kits, emergency counselling, and referrals for more comprehensive mental and physical health services.

- **Referral for social services, rehabilitation and /or reintegration:** reintegration in the community and family reunification. Adopting different strategies is important for when providing care and services for adults and child survivors.
- **Identify institutions in the area that provide different services to violence survivors** (health, social and legal)
 - Formalize the referral relationships with referral institutions
 - strengthen community support for survivors
 - Collect evidence and data and reporting on violence
- **Availing GBV protocols and guidelines** on health facilities Consistent use of protocols and SOPs on GBV
- Engage with men as allies. Social change mind set of people (work on tradition and culture, increase awareness on GBV issues)
- **Create supportive environment** - building capacity of existing structure and sensitizing and building capacity of religious leaders; empower people to deal with problems they are facing, popularize and disseminate the GBV law and other related laws
- **Recording and documenting of cases;** Medical statistics and records are important for designing interventions and improving services.

There are many reasons, which may prevent women who experienced GBV from accessing healthcare and disclosing violence to health professionals. Even though these barriers operate at the levels of partner relationships, families and the wider community and therefore require interventions beyond the health system, health professionals nevertheless need to be aware of them, in order to be able to provide effective care and referrals to relevant service providers, such as shelters, crisis centers or counseling centers. These organizations may assist women in addressing some of these barriers, for instance through providing accommodation, legal counseling or other support

MODULE IV

Mental Health and Psychosocial Support

Duration: 4 hours

Module description

This course covers both the theory and application of MHPSS for the health work force at different hierarchies in post conflict situations. These include overview of conflict related mental disorders, components of psychosocial intervention and stress management among HCW.

Module objectives

Enabling objectives



After completing this module, participants will be able to:

- Describe the broader concept of MHPSS in emergencies
- Identify effective ways of managing stress as HCP working during post conflict period
- Understand the appropriate model of psychological first aid during conflict
- Demonstrate effective personal emotional resilience

Module Outline:

Session 1: Basic mental health and Common mental disorders during conflict

Session 2: Mental health and Psycho-social intervention during crisis

Session 3: Building personal emotional resilience

4.1. Basic concept of mental health and common mental disorder during conflict

Activity 1: Brain storm and reflect: 10 minutes

- What are the common social and mental health problems in conflict affected areas?
- Define mental health and mental illness and mental disorder (please give examples)?
- Who are vulnerable to mental illness during conflict?

What is mental health and mental health problem?

Conflicts often create humanitarian disaster and may result in insecurity and crisis among the affected group, disturbing their cognitive behavior and response to it, creating constant anxiety. Hence, the prevalence of mental disorders is expected to be high among conflict-affected populations. According to WHO report, “One person in five (22%) living in an area affected by conflict is estimated to have depression, anxiety, post-traumatic stress disorder, bipolar disorder or schizophrenia.”¹ Moreover, most people affected by conflicts will experience distress (e.g. feelings of stress and sadness, hopelessness, difficulty sleeping, fatigue, irritability or anger and/or aches and pains).

In general, there is a dynamic relationship between the mental and social dimensions of a person where one influences the other. The mental/psychological dimension includes internal, emotional, and thought processes, feelings, and reactions. Whereas, the social dimension includes relationships, family and community networks, social values, and cultural practices.

In conflict affected areas, there are various types of social and mental health problems.

a) Social problems:

- Pre-existing: e.g. poverty and discrimination of marginalized groups;
- Emergency-induced: e.g. family separation, lack of safety, loss of livelihoods, disrupted social networks, and low trust and resources; and
- Humanitarian response-induced: e.g. overcrowding, lack of privacy, and undermining of community or traditional support.

b) Mental health problems:

- Pre-existing: e.g. mental disorders such as depression, schizophrenia or harmful use of alcohol;
- Emergency-induced: e.g. grief, acute stress reactions, harmful use of alcohol and drugs, and depression and anxiety, including post-traumatic stress disorder; and
- Humanitarian response-induced: e.g. anxiety due to a lack of information about food distribution or about how to obtain basic services.

According to WHO, Mental health is defined as a state of psychological well-being in which an individual realizes his or her abilities, can cope with normal stresses of life, can work productively and fruitfully, and can contribute to his or her community¹. The concept of mental health is therefore larger than the absence of mental disorders.

