Private Not for Profit

Health Training Institutions

Report

First Technical Workshop for2007

Kampala
Cardinal Nsubuga's Leadership Training Centre
March 29 - 30, 2007

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EXECUTIVE SUMMARY

A Technical Workshop for Private Not for Profit Health Training Institutions was organised by the Ugandan Catholic Medical Bureau (UCMB) in close cooperation with colleagues from the Uganda Protestant Medical Bureau (UPMB). It took place from March 29 to 30, 2007 at the Cardinal Nsubuga Leadership Training Centre.
This workshop was the first of its kind to be organised by the Medical Bureaux for the Managers of the affiliated Health Training Institutions (HTI) and the Managers of their parent Hospitals. It is to be the start of a bi-annual event to assist these managers in optimising the contributions of the institutions towards the development of Human Resources for Health.
These technical workshops will have as goals exchanging information, building consensus on key issues pertaining to training, and improving the skills of the managers.

The goal of this first workshop was very specific as just before the workshop took place it became known that the DANIDA support to PNFP schools was to be implemented through a revised approach. This approach consists of construction of new school buildings for six PNFP HTI and running cost support to all PNFP HTI. The latter is to take the form of bursaries for students willing to work in hard to reach / disadvantaged districts. The goal was therefore set as: "Preparing for the implementation of the Ministry of Health – Uganda Health Sector Programme Support (DANIDA) to PNFP Health Training Institutions". This support programme is to be known from now on as: MOH-HSPS III Support to PNFP HTI.
The specific objectives were:

1. Review the MOH-HSPS III Support to training ECN and other Health Cadres in PNFP Health Training Institutions, Plan;
2. Review the principles of Governance and Management of PNFP HTI;
3. Adjust and agree formats for annual planning, annual budgeting, and annual reporting of PNFP HTI training activities;
4. Adjust and agree the Management Information System required to ensure complete and transparent accountability of all school activities.

All twenty PNFP Health Training Institutions had been invited and, in line with the goal and objectives, they were asked to delegate the Principal Tutor and the Hospital Administrator. One school was absent (Kibuli HTI) and two schools only sent the Principal Tutor (Mengo and Ngora). All the other schools were represented by two or more delegates.
The programme was quite packed in a bid to limit the time that the participants are away from their stations. One external speaker (representative of the Ministry of Education and Sports (MOES) department Business and Vocational Education and Training (BTVET) was unable to come due to last minute call for another meeting. All the other parts of the programme could be implemented as planned.

During the workshop, each school was requested to provide an update of the total student capacity of the school and of the annual enrolment capacity for each course. The information presented and the discussion that ensued indicated that the definitions are far from clear but also that we lack consistency when it comes to assuring quality of training. Enrolling more students, than can be accompanied well, by the available tutors, and that can be housed comfortably, is becoming a reality in our schools. This is done for two reasons: generating more income and to give more candidates a chance to gain a profession. Though the reasons maybe understandable, to some extent, over-enrolment is a huge obstacle to ensuring

quality of training. As the PNFP HTI Have set themselves the Mission to provide quality training, and because the health units desperately need health workers with high professional and moral standards, the PNFP HTI have to call a halt to over-enrolment. In addition, if the Government's Strategic Plan for the Development of Human Resources for Health is adopted, the number of training places will need to be reduced. Over-enrolling now will turn against the PNFP HTI when the decisions, regarding which schools are to be downsized, have to be made.

The two days were concluded with a series of resolutions of the participants aiming at assuring that each school would be ready for the implementation of the running cost support by the end of June. The most important resolutions were:

- Maintaining and improving the quality of the training of health workers is our key motive to enhance governance and management of our schools and will be the main criterion in planning decisions;
- Each HTI / hospital will ensure that its Management Information System (MIS) and it Financial Management System are completed before July 1, 2007 to assure that the funds will be used and managed correctly and annual reports can be accurate, complete and transparent;
- Each HTI will present a complete and accurate annual report by the end of July 2007 as baseline for the monitoring and evaluation of the support programme;
- Each HTI will draft an annual plan and annual budget for 2007/08 that will serve as basis for the application for funds from the recurrent budget pool fund of the MOH-HSPS III Support to PNFP HTI programme.

The second technical workshop is provisionally planned for June 25 to 28, 2007. During this workshop the annual plans and budgets will be finalised, the implementation details for the bursaries agreed, and the methods and indicators for monitoring and evaluation determined.

1. INTRODUCTION

In 2006 the Private Not for Profit Health Training Institutions requested the Medical Bureaux to install a structure and the required professional capacity to support them in their development, represent them at national level, and strengthen cooperation among all the PNFP HTI. The aim of this technical assistance is to optimise the contributions of the HTI towards the Human Resource needs of the country. The request followed the initiation of a closer cooperation between the PNFP Health Training Institutions that resulted from the activities of the Health Commission's Task Force on the future of Nurse Training in the PNFP sector.
The Boards of the Medical Bureaux approved the request and installed the required structure and capacity.

One of the methods, chosen to realise the technical assistance, is technical workshops for representatives of the HTI and their parent hospitals. The goals for these workshops will be to: exchange of information, build consensus on key issues pertaining to training, and improve the skills of the managers. The plan is to hold two workshops each year. This can be per group affiliated to one Medical Bureaux, or they can be organised by the Medical Bureaux for all PNFP HTI.
The first of these technical workshops was held in March 2007, from the 29th to the 30th, at Cardinal Nsubuga Leadership Training Centre in Kampala.

The goal and objectives of this first technical workshop were determined by events that occurred in the period before the workshop. It became known that the DANIDA support to PNFP schools was to be implemented through a revised approach. This approach consists of construction of new school buildings for six PNFP HTI and running cost support to all PNFP HTI. The latter is to take the form of bursaries for students willing to go and work in hard to reach / disadvantaged / underserved districts.
Therefore the goal of this workshop was: "Preparing for the implementation of the Ministry of Health – Uganda Health Sector Programme Support (DANIDA) to PNFP Health Training Institutions". This support programme is to be known from now on as: MOH-HSPS III Support to PNFP HTI.
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In line with the objectives, the managers of the 20 PNFP HTI and the administrators of their parent hospitals were invited for this workshop. Nineteen schools attended and of these nineteen seventeen were represented by the two or more managers. Kibuli NTS did not attend and Ngora and Mengo schools only delegated the tutor. One of the external speakers, the representative of the MOES – BTVET, had to bow-out at the last moment due to other commitments.

The report that follows presents a summary of each presentation and of the questions and answers posed after each presentation, or group of presentations.
The resolutions are presented separately in chapter four.

2. SUMMARY OF THE PRESENTATIONS AND DISCUSSIONS OF DAY ONE

After an opening gospel reading and prayer by Rev. Benson Baguma, the administrator of Kagando Hospital / HTI, the workshop was officially opened by the Executive Secretary of UPMB and the Assistant Executive Secretary of UCMB.

2.1. Opening by the Executive Secretaries of the Medical Bureaux.

Dr. Lorna Muhirwe, ES UPMB and Dr. Sam Orach, AES UCMB.

Both speakers warmly welcomed the participants and stressed the importance of Partnership among all PNFP Health Training Institutions. As the Partnership Organisation could not yet be realised, joint actions like this workshop would surely enhance cooperation and indicate to all external parties the extent of our common concerns and our will to resolve problems together.
Dr. Orach highlighted the need for all to advocate for the PNFP Health Training Institutions. With 70% of the Nurse Training Institutions being owned and operated by the PNFP sector, these schools form an important asset for our own networks but also contribute significantly to the national health care workforce. Assuring their continuation is in the interest of the nation and thus merits the support of all internal and external stakeholders directly concerned with improving the quality of health care.
Dr. Muhirwe added that the need to improve health care also means we have to look for effective methods to cooperate. Both Bureaux have now installed a Desk to assist the HTI and are committed to this new level of support and cooperation. An important part of the work of the HTI Desk Coordinators will be to ensure that the PNFP HTIs have a voice at national level and that they are included in all national plan regarding training health cadres.
The two speakers wished the participants a fruitful workshop while adding that they fervently hoped that all the proposed improvements and joint resolutions would be implemented forthwith. They both stressed that this would be necessary, first of all, to strengthen the management of the HTI in general. Improved management in turn will be an important prerequisite to ensure that the MOH-HSPS support to the PNFP HTI will be realised. But most of all these actions will enable all to maintain and improve the quality of the health workers being trained.

2.2. Introduction by the Chairperson of the hosting Standing Committee.

Mrs. Marcella Terimuka Ochwo, Chairperson HC-UCMB Standing Committee for Health Training Institutions and Training (HTI&T).

As Mrs Ochwo lost a dear family member just before the workshop, Mrs. Marieke Verhallen presented on her behalf.
The presentation first briefly traced the recent history of the cooperation between the PNFP HTI: from the Task Force on the future of Nurse training in the PNFP health sector, to the initiation of a new organisation for the cooperation and representation of the PNFP HTI, to the installation of a HTI & T Standing Committee and Desk within UPMB and UCMB. The members of the UCMB Standing Committee and the Desk Coordinators of UPMB and UCMB were introduced to the participants.
The speaker advocated for close cooperation between all PNFP HTI to enhance the quality of training and management of the schools. For this purpose both Bureaux

are committed to bringing the schools together in workshops like this one. The Bureaux will take turns in organising these workshops.

The presenter then summarised the developments regarding the DANIDA Support to ECN Training in PNFP HTI and explained why the original plan had been revised. The goal remains the same: increasing the number of ECN's in disadvantaged districts. However one important addition was made: the project would now address all types of health workers trained in PNFP HTI. The objectives had been revised to include development and running cost support to all schools, instead of only six. This is being done in view of increasing the number health workers in these districts as well as to improve the quality of education and the quality of the management of the schools. The main method, proposed to achieve the goal and objectives, is the allocation of bursaries to students willing to work in these districts and then bonding them for this purpose. The implications for each school are that it should be able to present an annual plan and budget and be able to account fully and transparently for the running costs / bursaries received. This is why the objectives of the technical workshop had been set to include these key areas: planning, budgeting, management information systems and reporting.
The construction component of the programme remains as planned: six PNFP HTI's will receive new education, administration, and boarding facilities.

In view of the fact that DANIDA could no longer be an implementing agency the programme has now been brought fully under the umbrella of the MOH. To this effect the name of the programme has been adjusted: MOH-HSPS III Support to PNFP HTI. The Medical Bureaux have been assigned the role of guiding developments, building capacity for the key areas requiring improvements, and liaising between all parties. The individual hospital / HTI will remain responsible for actual implementation.

In the name of the Chairperson, Marieke concluded by recommending that all schools take improving management as a key priority for the coming period. She stressed that this should not be a goal in itself or only to satisfy the donors but that it is essential to improving performance of the school in terms of training health workers of high professional and moral standard. These in turn will be key to improving the quality of health care services!

<u>Questions and answers:</u>

- What will happen to the MOH-HSPS Programme if one or more schools fall behind in reporting or do not report at all?
  As the programme aims at the entire group and the goal concerns the disadvantaged districts this will affect all. Funds will only be released when all reports are in an all have been approved.
- What will happen to the PHC-CG allocations if this budget is brought under the MOH budget?
  There is indeed a fear that the Ministry of Finance might subtract this allocation from the PHC-CG grants. If this happens the Bureaux may have to decide to abandon the programme. This will then be because these funds are earmarked while the PHC grants are indispensable for the running of the health care institutions.
- How can the PNFP HTI's assure quality training when the number of tutors willing to work up country remain so few?
  Indeed most of our schools have too few tutors. However, the picture is far from clear as some upcountry schools have an adequate number of tutors. What makes them more attractive? In addition, the MOES data indicate that

the number of tutors trained should be adequate for the country. We will need more detailed information to be able to address this problem.

