PRIVATE NOT FOR PROFIT HEALTH TRAINING INSTITUTIONS REPORT SECOND TECHNICAL WORKSHOP FOR 2007

Kampala
Cardinal Nsubuga Leadership Training Centre
October 30th – 1st November 2007

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EXECUTIVE SUMMARY

The second Technical Workshop of the PNFP Health Training Institutions took place from 30th October to 1st November at the Cardinal Nsubuga Leadership Training Center, Nsambya. It was organized by the Uganda Catholic Medical Bureau in conjunction with the Uganda Protestant Medical Bureau. The target groups were the Board of Governors, Hospital Management Teams, and Principal Tutors of the Health Training Institutions and their affiliated hospitals under the UCMB, UPMB & UMMB. The goal of the workshop was: *Finalising the preparations for the implementation of the MOH - HSPS III PNFP HTI Support Programme*; while the specific objectives of the workshop included the following:

1. Enable the HTI teams to prepare feasible annual work plans.
2. Facilitate the HTI teams to prepare a realistic budget.
3. Provide feed back on the submitted HTI annual activity reports 2006/7 and determine the way forward to improve monitoring, control of the annual work plan, and reporting by the school / hospital teams.
4. Present feedback on the submitted HTI annual financial reports 2006/07 and determine the way forward to improve budget control and accountability according to the cost centred accounting system based on the MOES Accounting Manual
5. Agree on the implementation and accounting regulations for the MOH-HSPS III recurrent budget/ bursaries support.
6. Present and agree on the standard selection procedure and criteria to recruit candidates for training and to determine which candidates are eligible for a bursary / bonding agreement.
7. Agree on the indicators for monitoring of the MOH-HSPS III project.
8. Remind participants of the basic principles of governance and management of the PNFP HTI's.
9. Establish the main reasons for the lack of tutors and candidates to be trained as tutors so as to be able to develop strategies to solve the shortage.
10. Review the quality indicators set by the MOE&S and complete these with indicators important to PNFP.
11. Update the participants on the proper use of the ITC equipment and maintenance.
12. Agree on the communication flow between HTI and Hospital and external partners.
13. Agree on the 'Must do's" for the coming period to be ready for the MOH-HSPS III recurrent budget / bursary support.

All the twenty PNFP HTIs turned up with the total of 51 out of the 80 participants that were invited. The majority of the HTI were represented by two or more delegates, except Kagando which was only represented by the Ag. Principle Tutor and Ishaka represented by the deputy Principle Tutor. However, it was quite disheartening to note that very few Board members answered the invitation to the workshop. The organisers whole heartedly thank the seven Board members that did take the time to attend the entire workshop.

The goal of the workshop could not be fully met as an important number of decisions, expected before the workshop from the MOH-HSPS III Team had not been taken. In spite of that the Bureaux decided to hold the workshop to ensure that all other topics could be finalised by the HTI.
The programme was, to a greater extent, implemented as planned. The parts which could not be finished, due to time constraints, were some group works (to agree on the indicators to

monitor the MOH0HSPS III support, determine the causes of the tutor shortage, and select quality indicators) and the presentation on ICT.

During the evaluation of the workshop, the participants noticed that time had come to change the way of doing things. Data and information management, ensuring quality of training, and compliance with standards (school capacity etc.); annual planning, budgeting, monitoring and evaluation, and annual reporting are important things to address. Accuracy, completeness as well as timeliness of information were understood to be very crucial in all cases. External auditing of the HTI accounts and establishing the schools as a cost centre in the hospital chart of accounts were underlined.

The workshop was concluded with participants agreeing on submitting the following documents by 31st December 2007. These included the total capacity of the HTI, approved Annual Plan 2007/ 2008, approved Annual Budget 2007 / 2008, final Activity and Financial Report 2006 / 2007, number of Bursary / Bonded Students the HTI will accept, selection Procedure and Criteria Policy, name of the Hospital / HTI Officer responsible for the HTI reports, and name of the HTI Information / Contact Officer.