When a person's health is significantly affected on how she/he feels, thinks, behaves, and interacts with other people, it is mainly a sign of Mental illness. Mental illness is a general term that refers to a group of illnesses where a specific diagnosis of a condition or type of mental illness is made by trained mental health and/or health professional after a formal psychiatric assessment. Examples: Schizophrenia, Depression.

The milder forms of mental illness, mental health problems, are more common in conflict affected areas, which can be experienced temporarily as a reaction to the stresses of life. Acute stress reactions, harmful use of alcohol and drugs, anxiety & panic attack, depression and PTSD/Post Traumatic stress disorders/ are the most common mental health problems in conflict affected areas where a certain percentage of the affected population may develop severe disorders, such as psychosis and bipolar disorders.

People affected in conflicts experience and respond to loss, pain, disruption, and violence in significantly different ways, influencing their mental health and psychosocial well-being and their vulnerability to mental health problems. Children, women and the older persons in society are more prone to mental health consequences of conflicts and may display symptoms of mental disorder and/ or maladaptive behavior.

Gender based violence (GBV), human trafficking, separation of families, disabilities, worsening of pre-existing mental, neurological and substance use disorders, aggravation of chronic illness, Stranded or detainment of migrants are common impacts associated with armed conflicts and, mostly, their survivors are prone to distress and mental illness. During an emergency, the normal and traditional community structures that often regulate community well-being, such as extended family systems and informal community networks, may break down. These can cause or exacerbate social and mental health problems; and, in response, new mechanisms and new forms of leadership can arise, which may or may not be representative of age and gender or a community's diversity. Even, how humanitarian responses and services are provided, can also increase or diminish stress in affected populations.

Most mental illnesses can be effectively treated and most people cope with difficult experiences and may become more resilient if a supportive family and community environment is available. In most cases, distress is a normal response to conflict and will for most people improve over time. Recognizing the early signs and symptoms of mental illnesses and accessing timely effective treatment and psycho-social support is very important. Despite conflict's tragic nature and adverse effects on mental health, post-conflict recoveries have shown to be opportunities to build sustainable mental health systems for all people in need.

Description of common mental health problems

- **Anxiety:** a vague, unpleasant emotional state characterized by distress, uneasiness and nervousness. Frequently distinguished from fear by being objectless (fear assumes a specific feared object).
- **Depression:** characterized by a sense of inadequacy, hopelessness and helplessness, passivity, pessimism, chronic sadness and related symptoms. The condition is often linked to severe loss. It is a normal reaction for a shorter period of time. Its treatment includes psychosocial support, psychotherapy and drug treatment.
- **Post-traumatic stress disorder (PTSD):** may develop following psychologically distressing events such as natural disasters, armed conflicts, physical assaults and abuse, or accidents directly or indirectly experienced as life threatening. The condition includes recurring thoughts and images of the event, avoidance of reminders of the event psychological numbness, symptoms of increased arousal such as nervousness, sleep-related Problems, gastro intestinal problems and difficulties concentrating/ reduced involvement with the surroundings.
- **Psychoses:** The word 'psychosis' is used to describe experiences in which there has been some loss of contact with reality. The person has difficulty telling the difference between what is real and what is imaginary. An episode of psychosis is when a person has a break from reality and often seeing, hearing and believing things that are not real. Common presentations of psychoses:
 - **Hallucinations**—hearing voices or seeing, feeling, smelling, or tasting things that are not actually there
 - **Delusions**—fixed, false and firmly held beliefs which others find strange and not shared by others in the person's culture
 - **Severe abnormalities of behavior**— disorganized behavior, agitation, aggressive behavior, excitement, inactivity, or hyperactivity
 - Disturbances of emotion
 - Marked behavioral changes, neglecting usual responsibilities related to work, school, domestic or social activities
 - **Lack of insight**—lack of realization that one is having mental health problems

Treatment for psychosis includes a combination of medication, psychotherapy, complementary health approaches or even hospitalization.