❖ How will the Standing Committee and the Coordinator be able to represent the HTI?
The UCMB Standing Committee is composed of representatives of the RC HTI's and experts who operate at national level (see list). This means they are well informed of the developments at national level and peripheral level and can develop the positions to be presented. If a subject requires more extensive consensus of all HTI a consultation meeting will be organised.

2.3. Presentation of the Goal, Objectives and Programme of the Technical Workshop.

Dr. Harriet Nabudere, HTI&T Coordinator, UPMB.

Dr. Harriet presented the goal and objectives of the workshop and summarised the programme. She stressed that the Bureaux hoped that the workshop would result in:

- Understanding of the firsts steps required to improve management of HTI
- Agreed instruments (formats) for: Annual plans / Annual budgets / Annual activity and financial reports
- Agreement on what needs to be done before July 1, 2007, to start the implementation of MOH-UHSP-Support to PNFP HTI:
  - Set in place the complete information system
  - Assure complete annual reporting (training activities and financial)
  - Develop the annual plan
  - Develop the annual budget.

The next step will then be a four day technical and consensus workshop in June 2007 for Hospital and School Managers and one Board of Governor representative. The subjects to be addressed and agreed together then will be:

- To refine annual plans and budgets
- Review annual report formats to finalize registrations system
- Provide further training use of the annual reporting formats (separately for records officers)
- Agree the implementation guidelines and disbursement rules and conditions
- Agree the M&E indicators / targets and methods
- Agree Bonding arrangements and contract content.

2.4. The MOH – HSPS III Component 4: Support to ECN and other Health Cadre training in PNFP HTI.

Dr. Claes Broms, Technical Assistant of DANIDA to the Ministry of Health.

Dr. Broms started by explaining the DANIDA involvement in the Health Sector programme of Uganda. He then gave an overview of the original plan to support the six PNFP Health Training Institutions. This choice was made in accordance with the other donor projects regarding support to PNFP HTI. The construction part of the original plan will be maintained: six schools will benefit from a standard design for class room, administration block, and hostel block to the value of around 1 million USD. As DANIDA can no longer be a contracting agency solutions are presently being developed to enable the three key parties (Royal Danish Embassy, Dioceses owning the HTI, and MOH) to undertake an agreement with the constructor and the consultancy firm for the construction works. At present some issues need to be solved first: tendering, payment modalities, and VAT payments.

Dr. Broms then went on to explain why the component concerning development support (non-construction) is to be changed. The main reason is that, when reviewing the plan to assist only a few schools, DANIDA discovered that the PHC-CG grants to the PNFP HTI are very limited and inequitably divided. In addition, the former DANIDA budget support to the northern schools and similar support, of other donors to schools, are also inequitable and follow no evident criteria. These findings call for streamlining and the development of common arrangements to ensure that all resources are used optimally. To assist in this the Ministry of Health and DANIDA decided to use the non-construction budget to enable all PNFP HTI to contribute to the goal of the project: increase the number of health workers in the disadvantaged districts. The method proposed is to pool all recurrent budget funds, from PHC-CG and development partners, to sponsor students willing to work in the mentioned districts and allocating these bursaries to the HTI to cover all running costs aspects. The exact arrangements are to be developed together.

The presenter urged the PNFP HTI (hospital and HTI managers) to develop common modalities for:

- Resource allocation
- Annual work plans
- Fund flow modalities
- Separate financial management of the HTI as cost centre of the hospital
- Annual reporting of activities and finances
- Accountability, including a clear chart of accounts and an annual external audit
- Student selection / enrolment criteria
- Bonding arrangements for students benefiting from a bursary

Dr. Broms concluded that this workshop represented an important step towards the development of standardised approaches to the above issues and thus to improved financial management and transparent accountability. In turn, once these modalities are in place the development partners will be able to pool the funds and ensure equitable support to the PNFP HTI. He wished all a very fruitful workshop and looked forward to learning the outcome.

<u>Questions and answers:</u>

- The Principal Tutor of Ishaka HTI explained that her school is not covered in any of the Donor projects. How is it going to be enabled to transit to ECN training?
  Dr. Broms urged her to contact the Development Cooperation of Ireland as her school was originally covered in their plan. If they can not cater for Ishaka then the HTI should formally contact the Ministry of Education and Sports. The same applies to other schools that are not included in any donor plan.
- Several schools complained that the PHC-CG allocations are not being received on time nor complete. What can be done? If they are to be part of the pool fund for PNFP HTI the entire idea might not work out as planned!
  For the PHC-CG releases the first party to contact would be the hospital management, if it has not received the funds either, both should contact the District Health Authorities. If no answer is forthcoming from there the MOH should be contacted.
- When should the six schools, that will receive support for new constructions, expect the Memorandum of Understanding? We understand that this MOU is to clarify the roles and responsibilities of the key stakeholders for the

constructions. However given the time frame for the project it would seem that signing this agreement should take place soon?

At present the MOH, the Danish Embassy, COWI (the construction consultancy firm) are studying the recommendations of the lawyer. It is hoped that thereafter the draft Memorandum can soon be presented to the HTI owners and governors for their inputs.

- ❖ What will be the position of DANIDA regarding support to students already enrolled for Comprehensive Nurse training in this academic year? How many students will be supported under the programme?

  All the details of the allocations per student and per school still need to be developed. Neither the MOH nor DANIDA nor the Bureaux want to decide these aspects unilaterally. The plan is to develop proposals and then present them to the PNFP HTI during the next workshop for discussion and finalisation. Dr. Broms did urge the participants to consider the needs of the disadvantaged districts first of all. This might mean that upcountry schools should benefit more from the pool fund than schools ion the centre.
- ❖ What should we do with students from other districts (e.g. districts that are not on the list of the underprivileged districts) who want to benefit from the bursary programme?

  That will also be something that needs to be agreed in the implementation arrangements. But if may have to be connected to bonding them for one of those districts.

2.5. The Expectations of the MOH Human Resource Development Division concerning the HSPS III PNFP HTI Programme.

Mr. Charles Isabirye, Medical Educationalist Ministry of Health.

Mr. Isabirye first expressed is gratitude for being invited to present the views and expectations of the Ministry of Health. This is because the Ministry attaches such great importance to the training of health workers towards improving health care services and is well aware of the huge contribution the PNFP sector has been making over the years. He then proceeded to present the health situation in the country and the second Health Sector Strategic Plan (HSSP II). He explained that great successes had been achieved but that very big problems still need much more efforts. Particularly the key indices of mother and child health, maternal mortality, infant, and child mortality remain very high. In addition, communicable diseases like HIV/AIDS, TB, and Malaria continue to top the lists of causes of morbidity and mortality in all age groups. For these reasons the MOH has set the overall objective for the HSSP II as *"To reduce Morbidity and Mortality from the Major Causes of ill health and premature death and reduce the disparities in them".* To achieve this universal access to the Minimum Health Care Package (UNMHCP) is to be pursued. The UNMHCP has been rearranged into four clusters to facilitate effective implementation. Key targets have been set and these coincide with the Poverty Eradication Action Plan (PEAP) objectives and the Millennium Development Goals (MDG's):

- Reduce Infant Mortality Rate from 97 to 68 per 1000 live births
- Reduce Under-5 Child Mortality from 147 to 103 per 100 live births
- Reduce Maternal Mortality Ratio from 506 to 354 per 100,000 live
- Reduce Total Fertility Rate from 6.9 to 5.4
- Reduce HIV prevalence from 6.2% to 3.1% (at ANC sentinel sites).
- Reduce under-5 in-patient malaria case fatality rate form 4% to 2%.
- Reduce stunting in Under-5s from 38% to 28%

- Achieve the defined targets in the diseases identified for control, elimination or eradication.
- Reduce disparities in the above indicators among the lowest and highest income quartiles by at least 10 % in each case.

Mr. Isabirye then reviewed the health system of the country and the present situation of Human Resources for Health. He stressed that most of the above objectives can only be achieved through an effective Primary Health Care (PHC) system. This in turn needs well trained multi-purpose health workers, like Enrolled Comprehensive Nurses. He explained that the MOH is working on a Strategic Plan for the Development of Human Resource (HR) for Health. This plan aims at providing a strategic framework for policy making, planning, and management of HR's. It will then also serve as a basis to enhancing the competencies and performances of health workers throughout the system. In addition, a functional HR information system will be developed to support all aspects of HR development and management.
Mr Isabirye went on to present his information on the total and per school training capacity and current number of health workers to give more insight into what would be expected from the PNFP HTI. Unfortunately this information was not up to date so it was not possible to draw clear conclusions from this information. It also meant that the expectation of the MOH that the PNFP HTI increase their intake and output may need correction. However, the other expectations of the MOH, he presented, are certainly quite pertinent:

- Maintain the quality of training and ensure that the curricula are implemented correctly
- Maintain and improve cordial relationships with the practicum training sites[1]
- Develop strategies to increase funding especially for PHC field practice training
- Improve the cooperation with all external partners in HR development, at local as well as national level (the two Ministries, the district health authorities, the Development Partners / donors, other NGO's, etc)
- Actively create enthusiasm for – and ensure effective implementation of - in-service and continuing education.

The speaker concluded by promising that in turn the MOH would to its utmost to advocate for and actively contribute to improved tutor-student ratios, increased funds for practical training, diversified training and learning methods, promotion of collaboration between practicum sites and schools, and for ICT and internet connections for the school.

Questions and answers to Dr. Broms and Mr. Isabiryre:

- How should we define the capacity of our training institutions?
  This is determined mainly through the assessment of issues like: how many students can the school comfortably house in the hostel and in the class rooms? How many qualified tutors does the school have (ideal is 1 for every 20 to 30 students)? How many students can be accompanied in the practice sites (hospital and health centres)? The key criterion should be: Quality of

[1] He referred to the situation of the governmental training schools which are now independent from their original parent hospitals. Though this is not the case between PNFP HTI and their parent hospitals, this call certainly highlights the need for effective cooperation between school and hospital if vocational training is to succeed.

Training! The PNFP schools have a good reputation for providing quality training and you should do all you can to maintain this.

NB: After some discussion all agreed that final definitions for total capacity and annual intake capacity have to be agreed by all. This will enable all levels to plan adequately.

- The figures displayed on the slides are confusing. How can we make sure that the Ministries use correct figures?
  It is correct that the figures presented are those of the 1999 / 2000 HR study. To correct these it will be important that the PNFP present their updated figures. The MOH is aware that the PNFP HTI's have started publishing annual reports. The Bureaux are complimented for this effort and urged to continue and improve on this information system.
- The former DANIDA technical assistant had set-up a HR information system. What has happened to it? Why is the MOH not using this information?
  Unfortunately this data system has been lost from sight. Efforts are underway to harmonise it with the new information system being set-up.
- The PT of Matany raised the question of ECN training versus the training of midwives. If maternal health is to be improved hospitals and health centres III need adequate numbers of well trained midwives. However, the ECN training does not give these nurses sufficient skills to enable them to provide delivery care on their own.
  The MOH is aware of the shortcomings of this training and is looking into it.
- How can the PNFP health units improve health care if they are facing such high levels of staff attrition?
  The speakers urged the PNFP units to come to an agreement with the district authorities to ensure that they can retain their staff. A participant pointed out that it is not correct to restrict individuals. In addition, if workers got to understand that entering into the service of the PNFP could mean they are blocked from other employment they might not want to apply to PNFP units at all.
- Ms. Verhallen raised the question whether the expectation of the MOH that the PNFP increase their intake and output is in line with the draft HR Development Strategic Plan? According to the calculations of the UCMB, the figures in the plan suggest that there might be an over-capacity for nurse training!