Several other concerns and comments emerged during the three-day workshop and the main resolutions agreed upon were:

1. The HTI/Hospital Management Team to sign the reports submitted to the Bureaus so that in case of any errors the undersigned can be contacted.
2. The managers (HTI/HMT, Board members) to be transparent in financial management and share financial information with all concerned people.
3. The Principle Tutors and Hospital Management are to use the accounting manual as golden rule for transparent accountability.
4. The HTI financial reports should be aligned with the following qualities; reliability; truthfulness, materiality, objectivity, and relevancy; timeliness, comparability and understandability.
5. For the selection of students eligible for a bursary participants highly recommended the following criteria:
    - The student has the required minimal entry requirement and having passed the written and oral entry selection of the HTI
    - *It has already agreed with the MOH and DANIDA that the school has the prerogative to select the student for admission first.*
    - The student is willing to work in underserved areas irrespective of where s/he comes from
    - The student is willing to be bonded.
6. Finally the participants advised the Bureaus either to reduce the number of assignments on the programme, or add more days to enable them to achieve the TWS set objectives.

INTRODUCTION

The second PNFP HTI technical workshop held from 30th October -1st November 2007 is a continuation of the efforts of the health training institutions affiliated to UPMB, UCMB and UMMB towards improved development of Health Human Resources and enhanced contributions to the training of health professionals in Uganda. This particular TWS aimed at finalizing the preparations for the implementation of the MOH - HSPS III PNFP HTI Support Programme. The goal of this support is to ensure improved staffing levels in underserved areas through strategic use of training funds of the Government of Uganda and its Development Partners. In addition this support aims to improve the level and predictability of funding to PNFP HTI's through equitable and transparent resource allocation. The strategy to be used is that of the allocation of bursaries to students of the PNFP HTI who will then be bonded to serve in the underserved districts. The bursaries allocated will be transferred to the PNFP HTI to cover recurrent training costs for these students.

It was envisaged that by the time the workshop was held all the implementation issues would have been be agreed upon with the MOH, DANIDA, and MOES so that the PNFP HTI/ Hospitals could base themselves on these to finalize their preparations. However, this goal could not be fully met as major issues had not yet been resolved. The issues still pending included: defining the Under Served Districts; identification of the signatories to the bonding agreement; legality and enforceability of the bonding agreement; the organization responsible for discharge of the graduates after the bonding period; formalizing the implementation responsibilities of the main actors in a Memorandum of Understanding; and the frequency and modality of the disbursement to the PNFP HTI among others.

The implementation rules agreed upon before the TWS were: the selection of Students for admission to PNFP HTI remains the prerogative of the PNFP HTI but it required formally approved and published Selection Procedure and Selection Criteria for each HTI; PHC-CG allocations and releases to be continued in 2007/08 as before; the amount payable per student will be two million per year; the distribution of the graduates will be 50% to Government Units and 50% to PNFP Health Units; the PNFP employers eligible to employ bonded graduates are the Health Units affiliated to the three Medical Bureaus only.

Despite the above set-back, the TWS was still relevant to review the submitted PNFP HTI annual plans and budgets for 2007/8, the comprehensive financial and activity reports 2006/7 to prepare for the proper management and accountability of the forth coming bursary scheme. Several issues were presented for instance: improvements of annual plans, budgets and reports, a draft for selection procedure and selection criteria; the basic principals of management and governance; HTI quality indicators; and communication channels/policy. Lastly the participants agreed on the "must do's" to ensure that the bursary scheme can start once all decision have been taken by the MOH-HSPS III authorities.

There were several discussions and group works during the TWS to review individual reports/ information and to decide on the way forward. Finally participants came up with various recommendations/resolutions and the participants evaluated the TWS.

1. PROCEEDINGS AND SUMMARIES DAY ONE

Rev. Mrgsr. Julius Turyatoranwa, the Chairperson BOG Mutolere Hospital, led the opening prayer then the Health Coordinator of UPMB and the Chairperson of the Standing Committee HTI&T of UCMB, gave the opening remarks to the Technical workshop.