4.2. Mental health and Psycho-social intervention during crisis



Think pair and share: 10 min

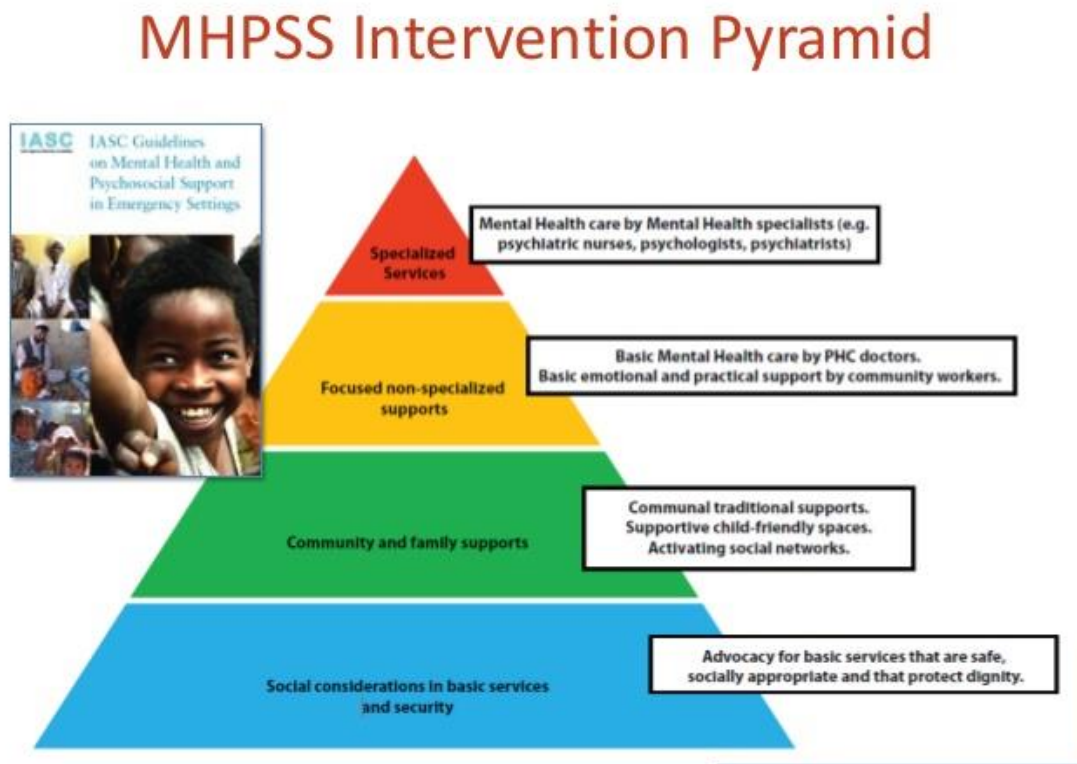
Think of the moment when the incident of armed conflict reported in Amhara region in July/2021 and share your experience to the larger groups;

- ⦿ How did you manage the mental and psychosocial component of the emergency response in your facility?
- ⦿ Is the experience the same to all of us or different from person to person?

In humanitarian action, the composite term '**Mental Health and Psychosocial Support**' (**MHPSS**) refers to any type of local or outside support that aims to protect or promote psychosocial well-being or prevent or treat mental disorders. Psychosocial interventions constitute the backbone of any MHPSS response and include a range of activities designed to foster psychological improvements, such as sharing experiences, strengthening social support, awareness-raising, and psycho-education. MHPSS intervention addresses both the psychological and social needs of individuals, families, and communities (Figure 1). It is essential for maintaining good physical and mental health by reducing levels of psychological distress, improving daily functioning, and serving as important coping mechanism for people during difficult times. Such interventions are overseen by a mental health professional and target individuals, families, and/or groups.

Mental Health and Psychosocial Support/MHPSS/ is becoming a key component in the entire process of post-conflict recovery. Rebuilding environment to help deal with individuals who may be overwhelmed by emotions and distraught feelings during the crisis is of paramount importance. During the post-conflict recovery period, Regional and National governments have to prioritize mental health and psychosocial support in the general humanitarian response programs. Psychosocial support and counseling must be integrated into the essential health service delivery. Mental health and psychosocial support services /MHPSS/ in health facilities may further extend to community groups and house to house approach by involving intersectoral collaboration to lead the process of community reintegration and cohesion.

Figure 1. Mental health and psychosocial interventions in the emergency setting



Source: https://www.who.int/mental_health/emergencies/guidelines_iasc_mental_health_psyc_hosocial_june_2007

The global humanitarian system recommends a broad range of actors responding to emergencies, including those working with biological approaches and socio-cultural approaches in health, social, education and community settings, as well as to ‘underscore the need for diverse, complementary approaches in providing appropriate support’ for MHPSS.