NB: She expressed the wish of the PNFP HTI and Medical Bureaux that, once the plan is final, and if it then confirms the above calculations, the two Ministries enter into negotiations with all parties to ensure that an equitable distribution of the training places be developed together.

2.6. Principles of Governance and Management for a HTI as integrated part of a PNFP Hospital Organisation.

Mr. Godfrey Bazira Wabwire, Organisational Development Advisor (ODA), UCMB.

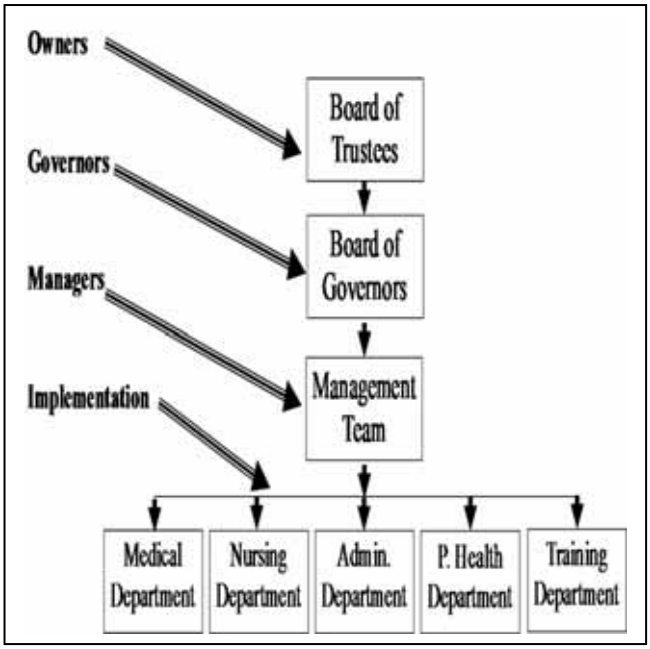
The changes in the external environment affect the way PNFPs health institutions operate and / or the way they need to show how they operate. An important change is that the PNFPs need to be a part of the national health delivery system. Hence they have to work close together with the public health actors as well as form partnerships with external donors in the delivery of the health services. And one important way, in which the PNFP health institutions should respond to these changes, is to refocus on strengthening and enhancing governance and management

of their health institutions. It is from this background that the presentation of principles of governance and management of HTIs was key to this technical workshop.

The presenter started by giving the context and reiterating the reasons why the church institutions are in the health service delivery. First was to re-state their commitment to follow the example of Jesus who did heal people ….. *"so that you may have life and life to the full"* ***John 10: 10.*** In imitation of Jesus the Health Care services of the church are in most cases aimed at those "locked" out of the health delivery system i.e. the vulnerable groups (children, pregnant mothers, and the abject poor). It is also imperative to note that the PNFP providers aim at complementing government's efforts in providing health care to her entire population. Furthermore, most of the PNFP health institutions have been inherited from the founders, so there is a duty to honour this heritage.

Therefore to answer the above mission, there is a need to provide special cadres of health workers to not only man the HUs but also to provide the holistic and comprehensive services (curative, prevention and promotion). As the training of health workers is vocational training there has to be an effective cooperation between theory and practice which is basically the reason why the HTIs were started as part of the hospitals. In addition, this assures easy access to trainers who in most cases are staff members of the respective hospitals, But most importantly to provide the practical learning/experience. To succeed the HTI has to be an integral part of the main management body of the hospital as this allows information to flow and enables all concerned to make decisions for the betterment of the entire hospital. So like all other generic hospital departments of medical, nursing, administration public health, the HTI should be equally represented as entity in the hospital management team.

This diagram at the side shows the key ownership, governance and management structures; the three tier: (Board of Trustees (owner), Board of Governors and Management).
Each of these bodies has its own functions. The trustees are to play the custodian function while the board of governors assures the governance and the management team is there to administer and enable.
The relationship amongst them are for purposes of transparent delegation of tasks, manageable scope of action, maximum utilisation of expertise and built in checks and balances between the legal existence (ultimate liability) and governance (guidance and policy making), between governance and daily decision making (management of resources), as well as between management of resources and implementation.



However, ALL parties share the following responsibilities: to pursue the aims and objectives of the mission, to ensure communication up and down, to do the job assigned well and to enable/assist others to do theirs well, to be open and transparent to each other and the external environment, to be ready to be held accountable for own actions or decisions, to strive at continuous improvement of performance and quality of the hospital / HTI. In other words **STEWARDSHIP** is the common denominator.

With the perspective of the coming interventions to support the development of Human Resources for Health (HRH), the presenter went on to present key practical issues with the focus of integrating/streamlining representation and better management of the HTI's. The above mentioned integral approach demands that the HTI management has to able to present new / changed policies and strategies to the BOG for approval, present the annual training plan and budget for approval by the BOG; ensure that the Management Information System is in place and that reports are provided to BOG and external partners at the established times, ensure that monitoring and evaluation is done regularly, ensure that finances (and other resources) can be monitored and accounted for separately e.g. PHC-CG and Donor Funds (including exchanges between hospital and HTI), and ensure that reports are accompanied by proposals / recommendations for corrections / alterations to ensure that the targets set for the year are achieved.

He went ahead to present the implications of the above demands. The HTI's need to:

- Put in place an Activity and Financial Information System that allows tracking and reporting all income and expenditures of the HTI (like each department of the hospital, establishing a cost centre accounting system)
- Have an own budget but as part of the Hospital Organisation budget
- Enable the PT to be budget holder and cause the expenditures required, as and when they are required (i.e. this is not the same as being signature to a bank account). Thus the school management has to be able to influence effective and efficient use of the budget
- Have a separate financial report as a way of accounting transparently for the PHC-CG and all other income as School and as Hospital, and being able to monitor and evaluate cost-effectiveness of the school operations together with those of the hospital, as well as being able to monitor performance over time and compare with others hence a need to use standardised formats.

As conclusion the presenter made a recap of the salient issues mentioned above in the context of the unity of PNFP hospitals and HTIs. Effective governance and management of one department (HTI) demands the recognition by BOG and HMT that the HTI is of equal importance and needs equal attention just like the Medical, Nursing, and Administration. There is need for all to operate in conjunction / unity with adequate respect, dialogue, and transparency among the managers. And lastly the ability for the HTIs to streamline the communication, planning, monitoring and accountability as well as reporting structures and systems are of equal weight.

Principles of Management.
Dr. Vincent Mubangizi, HTI&T Coordinator, UCMB.

Dr. Mubangizi started by asking the participants to draw the organogram of their HTI and then stressed the need for clear lines responsibilities and accountability within the school and between the school and the other departments and hierarchical level (Management and Board of Governors). Vocational training has to focus on the competencies required and these can only be acquired if theory and practice are

developed and implemented in unison and in a fully integrated manner. In other words services and training should be governed, managed, and operated as one. To achieve this all should take the role of being a steward very seriously. This role can be summarised as being a responsible caretaker of the organisation and resources that have been entrusted. As they belong to others the good steward ensures that these resources are not just maintained but that value is added so that the owners and next generations derive more benefits from them.

He then explained what the management functions entail and their importance to add value to the organisation. Management is the function of planning, organising, leading, and controlling the work of the organisation in such a way that the goals and objectives are effectively achieved. Management Team members therefore have to focus continuously on ensuring that "the right things" (effectiveness) are being done and that "things are done right" (efficiency). The functions of the managers vary from those that are done continuously and those that are done sequentially. Examples of the first are analysing problems, taking decisions, and communicating. Examples of the latter are: planning, organising, leading / directing, managing Human Resources, and monitoring, evaluating and controlling. In these processes the manager assumes different roles and needs a range of skills.

Dr. Vincent then pointed out that, above all, the manager requires good information! Information to decide what needs to be done to ensure that the organisation can achieve its goals in the best possible way. Thus a Management Information System (MIS) is indispensable for a good manager. He stressed this point by reviewing the decision making and planning cycle and the role of information at each stage.
The speaker concluded his presentation by reiterating the need that Board of Governors and Management Team recognise the HTI as equally important as other departments and ensuring effective cooperation between the HTI and all other departments. The HTI can only assure that it contributes effectively to the attainment of the Mission and Goals of the hospital if it is enabled to propose and influence policies, plans, and budgets, is enabled to implement its policies and plans, and is enabled to use and control its budget effectively.

Questions and answers:

- How are Board of Trustees and Board of Governors formed? How can we ensure that the Principal Tutor is on the Board of Governors (BOG)? If the Principal Tutor is not a member of the BOG, how can issues of the school be presented? Since the MOES emphasises separate Boards for hospital and School and the Medical Bureaux recommend one Board?
  The Bureaux recommend one Board of Governors and one Management Team to ensure that the school remains an integral part of the hospital organisation. Only when the two operate in an integrated manner can we assure effective vocational training. In addition, neither the hospital nor the school is a legal entity. The hospital in its entirety falls under the legal jurisdiction of the diocese / church organisation. The BOG is appointed by the Chairman of the Board of Trustees of the Diocese / Church (most often this is the Bishop), after having consulted the former BOG and the HMT.
  In this set-up the Principal Tutor, like the other Hospital Management Team (HMT) members, is not supposed be a member of the BOG. The separation of responsibilities between BOG and HMT is needed to ensure checks and balances. Or, put in other words: managers cannot be BOG members because they would then decide over their own actions and not be supervised / controlled.

To ensure that the issues of the school are adequately addressed the Principal Tutor should be able to present these during the HMT meetings like the other HMT members. E.g. the PT has to be a member of the HMT. The Chief Executive Officer (or chairperson of the HMT, or MS) then has to report all issues to the Board. The Board can also invite all HMT members, or certain HMT members, as ex-officio[2], to attend all, or specific, BOG meetings to report, or to advise the BOG. The BOG can also opt to install a BOG-HMT committee for the Training Institution. This Committee then has to report to the full BOG and advise the full BOG regarding decisions to be taken for the HTI.

- Should these issues not be covered in the job description and appointment letter of the Principal Tutor? If so, who should provide these documents?
  The appointing body has to present recruited personnel with their job description, letter of appointment and / or employment contract. Staff of the HTI should have these key employment documents. For the PT the BOG is the appointing body.
- Who is responsible for discipline in the school? In some hospitals the MS takes the disciplinary decision and in others the administrator. Recently they are very reluctant to take decisions if a lawyer has not been consulted.
  Each hospital and school should have spelled out which actions are not allowed and are to be sanctioned in the Employment Manual and / or the rules and regulations of the school. A BOG-HMT committee should be installed which reviews reports of indiscipline and hears both parties. This committee advises BOG and HMT on the decision to be taken. If the Manual of Employment and rules and regulations are clear and they are in accordance with the labour law there should not be need to consult a lawyer.