1.1. OPENING REMARKS BY THE REPRESENTATIVES OF THE MEDICAL BUREAUS.

Dr. Henry Katamba, Health Coordinator UPMB

After welcoming the participants, Dr. Katamba kicked off his opening remarks by outlining some of the important health indicators in the country. He said that 42% of mothers deliver in hands of professional health workers and only 5% are assisted by a doctor. He noted that the ratios of the different cadres to clients are generally very bad in Africa and particularly in Uganda. He therefore urged participants to rally behind a common vision that would enable PNFP health training institutions to contribute significantly to the improvement of such health indicators in Uganda. He also stressed the need to improve the quality of PNFP health training institutions and offer relevant training that would build confidence in the partners who support our schools as well as those who consume our products. He finally wished participants fruitful deliberations.

Mrs. Marcella Ochwo, Chairperson UCMB HTI&T Standing Committee

Mrs. Ochwo appreciated the work all member PNFPs are doing and reiterated the need to improve the quality of services offered in our facilities. She drew the attention of participants to the issue of accountability, saying those who have received aid from DANIDA and the European Union to facelift their training institutions must account for every penny received. This accountability should be in terms of both physical and financial accountability. She stressed the importance of physical accountability by ensuring value for money; which in effect gives no room for shoddy work. She said more aid will come our way if we did the right things in the right way.

Mrs. Ochwo also underlined the importance of timely reporting to the Bureaux, the Ministry and other relevant parties as it facilitates proper planning.

Finally, she introduced the members of the HTI & T Standing Committee, and lastly thanked God who keeps us safe on the road daily, and prayed that He also keeps us safe through the workshop. She wished all members a fruitful workshop.

1.2. PRESENTATION OF THE OBJECTIVES AND PROGRAMME OF THE SECOND TECHNICAL WORKSHOP

Sr. Cathy Nakiboneka, HTI&T Coordinator, UCMB.

The presenter summarized the goal and objectives of the workshop and walked the participants through the programme. These are summarised above and presented in annex II and therefore not repeated here.

Sr. Cathy then presented the latest news of the development at national level.

o   All the graduates of direct entry EN,EM, ECN, URN, and URM courses who did their final exams in May and November 2006 are to do an attachment of three months and, if appraised positively, will be registered by the UNMC

o   Graduates of extension courses will simply be assessed by the UNMC through an interview and then, if they pass, be registered by the UNMC

o   The Traditional Enrolled level training programmes are to be continued for the time being

She concluded by cautioning the hospital managers about employing unlicensed graduates, e.g. graduates of the May and November 2006 groups. As long as these graduates have not been formally registered as professionals they cannot be employed formally and certainly not work un-supervised. They can be taken on as students on attachment and they can be compensated but this should not be called a salary.

Sr. Cathy then wished all a very good workshop.

1.3.   FORMULATING FEASIBLE AND COMPLETE ANNUAL WORK PLANS
   Mr. Edward Ssebbombo, HTI Coordinator, UPMB,

In view of the fact that most of the HTI annual work plans reviewed were not complete, had no standard (SMART) objectives and some could not formulate real objectives; the presenter took them through the following presentation with a view of enabling HTI teams to improve and complete their annual work plans.

He started by giving a general picture of planning, explaining that a plan is a proposed method of getting from one set of circumstances to another. He stressed that it is used to move from the present situation to the desired one.

He then went ahead to define a work plan as a tool for planning during a specific period of time (3, 6, 12 months) that identifies the problem to be solved, and ways to solve them.

He explained that the annual work plan essentially sets forth the activities that will contribute to the achievement of the long-term goals and objectives. In this regard, he called the attention of the participants to the fact that, *to have relevant work plans one needs to have in place a long-term plan [strategic plan].*

The presenter then explained the components of a work plan. He began with the **objectives**: which refine an institution's goals. They have to be SMART; meaning specific – that objectives should specify what they want to achieve; they should be measurable – that teams should be able to quantify the output, achievable – the question of attainability; realistic – can you rationally achieve the objectives with the resources you have? And objectives should be time bound – essentially asking, when do you want to achieve the set objectives?

The example of SMART objectives were given and attached in the annex.