4.2.1. Components of Effective MHPSS interventions

Effective MHPSS interventions range from basic social services to clinical/specialized care. Clinical care for mental health should be provided by or under the supervision of mental health specialists such as psychiatric nurses, psychologists or psychiatrists. MHPSS interventions require advocacy and policy development, coordination and mapping among sectors, emergency approaches of psychological first aid, integrating mental health into primary healthcare, early childhood development and youth psychosocial life skill approach, peer support and psychiatric hospital and rehabilitation. In cases of conflicts, there may not be a strong governmental and social structure that can accommodate MHPSS interventions. Therefore, Federal government and other national and international humanitarian organizations have to involve in such interventions as necessary. The components are:

- I. **Community self-help and social support** should be strengthened, for example by creating or re-establishing community groups in which members solve problems collaboratively and engage in activities such as emergency relief or learning new skills, while ensuring the involvement of people who are vulnerable and marginalized, including people with mental disorders.
- II. **Psychological first aid** offers first-line emotional and practical support to people experiencing acute distress due to a recent event and should be made available by field workers, including health staff at IDP sites, teachers or trained volunteers.
- III. **Basic clinical mental health care** covering priority conditions (e.g. depression, psychotic disorders, epilepsy, alcohol and substance abuse) should be provided at every health-care facility by trained and supervised general health staff.
- IV. **Psychological interventions** (e.g. problem-solving interventions, group interpersonal therapy, interventions based on the principles of cognitive-behavioral therapy) for people impaired by prolonged distress should be offered by specialists or by trained and supervised community workers in the health and social sector.
- V. **Protecting and promoting the rights** of people with severe mental health conditions and psychosocial disabilities is especially critical in humanitarian emergencies. This includes visiting, monitoring and supporting people at psychiatric facilities and residential homes.
- VI. **Links and referral mechanisms** need to be established between mental health specialists, general health-care providers, community-based support and other services (e.g. schools, social services and emergency relief services such as those providing food, water and housing/shelter).

4.2.2. General Psychosocial Interventions

4.2.2.1. Psychological First Aid

Psychological first aid/PFA/ is humane and supportive response to a fellow human being who is suffering and who may need support in ways that respect their dignity, culture and abilities. PFA is very different from psychological debriefing in that it does not necessarily involve a discussion of the event that caused the distress. It is mainly about helping people to address basic needs (food, water, shelter, etc.), comforting and helping them to feel calm, supporting them to connect to information, services and social supports and protecting people from further harm. PFA can be provided anywhere in safe & confidential manner. Everyone can provide PFA and don't need to be a psychologist/Psychiatrist. Not everyone who experiences a conflict will need or want PFA. However, whenever people want support, everyone including all HCW should be ready to respond.

PFA encompasses:

- Protecting from further harm (in rare situations, very distressed persons may take decisions that put them at further risk of harm). Where appropriate, inform distressed survivors of their right to refuse to discuss the events with (other) aid workers or with journalists;
- Providing the opportunity for survivors to talk about the events, but without pressure. Respect the wish not to talk and avoid pushing for more information than the person may be ready to give;
- Listening patiently in an accepting and non-judgmental manner;
- Conveying genuine compassion;
- Identifying basic practical needs and ensuring that these are met;
- Asking for people's concerns and trying to address these;
- Discouraging negative ways of coping (specifically discouraging coping through use of alcohol and other substances, explaining that people in severe distress are at much higher risk of developing substance use problems);
- Encouraging participation in normal daily routines (if possible) and use of positive means of coping (e.g. culturally appropriate relaxation methods.)
- Encouraging, but not forcing, company from one or more family member or friends;
- As appropriate, offering the possibility to return for further support;
- As appropriate, referring to locally available support mechanisms

Therefore, in summary, the three components of PFA are

| Principle | Actions |
|------------------|---|
| 1. Look | <ul style="list-style-type: none"> • Check for safety. • Check for people with obvious urgent basic needs. • Check for people with serious distress reactions |
| 2. Listen | <ul style="list-style-type: none"> • Approach/make contact with people who may need support. • Ask about people’s needs and concerns. • Listen to people, and help them to feel calm |
| 3. Link | <ul style="list-style-type: none"> • Help people address basic needs and access services. • Help people cope with problems. • Give information. • Connect people with loved ones and social support |

4.2.2.2. Psycho education

Psycho-education is a form of therapeutic intervention that combines psychotherapy with education to help participants deal with a targeted problem in their life. It has been implemented in a variety of settings, ranging from mental health clinics to occupational training, including hospitals, IDP sites, the military camp, schools, work place, mental health centers, and even over the Internet using virtual discussion groups or individual contact. It can be used with individuals, families, and groups, and implemented on its own or as a supplemental treatment to other ongoing interventions (e.g., medication management). Psycho-education enables people to improve their own (or a loved one’s) mental health or functioning via providing relevant information to clients about a problem, illness, or source of distress that is present in their life.