Resolutions:

1. *Each Hospital/HTI team is to verify their organisational structure and, if necessary propose amendments to the BOG in view of assuring that the HTI is correctly represented in the HMT.*
2. *Each team is to ensure that all HTI staff has the correct appointment / employment documents and job descriptions, including clear lines of accountability.*

2.7. Principles of planning and proposal for a format for the annual plan of a Health Training Institution.

Dr. Harriet Nabudere, HTI&T Coordinator, UPMB.

The presenter started by giving the definition of planning: *"The basic process of selecting and setting goals and determining how to achieve these".* She then explained that there are different levels of planning. Ideally an organisation should have a strategic (or longer term) plan to ensure that it has a sense of direction to carry out its mandate. Such plan can then form the basis for mid and short term plans and even for work plans of departments. By developing such a plan carefully the institution is able to identify the key problem areas and develop the strategies to address these. It is also enables it to coordinate implementation and consistently evaluate progress to assure success. Such a plan can also assist in soliciting funds.

[2] Ex-officio means by office and thus non-voting.

Dr. Harriet then reviewed all the steps required to arrive at a complete strategic plan. She stressed that to arrive at a good plan a thorough analysis of the problems is required as well as an in-depth and honest analysis of the strengths and weaknesses of the organisation and of the opportunities and threats in the external environment.
Regarding the content of the plan she reviewed the following components: the Mission and Vision, Goals and Strategies, Objectives per goal, Activities to achieve each objective, Indicators for Monitoring and Evaluation, Resources required and finally the Budget needed. She elaborated more on the need to monitor and evaluate progress and the selection of indicators, or milestones for these purposes. Kindly also be referred to the next presentation of Mr. Mandelli.

Dr. Harriet then explained that as we need annual plans for the MOH-HSPS programme very soon the hospital / HTI teams should first concentrate on developing these for the coming year. The objectives for these plans should be derived from the objectives of the school as well as the objectives for the project (see presentation Chairperson Standing Committee and DANIDA: improving management and quality of training). She urged the participants, though, to consider developing a longer term, or strategic plan, as soon as possible, so that each HTI would have a longer term direction for the annual plans.
Dr. Nabudere concluded her presentation by giving a format for the annual plans and asked each team to review this format and suggest improvements.

Questions and answers:

- How can we fit in all the activities of the school?
  This can be done by adding sheets.
- What if activities have to go concurrently?
  The best approach to this is to develop a Gantt chart that sets out the schedule of the activities. This can be developed per week or per month. See the example in annex III.
- Should we only develop a plan for the objectives of the MOH-HSPS programme or also for the ongoing activities?
  To facilitate planning and enable you to keep a clear overview of everything it is helpful to plan all the objectives and the activities for each.

Proposals to improve the format (see annex III):

1. To add sources of funding.
2. Add space for timing of the activities. As the overview cannot b extended it was proposed to use a Gantt chart to set out the time schedule.

2.8. Principles of Monitoring and Evaluation (M&E).

Mr. Andrea Mandelli, Information, Communication, and Documentation Management Advisor (ICDMA) UCMB.

The presentation covered definitions and explanations on the key elements of Monitoring and Evaluation (M&E) processes, with clear reference to the context of M&E in our Health Training Institutions set-up.
Definitions: the Objective of a M&E-System should be to provide information to assess the effects of a programme. When we talk of monitoring we refer to a process that takes place during implementation and it tries to answer to question like: are we doing what we planned to do? Instead evaluation refers to a process that takes place

after completion of the programme and it answers questions like: have we achieved what we wanted?
When talking of interventions we need to distinguish the various elements taking part in the process. Inputs: these are resources, like tutors, buildings, books, finances and time (if its value can be estimated). Process: is the way training is implemented and performed. Outputs: is meant as the direct result of the intervention like the production of students and these are expressed in figures, e.g. no. of students in school, no. of student that graduated, no. of training sessions, etc.
When we talk of effects we make a distinction between outcomes and impacts: Outcomes are immediate changes (effects) in group of beneficiaries as result of the activities: no. of qualified nurses in HU's, increased coverage in immunizations, improved quality of care while impact is measured in the long-term, it is the long term effect of the intervention, i.e. health improvement that is finally aimed for. This is generally influenced by various factors, even beyond our control.
Why do we need M&E? We want to achieve Goals / Objectives and resources are always scarce thus we need to allocate them efficiently! We also want to assess effects of activities, draw lessons from experience, make improvements and adjust programmes. In addition, we need to account to government / donor.
A precondition to having a M&E system in place is a sound Information System: we need information on Activities carried out (interventions, output), Change achieved (outcome, impact), Costs made and Expenditures made to carry out activities that is to say the cost to achieve change, e.g. cost of training one student, Other Resources used like staff needed to perform a given task annually (tutors/instructors needed to train a given nr of students…).
But before that we need to have a proper Plan where goals, objectives, and targets are well spelt out! Once these are known we need to monitor the accomplishment of these and the progresses made toward to accomplishment and here we need to have SMART indicators to enable us do so. Indicators are markers of change between present and past or between the actual situation and a certain standard situation to be reached. They have a series of features and characteristics that make them more or less applicable and valid. All in all indicators have to be chosen to reflect the situation that is under study and they should easily fit the capacity of the organisation.
Mr. Mandelli concluded by proposing a selection of indicators to monitor Faithfulness of our HTI's to their Mission and giving the operational definitions for each:

1. Access is measured by Total Utilisation Rate of the school;
2. Equity is measured by Fee charges per student,
3. Efficiency is being measured as recurrent cost to train a student;
4. Quality is measured by Success Rates for all courses offered by the school.

Questions and answers:

- It takes long to collect information for the annual report. How can we make this shorter?
  Collecting information for the annual report starts at the beginning of the year. The essential action to take is to install the required registration system to enable you to tally at the end of each month and at the end of each year. If this system is well installed and kept up to date compiling the annual report becomes easy.
- How can we know what the nominator is and what the denominator?
  The denominator it what appears below the line: e.g the value you are comparing against. The nominator appears above the line as this is the value you want to compare.

Example: Success rate:

no of students that passed the exam	20	x 100 = 66%
no of students that sat the exam	30	

2.9. Progress achieved in installing a HTI Management Information System: To which extent have we succeeded setting-up a HTI Management Information System: lessons drawn from the 2005/06 annual report.
Mr. Andrea Mandelli, ICDMA, UCMB.

This presentation offered an overview of the analysis of the reports submitted by the HTIs in the financial year 2005/06 and it gave as well an overview of some trend analysis carried out on a limited sample of schools over a period of three years.
Mr. Mandelli first gave a summary of the main steps, which took place in the past two-three years aiming at the establishment of an information system for the HTIs belonging to the PNFP sector. Despite these several attempts and despite the adoption of a standard reporting format, the picture is still not complete. Gaps do still exist both in terms of schools not submitting reports and well as in terms of gaps in information per HTI, or of information available only for some of the past years.
The presenter also presented an overview of what is taking place at national level (both at Ministry of Health and Ministry of Education) in terms of attempts to harmonise information systems. Some progress has been made but the overall impression is that the process is still too slow. Therefore the Bureaux urge the HTI to maintain the format in use for the PNFP schools until an official new format is launched by MOES.
The analysis of the annual reports was done with the aim of establishing a way to monitor the four key indicators of Access, Equity, Efficiency, and Quality. For this both an analysis of the activities and of the financial sections was done. The outcome of the analyses showed that the quality of the returns is still poor. The analysed data showed a very inconsistent picture, which was hardly useful to draw meaningful conclusions.
The data on expenditures seemed to be more accurate but the data covering income looked quite inconsistent. Conclusions on average cost when compared with average income from fees depicted a picture that was clearly pointing out mistakes and misinterpretation in the way income information has been entered. On the side of cost instead the trend analysis showed a more consistent pattern, indicating more accuracy in the way data were recorded. On the activity side instead a lot of confusion was noticed and this is most likely attributable to problems related to definitions of activity categories and data needed for the report. Once again examples of most common mistakes and misinterpretation were presented.
In conclusion, the participants were invited to insist on the use of the annual report format and a new set of explanations of the most important indicators were distributed. Information on financial reports was also provided to ease the process of recording. A warning message was given: unless better data are presented by all schools so that meaningful information can be drawn, it will not be possible for the Medical Bureaux and the schools to enter into a positive and constructive dialogue with partners, donors and stakeholders at large.

Questions and answers:

- How can we present separate financial information of the school if the hospital administration keeps all the records?
  It is not so much who administers the accounts as how the accounts system is set up that allows you to present a separate report of the schools finances.

The Medical Bureaux recommend a Cost-Centred accounting system as this allows gaining insight into each department / costing centre of the hospital. It entails the installation of an adapted administration system. This can be done for the school only but it is better if it is installed for all cost centres of the hospital. The hospital accountant should then present regular financial reports to the Hospital Management Team, including the PT.

- ❖ What is a chart of accounts?
  Kindly be referred to the presentation of Mrs. Harriet Akidi.
- ❖ Why does the financial section of the annual report format not indicate "Pay As You Earn" (PAYE)?
  This is because it is not a separate expenditure but a deduction from the salary paid to the employee.
- ❖ All concluded that hospital and HTI managers need to be trained on matters concerning financial reporting.

To close the day Mr. Mandelli and Marieke requested each participant to reflect on the following questions:

- Why and for who do we want to have an effective Management Information System (MIS) and an annual report?
- Why should we report each year, and why report each year in the same way?
- Do we have a choice to report annually or not?

Day one was closed with a prayer by Sr. Rosemary Ntegamahe at 18.10 pm.

3. SUMMARY OF THE PRESENTATIONS AND DISCUSSIONS OF DAY TWO

Sr. Agnes Nansamba, the Principal Tutor of Virika HTI, opened the day with a prayer.

3.1. The Total and Annual Enrolment Capacity Information of each HTI.

Ms. Marieke Verhallen, Technical Assistant, UCMB HTI&T Desk.

Marieke started the day by handing each school a form to report the present capacity of the school. She explained that the Medical Bureaux had just received an overview of this information as known to the "EU Human Resources for Health" project team. Comparing their information with the information available in the Bureaux indicated that the EU information was incomplete. To be able to correct this information the Bureaux needed updated information.
As each HTI handed in the form with their total and annual enrolment capacity it proved again that the definitions are far from clear. Marieke explained them as follows:

Total capacity of the school: this is the first determinant to plan training courses. It is the total number of students of all courses that can be in the school at any one moment. This number is mostly determined by the physical limits like the number of hostel beds, number of classes and / or number of chairs and desks.
Several PT's indicated that the number of hostel beds does not have to be a limiting factor because you can always bring in double-, or even triple-, decker-beds. Marieke reminded everyone of the quality and safety aspects: it is not conducive for students if the school is overfull.

Annual enrolment capacity: this is the determinant for annual planning. It is arrived at by assigning a percentage of the total capacity to each training course according to the importance the BOG and School team wish to give to each training course. Then the number of places allocated to each course has to be divided by the duration of each course. Example: of the total capacity of 120 student places. 40 are allocated to enrolled nursing. As this takes 2.5 years the annual enrolment capacity is: 16.

Relationship Capacity Indicators, Actual Utilisation, and Quality of Training:

Both of these capacity indicators are "fixed" in the sense that they are set for several years for internal as well as external planning purposes. The total capacity will only change when it is decided to reduce the size of the school or when an extension can be realised through new constructions.
The actual numbers per year may, and certainly will, differ from these as the actual number of students present at any one moment is influenced by various factors: students recruited do not turn-up, others leave or are dispelled, other have to repeat.
The technical assistant pointed again at the HTI self-chosen Mission: To assure a high quality of training. Extending the number of students enrolled beyond the capacity for which the school was designed, by putting more students per classroom, room and / or putting in double decker beds, entails less space / comfort per student and thus lower concentration for studies. Leave alone the safety risks! She also referred to the quality indicators for nurse training schools recently published by the MOES.