A work plan further includes the **strategy**; this answers the question, how do we get there? These are the different intervention methods that an institution will adopt in order to achieve its objectives. The planner then outlines the **activities**; which are specific tasks or interventions to be done. Following activities are **indicators**; these show the planner how they will know that they have reached there. Further included are the responsible person/centre, estimated costs, source of funding, and assumptions/preconditions. An assumption here refers to a condition that must be true before something can occur. In other words it refers to a risk. This helps one to check the plan against reality.

He noted the importance of drawing up a summary chart which communicates in a concise way *what* the institution will do and *when* it will do it, thus a Gantt chart that typically includes the following components:
   o   A column that lists the major activities,
   o   A column that mark a fixed period of time (days, weeks, months) showing when the activity will occur.

The Gantt chart makes it easier to review the planned sequence of events, to see where they might overlap, and to make sure that activities that must be completed before others can start are in the appropriate sequence. It also helps to ensure that the necessary resources e.g. staff, vehicles, funds are available when they are needed.

Edward concluded his presentation by reminding participants to make work plans complete by including all the activities; new as well as ongoing school activities. He reminded them that the process of developing a work plan should be participatory, at least the key staff members should be involved because it motivates them as people who will implement it, and it also reinforces the feeling of ownership.

Group work per school and individual feed back.

With an objective of helping the teams to internalize the concepts and be able afterwards to complete their annual work plans, a group work per school followed the above presentation. Also the group work aimed at giving individual feed back to the teams, to address the particular issues arising from the work plans which they submitted for review.

The group work demanded teams to formulate measurable objectives for the annual plan and the ensuing activities. In light of the above discussions, they also had to outline what they need to do to improve and complete their annual work plans. This was followed by a plenary presentation of each teams' work.

Due to severe time constraint, presenters couldn't ask questions to the facilitators as had been planned; nonetheless presenters received general comments on their presentations as listed below.

- o Marieke observed that many schools never put into consideration issues which are clearly of paramount importance to them, e.g. Lacor and Kitovu laboratory schools have no qualified tutors yet they never put it on their work plans. Many other schools never mentioned anything like improving the tutor – student ratios. She advised them to take such issues among their priorities.
- o She also cautioned them not to heap lump all responsibilities on the principle tutor when they fill the column concerning the responsible person/centre in their work plans. It is important to delegate and stimulate participation of the other staff members. This can motivate them and avoid overburdening one person.
- o In some annual work plans objectives go beyond the annual period [stretched for three years ahead]. It was observed that such teams had a long term plan in mind, but in case of an annual work plan they should then determine what they have to accomplish during that one year of the plan.

<u>A group at work during the workshop</u>

Questions and Answers:

- ❖ *Do we need to have standardised / uniform objectives as group of PNFP HTI? No* this is not necessary and most probably not even possible.
- ❖ *Who should be the responsible person for big projects, like construction works? Should this not the development partners like the EU?* The development partner is responsible for his part and the hospital/HTI for their part. It is wise to have a Committee for large works but this committee should an appointed chairperson.
- ❖ *Who should approve the annual plans and budgets?* This is the responsibility of the Board of Governors, or, when other names are used, the hospital body that decides on the policies and plans for the hospital and HTI and who the managers should account.
- ❖ *How can we deal with the fact that the different partners of the hospital / HTI have different formats for the annual plan and budget?* If this is the case then it is important to ensure that the best format is chosen and adhered to. The best format covers the same questions / topics proposed here. The way of presenting and the sequence may differ but these key components should be covered.

1.4. REVIEW OF THE ANNUAL BUDGETS SUBMITTED BY THE HTI
Mr. Godfrey Akileng, Financial Management Advisor, UCMB.

The presenter summarised his findings and recommendations regarding the budgets in this summary under 2.2.

His presentation was followed by a group work to enable the representatives of each HTI to determine how to improve their budgeting process and presentations. The key issues and questions that emerged from this group work are also summarised in chapter 2.2.

A group at work with Mr. Edward Ssebbombo, HTI Coordinator UPMB.