Psychosocial education includes

- Explaining the symptoms are due to a mental health condition can be treated, and that the person can recover. In case of return and/or worsening of symptoms, advise for early recognition and visit to health facility as soon as possible.
- Advocate for a regular work or school schedule that avoids sleep deprivation and stress for both the person and the family members.
- Recommend avoiding alcohol, cannabis or other nonprescription drugs, as they can worsen the psychotic or bipolar symptoms.

- Advise them about maintaining a healthy lifestyle, e.g. a balanced diet, physical activity, regular sleep, good personal hygiene, and no stressors.
- Educate the person and the family that the person needs to take the prescribed medications and return for follow-up regularly.
- Coordinate and link with available health and social services to meet the family's physical, social, and mental health needs.
- Identify the person's prior social activities that, if reinitiated, would have the potential to provide direct or indirect psychological and social support, e.g. Family gatherings, outings with friends, visiting neighbors, going to religious places, social activities at work sites, sports, and community activities. Encourage the person to resume these social activities and advise family members about this.

General advice for health care providers during MHPSS provision

- Do not try to convince the person that his or her beliefs or experiences are false or not real. Try to be neutral and supportive, even when the person shows unusual behavior.
- Avoid expressing constant or severe criticism or hostility towards the person with psychosis.
- Give the person freedom of movement. Avoid restraining the person, while also ensuring that their basic security and that of others is met.
- In general, it is better for the person to live with family or community members in a supportive environment outside of the hospital setting. Long-term hospitalization should be avoided
- When an individual/patient experiences behavior that is a risk to self or others, sign of abuse or criminal activity, lost/reduced functioning, severe sleep problems, talk of suicide, persistent physical symptoms, alcohol or drug abuse, the psycho-education care providers should refer the patient for professional help.

4.3. Building personal emotional resilience

Activity 3.

Discuss the following in your groups for 10mins and present to the room (15mins)

- Identify the sources of stress of health professionals (including your own) that are associated with conflict and war
- Identify the possible reactions to stress (thoughts, emotions, physical symptoms,

During conflict, staff members working in emergency settings tend to work many hours under pressure and within difficult security constraints. Many health care workers experience insufficient managerial and organizational support, and they tend to report this as their biggest stressor. Moreover, confrontations with horror, danger and human misery are emotionally demanding and potentially affect the mental health and well-being of HCW, both paid and volunteer aid workers.

During conflict emergency response and/or recovery period, staffs are often recruited from the crisis area and are more likely to have been exposed to extremely stressful events or conditions. In addition, they and their families are often unable to leave the crisis area if the security situation worsens. For HCW who are mobilized from non-conflicted area, on the other hand, particular stressors include separation from their support base, culture shock and adjustment to difficult living conditions.

The provision of support to mitigate the possible psychosocial consequences of work in crisis situations is a moral obligation and a responsibility of organizations exposing staff to extremes. For organizations to be effective, managers need to keep their staff healthy. A systemic and integrated approach to staff care is required at all phases of employment – including in emergencies – and at all levels of the organization to maintain staff well-being and organizational efficiency.

HCWs should report if they experience the following symptoms;

- Have repetitive upsetting thoughts or memories
- Are anxious or extremely sad,
- Have persistent trouble sleeping,
- Drink a lot of alcohol or take drugs
- Have repetitive wish of dying or suicidal thoughts

Key actions in managing stress are:

1. Prepare staff for their jobs and for the emergency context.
 - Ensure that staff receive information on

- a. Basic knowledge of the crisis and the context of conflicts in the view(s) of the affected population;
 - b. Basic information on local cultural attitudes and practices and systems of social organization;
 - Ensure that all staffs receive adequate training on safety and security.
 - Orient general health staff and mental health staff on psychological components of crisis/conflict to ensure that all staff are briefed on the spectrum of stress identification (including but not restricted to traumatic stress) and stress management techniques and on any existing organizational policy for psychosocial support to staff.
 - Ensure that experienced field management staffs are available.
2. Facilitate a healthy working environment.
- Implement the organization's staff support policy, including a rest and recuperation (R&R) provision.
 - Ensure appropriate food and hygiene for staff, taking into account their religion and culture.
 - Address excessive, unhealthy living practices, such as heavy alcohol use by workers.
 - Facilitate some privacy in accommodation (e.g. if possible, provide separate work and living places).
 - Define working hours and monitor overtime. Aim to divide the workload among staff. If a 24-hour, seven-days-a-week work pattern is essential in the first weeks of an emergency, then consider rotating staff in shifts. Eight-hour shifts are preferable, but if that is not possible, shifts should be no longer than 12 hours. Twelve hours on and 12 hours off is tolerable for a week or two during emergency situations, but it would be helpful to have an extra half-day added to rest schedules about every five days. The hotter or colder an environment, or the more intense the stress, the more breaks are required.
 - Facilitate communication between staff and their families and other pre-existing support mechanisms.
3. Address potential work-related stressors.
- Ensure clear and updated job descriptions:
 - Define objectives and activities;
 - Confirm with staff that their roles and tasks are clear;
 - Ensure clear lines of management and communication.
 - Evaluate daily the security context and other potential sources of stress arising from the situation.
 - Ensure sufficient supplies for staff security (e.g. bullet-proof vests, communication equipment, etc.).
 - Ensure equality between staff (national, international, lower and higher management) in the personal decision to accept security risks. Do not force national staff to take risks that international staff are not allowed or not willing to take.

- Organize regular staff or team meeting and briefings.
 - Ensure adequate and culturally sensitive technical supervision (e.g. clinical supervision) for mental health and psychosocial support staff.
 - Build teams, and address intra-team conflict and other negative team dynamics.
 - Ensure appropriate logistical back-up and supply lines of materials.
 - Ensure that members of senior management visit field projects regularly.
4. Ensure access to health care and psychosocial support for staff.
- Train some staff in providing peer support, including general stress management and basic psychological first aid (PFA)
 - For staffs who may be unable to leave the emergency area, organize access to culturally appropriate mental health (including psychiatric) and psychosocial support and physical health care.
 - Ensure stand-by, specialist back-up for urgent psychiatric complaints in staff (such as suicidal feelings, psychoses, severe depression and acute anxiety reactions affecting daily functioning, significant loss of emotional control, etc.). Consider the impact of stigma on the willingness of staff to access mental health assistance and adjust back-up support accordingly (e.g. international staff may be fearful that they will be sent home if they seek assistance).
 - Ensure that staff are provided with adequate availability of medicines for common physical diseases amongst staff.
 - Ensure that medical (including mental health) evacuation or referral procedures are in place, including appropriate medically trained staff to accompany evacuees.
5. Provide support to staff who have experienced or witnessed extreme events (critical incidents, potentially traumatic events).
- For all critical incident survivors, make basic psychological first aid (PFA) immediately available. As part of PFA, assess and address the basic needs and concerns of survivors. Although natural opportunities should be provided for sharing among survivors, they should not be pushed to describe events in detail nor should they be pushed to share or listen to details of other survivors' experiences. Existing (positive and negative) coping methods should be discussed, and use of alcohol and drugs as a way of coping should be explicitly discouraged, as survivors are often at increased risk of developing addiction.
 - Make available appropriate self-care materials. The materials should include contact information for a staff welfare officer/mental health professional in case survivors wish to seek help for any level of distress.
 - When survivors' acute distress is so severe that it limits their basic functioning (or that they are judged to be a risk to themselves or others), they must stop working and receive immediate care by a mental health professional trained in evidence based

treatment of acute traumatic stress. An accompanied medical evacuation may be necessary.

- Ensure that a mental health professional contacts all staff members (including drivers, volunteers, etc.) who have survived a critical incident one to three months following the event. The professional should assess how the survivor is functioning and feeling and make referral to clinical treatment for those with substantial problems that have not healed over time.

Activity 4.

Guided Practice: Managing stress

Deep Breathing Relaxation (10 mins)

- Sit comfortably in your chair, close eyes to avoid distraction
 - Place one hand on your abdomen
 - Focus on your breathing, breathe slowly
 - Breathe in through your nose and breathe out through your mouth
 - Count up to three as you breathe and again up to three when you breathe out
 - Do this for a few minutes
-

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