3.2. Translating class / group register information into annual report information: from cohort to point in time information.

3.3. Completing our Management Information System to ensure the annual report of 2006/07 will be complete and can serve as baseline for Monitoring and Evaluation of the MOH-HSPS III programme.
And review of the HTI performance indicators and the annual report format to determine what they mean in terms of registrations that need to be put in place.
Mr. Andrea Mandelli, ICDMA, UCMB

Mr. Mandelli combined these two subjects in one presentation. He started with a brainstorm regarding the questions for reflection presented at the end of day one:

- *Why, and for who, do we want to have an effective Management Information System (MIS) and an annual report?*
  All participants agreed that in the past reporting was done mainly for donors. They have, however, come to realise that, first and foremost, complete and accurate information is needed to be able to plan, to take correct decisions, and to monitor and evaluate progress and new developments.
  Mr Mandelli reminded all that incomplete, or fake information, leads to wrong conclusions and this will not assist us to argue the case of the school!
- *Why should we report each year, and why report each year in the same way?*
  Several participants stressed that compiling an annual report allows to assess progress and determine what to do next as well as to account to external partners. Enumerating reasons for reporting according to a standard format was less easy. Mr. Mandelli stressed that comparing the same information overtime provides a better insight into progress. In addition if all schools report the same information to the Medical Bureaux the progress of all the PNFP schools can be evaluated, the contributions towards the national HR needs can be shown clearly, and the common problems be assessed and addressed.
- *Do we have a choice to report annually or not?*
  All concluded that in fact we no longer have the choice. If the MOH-HSPS Support to the PNFP HTI is to succeed, each school will have to report consistently and completely as well as in time. But even without the project we have to report annually if we wish to improve the recognition for our contributions.

Mr. Mandelli then turned to his presentation. It focused on how to use the available information in the schools' registers to build annual reports. The most critical topic presented was the difference existing between information belonging to students' groups, normally referred to as "cohort information" and information belonging to students present at a given point in the school. In other words a distinction was made between:

1. the horizontal approach, which tends to track information for a certain group of students that enters in the school and follows an educational path that lasts several years,
2. and a vertical approach that looks at information on students at a specific point in time (what is referred to as cross-sectional information).

This distinction would help collecting information for the compilation of the Annual Report, starting from the registers, which collect information on "cohort", and translating this into data for the report. This aspect has proven to be difficult in the past and required more explanations.

The vertical approach is fundamental when schools have to plan for the allocation of places for the different courses offered in the school, based on the total capacity, the actual presence of students, and the number of students that have left the school after completing an entire course cycle.

Another aspect that was dealt with in the presentation was the need of understanding definitions of the suggested indicators:

- total utilisation rates (access)
- new enrolment rates (access)
- success rates (quality)
- average cost per student (efficiency)
- average fees per student (equity)

These are essential to monitor the school performance. The registers in the schools and the annual report are supposed to help the schools to produce these indicators. Once again a reminder of the definitions of the indicators was presented as well as the ways to calculate the indicators (see list of indicators handed out).

Then it was stressed that by the end of this financial year schools have to be able to calculate these indicators so as to establish a baseline for the MOH-HSPS Support to PNFP HTI programme. Monitoring of the progress of the programme will be done by comparing the annual results with the results of 2006/07. In other words the values of this year's annual reports will form the baseline values / starting point for the MOH-HSPS programme.
This exercise demands that schools improve on their information system and their reporting system both in accuracy as in quality.

Questions and answers:

- Matany: Why have the code numbers of the chart of accounts been changed? This creates confusion with the cost centre accounting computer programme (FIPRO).
  The new chart of accounts numbering follows the recent revision of the Ministry of Finance's chart of accounts specification. The numbering in the FIPRO programme will have to be adjusted as all recipients of government funds will need to use these code numbers.
- Mutolere: How should we indicate changes in the use of our total capacity? We have just decided that we are going to add the ECN training course. Our total capacity is 170: 75 places are reserved for the each registered level course and 20 places will be for the ECN. We have never used our capacity fully?
  Marieke pointed out that this can be indicated in the capacity form under enrolment per course and reported in the annual format under section B. She did remark that 20 student places for a three year course means that the annual intake will be 7! Is such a small group efficient use of resources? If the annual intake is to be 20 for this new course: the school may face over-enrolment after the second year. For all intents and purposes it would be better to reduce the number of student places for the other two courses. F.i. 58 places for each of the three courses which translates into an annual enrolment for each course of 20.
- Kuluva: we have different student fee rates for the different courses, how should these be handled in the report?
  If the total fee income is reported correctly as well as the total number of students in the school for that year the calculation will show the average of the student fee per student.

- For some courses, like extension courses, we do not enrol new students each year, how should this be reported?
  If you consistently report the number of students enrolled per year the pattern emerges after two years. In addition it is always possible to insert remarks at the bottom of the page, or end, of the report.
- Should double decker-beds be counted as one, or as two student places?
  If both beds are used then of course as two.
- How should leavers and repeaters be treated in the report?
  If students are officially still in school on the 30th of June, when the count is done for the annual report, they are counted as students in school. If they are formally no longer a student at that moment they are not counted as in school. E.g. if the result of the examinations is not yet known they are still in school. In the section of exam results the nr of failed will indicate the number of repeaters.
- What to do with students, who are non-resident, e.g. commute to and from the school.
  The report format will be adjusted to enable each school to indicate how many are commuting.
- There are so many candidates nowadays, why should we not increase the capacity by adding hostel beds?
  Each school has been designed for a specific number of students: class rooms, desk and chairs, hostel space and amenities have been determined to match this. If you just add beds this means a higher number of students have to share the same space and facilities. Crowding causes discomfort and is thus not conducive for learning and rest. In some instances dangerous circumstances are created: think of overfull dormitories and candles, etc.
  In addition, all schools are confronted with a lack of tutors. How can the few tutors adequately handle a higher number of students??
  Undoubtedly the quality of the training and the student results will suffer from overextending the training capacity and overusing facilities.
  We are all aware that the number of secondary school leavers, looking for further training, is rapidly increasing but this does not mean that we have to over-enrol! Our Mission as PNFP schools is to train for quality: high professional and moral standards Already all health care providers are complaining that the quality of care is deteriorating rapidly and that new health workers are not capable and not committed. This can only be corrected if the schools consistently aim at improving quality!

Resolutions:

1. *All hospital / HT teams will correct their HTI registration system and present an accurate annual report of 2006/07 by the end of July / beginning of August 2007. The report will enable all to calculate the key indicators: access, equity, efficiency, and quality.*
2. *Improving the quality of training and the standard of the health workers should be the most important criteria in planning and enrolling students for the school!*

3.4. **The Financial Administration of the HTI as cost centre in the overall financial administration of the hospital:** principles of cost-centred accounting.

Mrs. Harriet Akidi, Financial Management Advisor (FMA), UCMB.

Opening with an example from her household Mrs Akidi highlighted the importance of sound financial knowledge and effective financial management. She went on to explain that each organisation aims at continuity and sustainability and these in turn demand efficient use of resources. For the latter a good knowledge of the costs of inputs is needed as well as insight into the outputs (services) produced. Management through result orientation and accountability can greatly facilitate all these steps.
Cost centred accounting is one of the ways in which this can be realised. The cost centred / accrual based accounting system is based on the following principles:

- Having a complete overview of the costs to produce a service and all services: Revenue and costs are recognised in the year that they take place. If the actual monetary transaction has not yet taken place the income realised is reported as an asset and expenses as a liability. Expenses for fixed assets bought are spread over their economic life.
- Having a complete overview of the cost of producing a specific service: Income and costs are related to the smallest unit where the cost of producing a given output can be traced to. This is the cost centre.
- A cost centres is characterised by: identifiable input(s), homogenous out put(s) and managerial responsibility.

E.g. in a hospital we can identify several cost centres and the School is certainly one of these. Compared to the cash based system, in use in most hospitals, the cost centre system provides us with much better insight into the cost of producing a certain output (f.i. the cost of training one student). It also enables us to developed budgets that are more realistic and accurate then the old “historical” approach.

Harriet stressed that the change to a cost centre accounting system requires a significant change in behaviour of all concerned. It needs a high level of commitment of all managers and a high level of transparency and integrity in making decisions regarding the allocation and use of resources. These are all facilitated if we have clear annual plans including objectives to be achieved and the activities required. In other words: if management and implementers are focussed on getting results (ROMA: result oriented management and accounting).

Mrs. Akidi also gave a number of tips on containing costs. The reason for these are that a school should wish to keep the student fees affordable while assuring the quality of the training and being able to realise some savings for new, or replacement of, assets (equipment etc). Important ways of containing costs are: being cost conscious, buying critical supplies in bulk and through competitive bidding, monitoring costs over time and correcting deviations as soon as they are detected, and optimising the use of scarce resources by avoiding duplication and grouping activities (see f.i. transport, photo-copying, …..).

The presenter concluded by recommending that the hospital / school teams change to cost centred accounting, change to being result oriented, and enhance their awareness of the cost of the school. All these changes will enable them to reduce, or at least contain the cost and do more with the resources available. She warned that these changes demand a reorganisation but that it was worth it, if each team wishes to improve the efficiency and sustainability of the HTI. The change will certainly be needed to answer to the demands set by the MOH-HSPS HTI support programme

and prepare regular management accounting reports and a end of year report for other partners.

3.5. Monitoring and evaluating the use of financial resources and accounting transparently to all partners (chart of accounts, the financial chapter in the annual report, and the use of financial management indicators, and the need for an external audit).

Mrs. Harriet Akidi, FMA, UCMB.

Mrs. Akidi started this presentation with a reminder of the definitions of monitoring and evaluation. Monitoring is a continuous management function to track actual performance against the plans. Evaluation is done at the end of a plan period to objectively assess whether the objectives have been achieved and the budget was valid. For both management functions information on inputs, processes, and results (performance) has to be collected and analysed. The purposes of both are:

- to support evidence based decision making to enhance performance by redirecting priorities and activities as well as the allocation and use of scarce resources;
- strengthening result-oriented management and accountability;
- support the efforts to improve efficiency;
- improve transparency and support the accountability relationships in the school.

The presenter then explained the requirements for an effective monitoring and evaluation of financial resources. These are: clear financial policies and procedures, a clear accounting system with adequate documentation and a good chart of accounts, financial tracking systems, and complete, consistent and timely financial reports.
The chart of accounts is a framework that guides the book keeper while classifying each financial transaction and event. It allows to compare and analyse financial data consistently over time, as well as between organisations with similar aims and products / services. Harriet explained that the Ministry of Finance has recently changed the national chart of accounts and this means all organisations receiving government money have to adjust their chart of accounts to enable the Ministry to compare. In most cases it is a change of code numbers. She handed out an example for the schools with the explanations per account number.

Harriet then went on to give examples of financial monitoring and evaluation procedures: cash counts, bank reconciliation, and stock taking. She stressed that it always consists of comparing the actual with the planned, comparing the budget with the actual realisation. She explained the use of financial M&E indicators and gave examples. For internal purposes this is done overtime and for external purposes this is done to account and to compare with other similar institutions. However, in all cases M&E is about analysing the variances (ANOVA) to:

- interpret the variances (changes and evolutions) in the light of planned activities with the actual realisations as well as with generally acceptable standards for normal practice;
- communicate the information to the stakeholders;
- act expeditiously on the findings to redirect / correct negative developments or enhance positive developments.

Harriet concluded her presentation with a brief review of the various audit exercises and their role in M&E. The external audit has the function of verifying that the financial statement is fairly presented in all its aspects. As it is done by an

independent external expert it also has the function of enhancing the trust of stakeholders in the organisation.
Process audits are evaluations of the adherence, by managers and staff members, to formal procedures that have been put in place to assure efficiency and transparency. The auditor can be an external person or an internal advisor. The aim is to ensure that correct procedures are in place and they are followed effectively.

The presenter wound-up her presentation up by stressing the need for regular monitoring and evaluation as a means to improve efficiency and enhance performance. Essential requirements are the installation of monitoring and evaluation procedures beforehand and clear financial reporting. Lastly M&E only makes sense if the findings are used to immediately correct the use of resources towards the results planned for.

Announcement:
Mrs Akidi and Marieke informed all participants that a team of representatives of the EU-DHRH project team, the MOES, the Medical Bureaux, and a consultancy firm have just finalised the development of an Accounting Manual for Health Training Institutions. This manual is based on the principles of cost centred accounting and on the new chart of accounts of the Ministry of Finance.
As soon as this manual has been published the Bureaux will ensure that all HTI receive a copy. All hospital / HTI managers are urged to study it and ensure that the requirements are put in place so that the HTI will be able to report and account according to the directives in this manual.

Questions and answers:

- How can we deal with the “tricks” used by accountants?
  It is the question whether these are “tricks” of their profession that we are not well versed with or tricks to obscure actual realisation.
  In all cases to be able to understand the tricks and deal with them we should start by being interested in the job of the accountants. Secondly we should create or enhance the commitment of the accountants towards the objectives of the hospital / school. This can be done by communicating clearly what we need as managers to be able to improve our performance and by respecting the knowledge of the other. Thirdly we should ensure that the right persons are recruited for the job. Lastly and always: we have to monitor and evaluate to be able to reconcile the reports with what we know has been planned and done.
- Why are our hospitals so strictly confidential when it comes to financial issues? Big companies report all their financial details in annual reports.
  The reasons why our hospital are secretive when if comes to finances is not well known. It probably has something to do with bad experiences in the past. However, in the world of today all organisations, including church organisations, have to account for the resources used in a complete and transparent manner. This is even more urgent when an organisation receives and accepts funds from external parties for its operations.
  The accountability of commercial companies is regulated by law in many countries. The accountability of charity organisations and non governmental organisations is not yet that strictly regulated. Howver other countries are starting to install laws for them as well. We should not wait for laws but be pro-active in being accountable and transparent.
- What can be done about schools that do not have transparent accounting systems? For instance one person is responsible for budgeting, purchasing,

and accounting. Or, the hospital accountant does the accounts of the school and the hospital.
The two examples are quite different. In the first case these functions have to be separated, as these combinations are invitations for misuse of funds.
Regarding the hospital accountant keeping the accounts of the school, this is an adequate solution for schools / hospitals that do not have the means to employ an accountant (economy of scale) specifically for the school. The accounting system has to be clearly set in such a way that all school income and expenditures are reported (cost centred accounting). The accountant should also present the school financial reports, at least at quarterly intervals, so that the school management can monitor adequately.
The manager should also have the authority to present a requisition in time and in accordance with the budget to be able to implement the activities in line with the annual plan.

- If the schools is to be a cost centre: how should we deal with those expenditures that are inseparable (overhead costs, amenities, etc)?
  These need to be apportioned at the end of the year following a predetermined percentage. The latter should be agreed upon beforehand using measures like size of the buildings, number of persons using the amenities, etc.

Request:
The participants requested the Medical Bureaux to organise training in financial management for tutors and school bursars.

3.6. Group exercise: what needs to be done to ensure that the financial report of the HTI will be complete?

Mrs. Harriet Akidi, FMA, UCMB.

The questions Mrs. Akidi prepared for this group work are presented in annex V. The participants worked in groups per region. They developed the action plan for one school in their midst and presented this plan during the plenary. These action plans indicated that quite some work needs to be done to ensure that each school will be ready to answer to the demands of the MOH and DANIDA for the support programme.
Mrs. Akidi concluded together with participants that each team, once home, should review its systems following the same questions, draw-up an action plan to complete the present system, and start implementation as soon as possible. She stressed that each schools will have to be able to adhere to the demands for the correct use and accounting of the funds if the programme is to succeed. Please refer to annex V to assure that all requirements are in place by July 1, 2007.

Resolution:
Each hospital / HTI team will ensure that the HTI financial management system is fully developed before July 1, 2007.

3.7. The Format for the Annual Budget of the HTI.

Mrs. Harriet Akidi, FMA, UCMB.

Mrs Akidi first defined the annual budget and then reviewed the reasons why it is important to have a budget. An annual budget is a financial and / or quantitative statement prepared and approved prior to a defined period of time. It includes the forecasts / expectations regarding income and expenditures required to carry out specified activities / work plan. It can cover all activities of the organisation, or be developed for a specific function or activity. The main purpose is to set resource targets be able to implement the plan. The budget thus assists in allocating the scarce resources in the most efficient way and to clarify the authorities and responsibilities for implementation. In addition is allows to guide, monitor, and control the use of the resources.

Harriet then explained how a budget should be drawn up. It should start with the development of a work, or activity, plan for the period that is based on the goals and objectives of the organisation. Preferably this plan should be developed from bottom upwards: first the departments determine what they need to do and which resources are required for this. Then the corporate work plan is developed by combining all the lower level plans. Finally the budget is drawn. If the budget for expenditures proves to exceed the expected income the work plans need to be adjusted. She concluded by presenting the format for the presentation of the annual budget.

The participants reviewed the format and agreed to use is as it stood. This format is presented in Annex IV.

3.8. Drawing up the resolutions and agree on the actions to be taken by each HTI before the end of June 2007.

Ms. Marcella Nsenga, Member of the UCMB Standing Committee for Health Training Institutions and Training.

As time was quite short it proved difficult to have a brainstorm on this. Ms. Marcella Nsenga instead presented the resolutions that had come up during the two days and those that the organisers deemed crucial to retain. She requested participants to comment on these with a view of completing them.

The participants agreed with all the resolutions presented and expressed their commitment to implementing all the resolutions.

The resolutions are presented in the next chapter.

3.9. Closure of the First Technical Workshop.

Dr Sam Orach the Assistant Executive Secretary of UCMB officially closed the workshop. In his closing speech he stressed the following issues:

1. The resolutions approved by all really reflect what needs to be done to enhance the management of each school and its position within the hospital organisation. Both aspects are important to optimise the performance of the schools. The latter is not only needed to be able to benefit from the MOH-HSPS III support programme but it is most of all needed to improve services to the population.
2. The first prerequisite is to ensure that that HTI is an integrated part of the hospital organisation. This means that the HTI be given its correct place in the structure of the hospital and the school managers be given their rightful place

in the Management Team. The HTI managers, the Principal Tutors, should take charge of their management position and responsibilities / duties. They should also develop a keen interest in the individual and common responsibilities of the other hospital managers.

3. A spirit of cooperation and team work is required both internally as externally. In the hospital we all have to promote cooperation within the Management Team and with the Board of Governors. Externally we should actively pursue cooperation among our colleagues from the other denominations as well as with all external partners: Ministry of Health and Education and the Development Partners.
   In this respect it is regrettable that the UMMB was not represented during this workshop. He urged all participants to ensure that the Muslim colleagues are informed[3].
4. Finally he urged all teams to put quality before anything else. In all our choices, assuring quality has to be the most important criterion. Even though we understand the need of secondary school graduates to acquire a professional training and even if we want to increase the income of the school: we have to decide in correspondence with our capability to assure that all students become professionals with high technical and moral standards. Over-enrolling, e.g. enrolling more students than we can handle with the available number of tutors and the present physical structures will decrease the quality of the training.

He concluded by informing all participants that the HTI&T coordinator of UCMB and of UPMB resigned from their post per April 1, 2007. He expressed the regret of all and hoped that both Bureaux would soon find worthy replacements. He requested all participants to look out for possible candidates.
Dr. Orach ended by wishing all the best possible success in their endeavours and safe return home.

Reverend Baguma closed the workshop with a prayer.

3.10. Evaluation of the Technical Workshop

Ms. Marieke Verhallen, Technical Assistant HTI&T, UCMB.

To round of the workshop Marieke asked all participants to present their views on the following questions:

- What did you particularly appreciate of the workshop?
- What needs to be improved the next time?

The participants found that this first workshop was well planned and executed. They expressed their wish that, during the next workshop, participants residing in town ensure that they arrive in time. In alternative all participants are requested to reside at the centre. Too much time is wasted waiting for all to arrive in the morning.

[3] The technical Assistant had a meeting with the PT and administrator of Kibuli Hospital / NTS immediately after the workshop to brief them on the content and outcome of this technical workshop.

4. THE RESOLUTIONS AND ACTIONS AGREED

We the participants of this First Technical Workshop for PNFP Health Training Institutions reconfirm our commitment to our Mission:
Train an optimal range of health care workers of high professional and moral standard for the RC and national health care institutions.

To maintain and improve the quality of the training of health workers in our schools, and to be able to access the MOH-UPSPS III assistance for this goal, we will undertake the following actions in the coming months:

4.1. Governance and Management:

- Each hospital / HTI team will review the hospital / HTI organisational structure (organogram) to determine to which extent the school is effectively a department, e.g.:
  - The HTI is placed at a par with Medical, Nursing, and Administration departments
  - The head of the HTI department is member of HMT (ability to directly influence policy, plan, budget proposals to BOG and account to BOG)
  - The head of the HTI has access to BOG (or BOG subcommittee) if required
- Where required: advocate for correction
- In addition: assure that the PT (HTI manager / head of department) has formal appointment / employment contract
- And assure PT has a job description that clearly reflects the scope of responsibility and the lines of reporting according to the organogram.

4.2. Annual Report 2006/07

- Each HTI will ensure that the annual report of the HTI department (training activities and financial) will be complete from the end of the fiscal year 2006/07
  - It will represent the baseline for the M&E of each school and for the entire group under the MOH-UHSPS III component for the PNFP HTI
- Each HTI will present this report according to the format provided
- Each HTI will submit the report before the end of July 2007.

4.3. Annual Plan 2007/08

- Each HTI will develop an annual plan according to format agreed and the draft plan will be ready beginning of June 2007
  - It will reflect what the school aims to achieve regarding its own objectives
  - and / or the objectives of the MOH-UHSP-Support to PNFP HTI
    - Assuring access to students from disadvantaged districts
    - Assuring complete use of capacity
    - Improving management systems and capacity
    - Improving efficient use of resources
- All of these aim at improving quality of the training of the health workers.

4.4. Management Information System

- The schools present recognise the need to have complete and timely information to enable us to plan well and take the right decisions
- Each HTI will verify the present information system and complete it to ensure that reports can be generated as required.

- This means completing the:
  - Registrations
  - Compilations
  - Reporting frequencies
- To ensure that each school can calculate key indicators such as:
  - Total utilisation rate = **Access**
  - New enrolment rate = **Access**
  - Success rate: = **Quality**
  - Average cost per student = **Efficiency**
  - Average fee per student = **Equity**

4.5. Financial Management

- We all realise the importance of keeping complete and clear financial information and presenting complete, clear, and timely reports.
- We also need to make use of this information for planning and decision making.
- Each HTI will endeavour to have an external audit done of its the financial report of 06/07 (or that the hospital audit report has a chapter covering the HTI)
- Each HTI will ensure that the basic financial registration and management system is in place by July 1, 2007, to ensure complete report from then on
  - See inventory of the group work
- Each HTI / hospital will strive towards a cost based accounting system and the HTI will be a cost centre
- Each HTI will study the Accounting Management Manual, when it is sent, and use it to complete the registration system
- The bureaux are requested to provide basic financial management training for PT's if the budget allows

4.6. Annual Budget 2007/08

- Each HTI will draw up a budget for 2007/08
- It will reflect the normal / ongoing activities
- And the activities to achieve the objectives for HTI and / or MOH-UHSPS for PNFP HTI
- The budget will be presented following the format provided and the chart of accounts reflected in the annual report format

4.7. What to expect from the Bureaux

- The Accounting - Financial Management manual of MOES when it is final
- Report of this workshop including the final formats as agreed for planning, budgeting an reporting
- Feed back on any proposals you send to us / answers to your questions
  - Do not hesitate to ask if you are not clear of anything
- Updates of information about the MOH-HSPS PNFP HTI project
- Organisation of follow-up workshop to agree on:
  - Criteria for allocation of funds from the project
  - Bursary system
  - Bonding arrangements
  - Targets for the coming three years per objective
  - Monitoring & evaluation indicators (if additional ones are required)

  If possible the proposals that still need to be agreed will be sent ahead.

4.8. Next Workshop

- Dates proposed **June 25 – 28, 2007**
- Duration 4 days
- Participants:
  - Principal Tutor
  - Hosp. Administrator
  - Chief Executive Officer
  - BOG member
- Preparation by HTI:
  As we need to finalise them during the workshop:
  - Sent your annual plans and budgets for 2007/08 **two weeks before (deadline 10th June)**.

ANNEX I

PNFP HEALTH TRAINING INSTITUTIONS TECHNICAL WORKSHOP ONE 2007
LIST OF PARTICIPANTS

	Hospital / Name	Function / Post Held	Address	Telephone	Email address	Day one	Day two
1.	**Rubaga**						
	Sr. Joseph Donatus	Principal Tutor	P.O. Box 14130, K'la	077-2-558 655	josephdonatus@yahoo.com	x	x
	Ms. Resty Ndagano	Administrator	P.O.Box 14130, K'la	077-2-426 692	rstyndagano@yahoo.com	x	x
2.	**Nsambya**						
	Ms. J.F. Namukasa	Principal Tutor	P.O. Box 7146, K'la	077-2-627 599		x	x
	Mr. Herman Kato	Ag. Principal/Lab.	P.O. Box 7146, K'la	071-2-958 861		x	x
3.	**Mengo**						
	Mr. Sam Mukasa	Senior Tutor	P.O. Box 7161, K'la	071-2-859 711		x	x
4.	**Kiwoko**						
	Ms. Sarah Kyamulabi	Dep. Principal Tutor	P.O. Box 149, Kiwoko	077-4-228 578		x	x
	Mr. Steven Kato	Administrator / Bursar	P.O.Box 149 Luwero				x
5.	**Villa Maria**						
	Sr. Maria Goretti Namuwulya	Administrator/Bursar	P.O. Box 32, Masaka	077-2-968 068 075-4-968 068	villamaria@ucmb.co.ug	x	x
	Sr. Jane F. Namuddu	Principal Tutor	P.O. Box 32, Masaka	077-2-467 014	stlawrencents@yahoo.com	x	x
6.	**Ibanda**						
	Sr. Grace Kyomugisha	Hosp. Administrator	P.O. Box 103, Ibanda	077-2-995 785	gracekyomu06@yahoo.com	x	x
	Mrs. F. Bitakwataine	Principal Tutor	P.O. Box 103, Ibanda	077-2-889 564		x	x

	Hospital / Name	Function / Post Held	Address	Telephone	Email address	Day one	Day two
7.	**Kibuli**						
	Mr. Sinan Siraj Mbulambago	Hospital Administrator	P.O.Box 24548 Kampala	0414 236477 0414 236476 0772 423684	kibulihospital@yahoo.com sinanisiraje@hotmail.com	Abs	Abs
	Hajat Safina Museene	Acting Principal Tutor		0712 812363	safinahm2002@hotmail.com	Abs	Abs
8.	**Kamuli**						
	Sr. Gilder Pacuwegi	Hosp. Administrator	P.O. Box 99, Kamuli	077-2-365 225	kamuli@ucmb.co.ug	x	x
	Sr. Regina Mbuliro	Principal Tutor	Kamuli MTS	077-2-360 967		x	x
	Sr. Regina Atimo	Tutor	Kamuli MTS	078-2-529 642		x	x
9.	**Ngora**						
	Mr. William G. Oluk	Ag. Principal Tutor	P.O. Box 5, Ngora	077-2-562 451	olukgeorge@yahoo.co.uk	x	x
10.	**Virika**						
	Sr. Agnes Nansamba	Ag. Principal Tutor	P.O. Box 233, F/P	077-2-686 875	virika@ucmb.co.ug	x	x
	Dr. Deogratius Munube	Medical Director	P.O. Box 233, F/P	077-2-505 643	virika@ucmb.co.ug	x	x
11.	**Mutolere**						
	Sr. Inviolate Baganzi	Principal Tutor	P.O. Box 26, Kisoro	077-2-850 544	mutolere@ucmb.co.ug	x	x
	Mr. Pontius Mayunga	Hosp. Administrator	P.O. Box 26, Kisoro	077-2-421 557		x	x
12.	**Karoli Lwanga Nyakibale**						
	Mr. R. Tumwesigye	Principal Tutor	P.O. Box 31, Rukungiri	077-2-560 605	nyakiba@ucmb.co.ug	x	x
	Mr. Jeff Caiola	Hosp. Administrator	P.O. Box 31, Rukungiri	078-2-210 691		x	x

	Hospital / Name	Function / Post Held	Address	Telephone	Email address	Day one	Day two
13.	**Kagando**						
	Ms. Antoinette Biira	Principal Tutor	Kagando	077-2-974 587		x	
	Rev. Canon Benson Baguma	Administrator	Kagando	077-2-425 150	karudec@yahoo.com	x	x
14.	**Ishaka**						
	Ms. Miriam I.M. Lhuhaliro	Principal Tutor	P.O. Box 111, Bushenyi	077-2-529 503	miriamlhuhaliro@yahoo.com	x	x
15.	**Kisiizi**						
	Ms. Esther Kobusngye	Administrator	Kisiizi	077-2-689 851	estherkob@yahoo.com	x	x
	Ms. Leah Tumuhairwe	Principal Tutor	Kisiizi	077-2-372 739		x	x
16.	**Matany**						
	Mr. Joseph A. Lokong	Dep. Hosp. Administrator	P.O. Box 46, Moroto	039-707 486	pm.matany@sat.sigis.net	x	x
	Sr. M. Theresa Ronchi	Principal Tutor	P.O. Box 46, Moroto	077-4-047 195	nts.matany@sat.signis.net	x	x
17.	**Kalongo**						
	Sr. Carmel Abwot	Principal Tutor	P.O. Box 47, Kalongo	077-2-440 173	midwiferys@sat.signis.net	x	x
	Mr. Alex Obonyo	Hosp. Administrator	P.O. Box 47, Kalongo	077-2997 634	kalongohosp@sat.signis.net	x	x
18.	**Lacor**						
	Mr. Omal Henry	Chief Accountant	P.O. Box 180, Gulu	077-2-350 123	info@lacorhospital.org	x	x
	Mrs. Juliet Ezaga	Principal Tutor	"	077-2452 604		x	x
	Mr. Robert Ocalacon	Principal , Lab. Sch.	"	077-2-517 003	ocakarobert@yahoo.co.uk	x	x
	Mr. Tognetti Samuele	Administrator	"	0471 - 32310		x	x
19.	**Kitovu**						
	Bro. Valentine Byaruhanga	Principal Tutor	P.O. Box 524, Masaka	071-2-683 047		x	x
	Mr. J.C. Ssimbwa	Administrator/HRM	P.O. Box 524, Msak	075-2-610 429	kitovu@ucmb.co.ug	x	x

	Hospital / Name	Function / Post Held	Address	Telephone	Email address	Day one	Day two
20.	**Kuluva**						
	Mr. Jackson Atima	Hosp. Administrator	P.O. Box 28, Arua	077-2-697 472	atimajack@hotmail.com	x	x
	Sr. Driciru Monica Efia	Clinical Instructor	P.O.Box 28, Arua	077-4-279 111	Yahoo!Mail Avinyigs@yahoo.com	x	x
Other Representatives							
	Name	**Organisation**	**Function / Post held**	**Address Telephone**	**Email address**	**Day one**	**Day two**
	Dr. Lorna Muhirwa	UPMB	Executive Director	041 – 271 776	lmuhirwe@upmb.co.ug	x	
	Dr. Harriet Nabudere	UPMB	HTI Coordinator	041 – 271 776	hnabudere@upmb.co.ug	x	x
	Dr. Claes Broms	M.o.H – Danida Support Unit	STA	077-2-776 718	clae@hsps-ug.org	x	
	Ms. Marcella Nsenga	Mutolere NTS	Vice Chairperson Standing Comm.	Box 26, Kisoro 077-2-536 381	mutolere@ucmb.co.ug	x	x
	Mr. Charles Isabirye	M.o.H. HRDD	SHTO I/C Pres. & Post Basic	077-2-893 011	cisabirye@netscape-net	x	
	Sr. Rosemary Ntegamahe	Ibanda Hospital	Member Stand. Comm.	077-2-583 983	ibanda@ucmb.co.ug	x	
	Mrs. Helen Mukakarisa	Jinja School of Nursing	Member – Stand. Comm.	077-2-539 436		x	x
	Dr. Vincent Mubangizi	UCMB	HTI Coordinator	077-2-499 925	mubangizi@ucmb.co.ug	x	x
	Mrs. Harriet Hope Akidi	UCMB	Financial Mt Advisor	077-2-681 297	hakidi@ucmb.co.ug	x	X
	Godfrey Wabwire Bazira	UCMB	Org Development Advisor	077-2-517923	wabwirebag@ucmb.co.ug	x	x
	Isaac Kagimu	UCMB	HR Advisor	077-2-402965	impoza@ucmb.co.ug	x	x
	DR. Sam Orach	UCMB	Ass. Executive Secretary	077-2-437154	sorach@ucmb.co.ug	x	x
	Mr. Andrea Mandelli	UCMB	ICT-DM Advisor	077-2-711574	amandelli@ucmb.co.ug	x	x
	Mr. Charles Kizza	UCMB	ICT-DM Advisor	077-2-549665	kiizac@ucmb.co.ug	x	x
	Marieke Verhallen	UCMB	Technical Assistant	077-2-307909	mverhallen@ucmb.co.ug	x	x

ANNEX II

First Technical Workshop for PNFP Health Training Institutions 2007

Programme

Dates: March 29 - 30, 2007
Location: Cardinal Nsubuga's Leadership Training Centre, Nsambya
Participants: Principal Tutors and Hospital Administrators

Goal: Preparing for the implementation of the MOH - HSPS III PNFP HTI Support Programme.

Underlying goal:
Improve management of our schools with the aim to improve the performance.

Objectives:

1. Review the MOH-HSPS III Support to training ECN and other Health Cadres in PNFP Health Training Institutions;
2. Review the principles of Governance and Management of PNFP HTI;
3. Adjust and agree formats for annual planning, annual budgeting, and annual reporting of PNFP HTI training activities;
4. Adjust and agree the Management Information System required to ensure complete and transparent accountability of all school activities.

Time	Subject / Activity	Speaker / Facilitator	Chairperson
Day One March 29, 2007			
8.30 – 9.00	Arrival and registration of participants		
9.00	Opening Prayer	Member of the Standing Committee	PT Mutolere HTI
9.00 - 9.20	Opening of the Technical Workshop and communications of the Medical Bureaux	Dr. Lorna Muhirwe, ES UPMB Dr. Sam Orach, AES UCMB	
9.20 – 9.40	Welcome and introduction of UCMB Standing Committee	Mrs. Marcella T. Ochwo, Chairperson	
9.40 – 10.00	Presentation of the programme and objectives of the workshop	Dr. Harriet Nabudere, HTI&T Coordinator UPMB	
10.00 – 10.20	Presentation: The MOH – HSPS III Component 4: Support to ECN and other Health Cadre training in PNFP HTI.	Dr. Claes Broms, Programme Officer MOH-HSPS III Support Unit	
10.20 – 10.40	Presentation: The Expectations of the MOH Human Resource Development Division concerning the HSPS III PNFP HTI Programme	Mr. Charles Isabirye, of MOH-HRDD	
10.40 – 11.00	Questions and answers	Dr. Broms and Mr. Isabirye	
11.00 – 11.15	Coffee break		

Time	Subject / Activity	Speaker / Facilitator	Chairperson
Day One continued			
11.15 – 11.45	Presentation: The principles of reporting and accounting within MOES.	Eng. Okinyal, Commissioner BTVET, MOES	PT Kagando HTI
11.45 – 12.00	Questions and answers		
12.00 – 12.30	Presentation: Principles of Governance and Management of a HTI as integrated part of a PNFP hospital organisation	Mr. Godfrey Wabwire, UCMB Org. Development Advisor, and Dr. Vincent Mubangizi, UCMB HTI&T Coordinator	
12.30 – 13.00	Questions, answers, and discussion on how to enhance governance and management of our HTI.		
13.00 – 14.00	Lunch break		
14.00 – 14.30	Presentation: Principles of Planning and proposal of a format to present the annual plan of a HTI.	Dr. Harriet Nabudere	PT Kibuli HTI
14.30 – 15.00	Study of format per school team		
15.00 – 15.30	Plenary discussion: Questioning the format and agreeing on necessary adjustments.		
15.30 – 16.00	Presentation: Principles of Monitoring and Evaluation	Mr. Andrea Mandelli	
16.00 - 16.30	Brainstorm: What experiences did we gain from compiling the 2005/06 annual report of the HTI activities and finances?	Marieke Verhallen, Technical Assistant HTI&T Desk UCMB	
16.30 – 17.00	Presentation: To which extent have we succeeded setting-up a HTI Management Information System: lessons drawn from the 2005/06 annual reports.	Mr. Andrea Mandelli and Mr. Charles Kizza, UCMB Information, Communication and Data Management Advisors	PT Karoli Lwanga HTI
17.00 – 17.30	Plenary exercise: Translating class / group register information into annual report information (from cohort information to point in time information).		
17.30 – 17.40	Questions and answers resulting from the exercise		
17.30	Closure of the day and closing prayer	PT Ngora HTI	

Time	Subject / Activity	Speaker / Facilitator	Chair person
Day Two March 30, 2007			
8.30 – 9.00	Registration of Participants		
9.00	Opening Prayer	PT Virika HTI	PT Ishaka HTI
9.00 – 9.30	Questions and answers remaining from day one	All presenters	
9.30 – 10.15	Presentation: What needs to be done to ensure the annual report of 2006/07 will be complete and can serve as baseline for Monitoring and Evaluation of the MOH-HSPS III programme? Review of the HTI performance indicators and the annual report format and what it means in terms of registrations that need to be put in place.	Mr. Andrea Mandelli and Mr. Charles Kizza	
10.15 – 10.45	Questions and answers regarding the activity part of the annual reporting format and agreeing on what needs to be done.	Mr. Andrea Mandelli and Mr. Charles Kizza	
10.45 – 11.00	Brainstorm: Which problems did we encounter in compiling the annual financial report of the HTI?	Marieke Verhallen	
11.00 – 11.20	Coffee break		
11.20 – 11.50	Presentation: The financial administration of the HTI as cost centre in the overall financial administration of the hospital (principles of cost centre accounting).	Mrs. Harriet Akidi, Financial Management Advisor UCMB	PT Kalongo HTI
11.50 – 12.15	Presentation: Monitoring and evaluating the use of financial resources and accounting transparently to all partners. Or: the chart of accounts, the financial part of the annual report format, the use of financial management indicators, and the need for external auditing.		
12.15 – 12.30	Questions and answers		
12.30 – 13.00	Group exercise: What do we need to do between now and end of June to ensure that the next financial report of the HTI will be complete?	Marieke Verhallen and Harriet Akidi	
13.00 – 14.00	Lunch break		
14.00 – 14.30	Finalising group exercise	Marieke Verhallen and Harriet Akidi	PT Kamuli HTI
14.30 – 15.00	Plenary presentations of the plans to improve the financial accounting systems of the HTI.	Marieke Verhallen and Harriet Akidi	
15.00 – 15.30	Presentation: A format to develop the annual budget for the HTI.	Harriet Akidi	
15.30 – 16.20	Group exercise: Drawing-up a budget for our school using the proposed format.	Dr. Vincent Mubangizi and Harriet Akidi	
16.20 – 16.40	Questions and answers resulting from the exercise.		
16.40 – 17.10	Recap of the resolutions and agreement of the actions to be taken per school until the next workshop in June 2007.	Ms Marcella Nsenga, Vice chairperson HTI &T St. Committee and Marieke	
17.10 – 17.25	Closing remarks Executive Secretaries of the Medical Bureaux	Dr. Lorna Muhirwe, ES UPMB & Dr. Sam Orach, AES UCMB	
17.25	Closing Prayer	PT Matany HTI	

ANNEX III REVISED ANNUAL PLANNING FORMAT FOR NURSE TRAINING INSTITUTIONS

Objective	Strategy	Activities	Indicators	Responsible person/Centre	Estimated Cost	Source of funding	Assumptions/ Preconditions
1. To Improve the Use of ICT	• Acquire ICT Equipment	• Funding from MOES and donors to procure ICT Equipment • Purchase ICT equipment	• Funds on school account • Number of ICT Equipment purchased	• MOES and donors • School Governing Council • School Admin.	50million USHS	• Funds from MOH-HSPS	• Commitment from MOES and donors to secure funds. • Funds available • Commitment from school admin to implement plans.
	• Train Staff and Students in ICT skills	• Select a training course • Adjust curriculum to identified training needs • Make a schedule for training with trainers • Implement training course • Evaluate training course	• Training course selected • Curriculum adjusted • Schedule for training available • Certificates on completion of training • Evaluation report available	• School Admin	10million USHS	• School fees	
2. To Improve Existing Physical Infrastructure	Renovate existing infrastructure	• Painting buildings • Necessary Repairs	• Number of buildings painted • Repairs undertaken	• School Admin	150million USHS	• Donation for Rehabilitation	• Request approved by donor

Planning / scheduling activities

Example

GANTT CHART FOR ACTIVITIES TOWARDS IMPROVING THE USE OF ICT IN AN HTI

	January				February				March				April				May				June				July			
Activity/Output																												
1. Funding from donors and MOES to procure ICT equipment																												
2. Purchasing of ICT equipment																												
3. Setting up internet connectivity and LAN networks																												
4. Select a training course																												
5. Adjust curriculum to identified training needs																												
6. Make a schedule for training with trainers																												
7. Implement training course																												
8. Evaluate training course																												

ANNEX IV

FORMAT FOR THE ANNUAL BUDGET OF HTI

ITEM CODE	ITEM / SUBJECT [4]	BUDGET PREVIOUS YEAR	REALISATION PREVIOUS YEAR	BUDGET NEW YEAR	REMARKS
	INCOME				
	School fees				
	PHC Conditional grant for HTI				
	Contribution hospital (financial and in kind)				
	Contribution from the MOH-HSPS III pool fund for recurrent cost				
	Other School Income (for services/other training fees)				
	External Donations of funds for recurrent costs				
	External Donations for capital development				
	TOTAL INCOME				
	RECURRENT EXPENDITURES				
	Employment				
	Salaries and wages				
	Administration				
	Property Costs				
	Teaching goods and Services				
	TOTAL RECURRENT EXPENDITURES				
	CAPITAL DEVELOPMENT				

[4] The entries are just examples. Kindly be referred to the annual report format for the standard items. These may need to be adjusted to your school. If the new Accounting Manual is published before the start of the new fiscal year please make sure the budget is aligned to the directives there and that the chart of account numbers correspond with the ones given there.

ANNEX V **GROUP EXERCISE**

WHAT TO DO BETWEEN NOW AND THE END OF JUNE 2007 TO INSTALL AN EFFECTIVE FINANCIAL MANAGEMENT SYSTEM

1. GENERAL SET UP OF THE ACCOUNTING SYSTEM

a) Have you set the roles of the Bursar and Accountant clearly in the job description?

b) Do you have a clear organization chart that gives clear guideline on the reporting channel?

c) Do you understand the different categories of transactions in the School?

d) Is there an accounting policy that states how finances should be managed?

2. RECORDS AND DOCUMENTS MAINTAINED

a) Does the school have source documents to record:

1. Receipt of income (receipts)?
2. Use of the stock of consumable goods (stores requisition notes)?
3. Staff time (payroll and teaching time table)?
4. Log books in the vehicles?
5. Worksheet for maintenance of equipment?
6. Fixed assets register?

b) Does the school maintain

1. Cash analysis book and a Petty cash book?
2. Debtors' and Creditors' ledger?
3. Vote book?
4. Stores register (stock card)?
5. General ledger?

c) Is there a chart of accounts which can help the book keeper to classify financial transactions and events easily?

3. GENERAL PROCEDURES

Does the school as a cost centre fully appreciate procedures to:

1. Fill documents for transactions?
2. Maintain a cash analysis book?
3. Maintain petty cash imprest book?
4. Update the debtors', creditors' and the general ledger?
5. Prepare an annual budget

4. REPORTS

a) Can the Accountant prepare a balance sheet?

b) Can the Accountant prepare an Income and Expenditure report?

c) Can the Accountant prepare cash flow statement?

d) Is it easy for the accountant to prepare other reports say to the donor?

INSTRUCTIONS:

Using the above questions arising from different areas of maintaining financial records and reporting, extract gaps that your school has not yet achieved.
From the gaps in each area, try to state the action you plan to take in order to close the gap so as to conform to a healthy financial reporting system within these remaining two months.

ANNEX VI

DOCUMENTS HANDED OUT

1. Handouts for each presentation
2. Standard Annual report format for PNFP HTI
3. List of indicators for Schools to Monitor evolutions of time
4. List of Indicators for Monitoring and Evaluation the Group of HTI at national level (for Medical Bureaux)