2. PROCEEDINGS AND SUMMARIES DAY TWO

2.1. MONITORING PERFORMANCE OF PNFP HTI 2006/07
*Mr. Charles Kizza, UCMB ICDMA advisor.*

Mr. Kizza informed participants that performance in PNFP HTI can now be monitored annually using the Comprehensive reports submitted. A consistent use of the format provides detailed financial and activity information. The main aim is to assist the HTI in improving their performance by providing feedback and enabling them to compare themselves with the colleagues. In addition, it is hoped that this will stimulate good record keeping to generate accurate reports but, most importantly, to generate information for evidence based decision making.

The analysis was done for 18 HTI out of the 20 PNFP HTI. The presentation was structured as follows: sources of income and expenditure categories of HTI, activity analysis, and outcome of the monitoring indicators.

Financial Analysis: Sources of Income in 2006-2007

The analysis of income for FY 2006/07 showed that eight sources are applicable to the HTI with the degree of importance shown by the contribution of each to the total income. The students' fees are still the major source and contributed 56%. This big share implies the importance of HTI management and BOG consideration in setting students' fees. External donation of funds for human resource development is still the lowest and it is only reported in one HTI.

Summary of the sources of Income for PNFP HTI 2006-2007
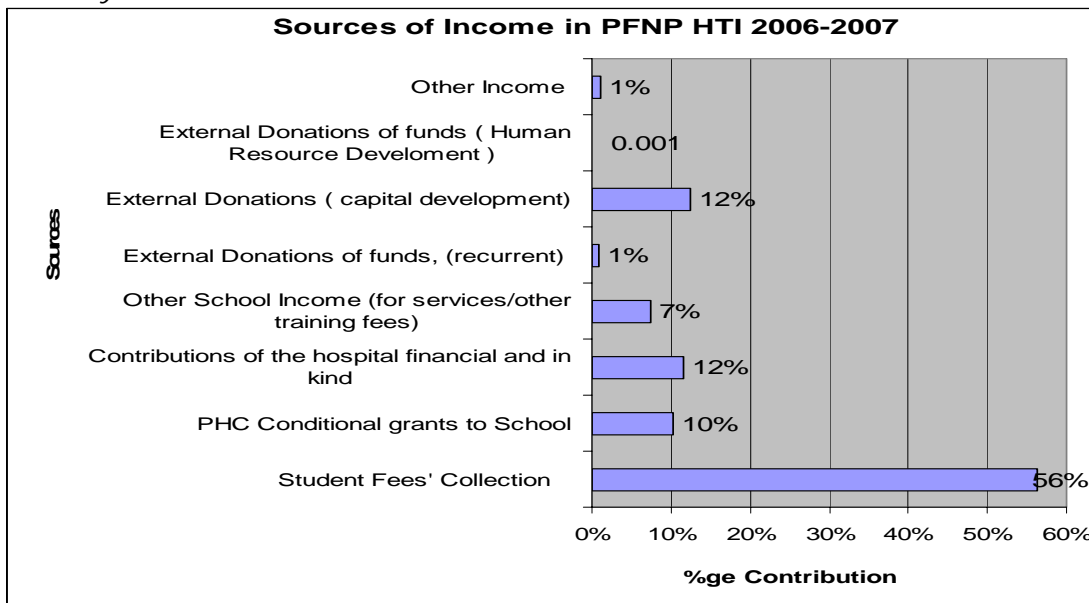
It was realized that capital development is still funded mainly by external donations.

The contribution from PHC Conditional Grants to schools contributed 10% of the total income. However, this contribution related to 17 HTI as one did not report receipt of PHC CG. It was emphasized that Hospitals and HTI make sure that PHC CG to schools be properly recorded in the Hospital books of accounts as transfers to HTI. The HTI should record and report the same amount as received by the Hospitals from the district authorities.

PNFP HTI Financial Analysis: Expenditure in 2006-2007

Mr. Kizza informed participants that the data for expenditure was extracted from the comprehensive financial and activity reports received from 18 PNFP HTI. The analysis showed that PNFP HTI took employment cost and teaching of goods & services as top priority with respective of 33% and 30% of the total budget. Capital development shared 13%, administration cost 9%, supplies & services 7% while the remaining categories shared 7.5% of the total budget as shown in the graph below.
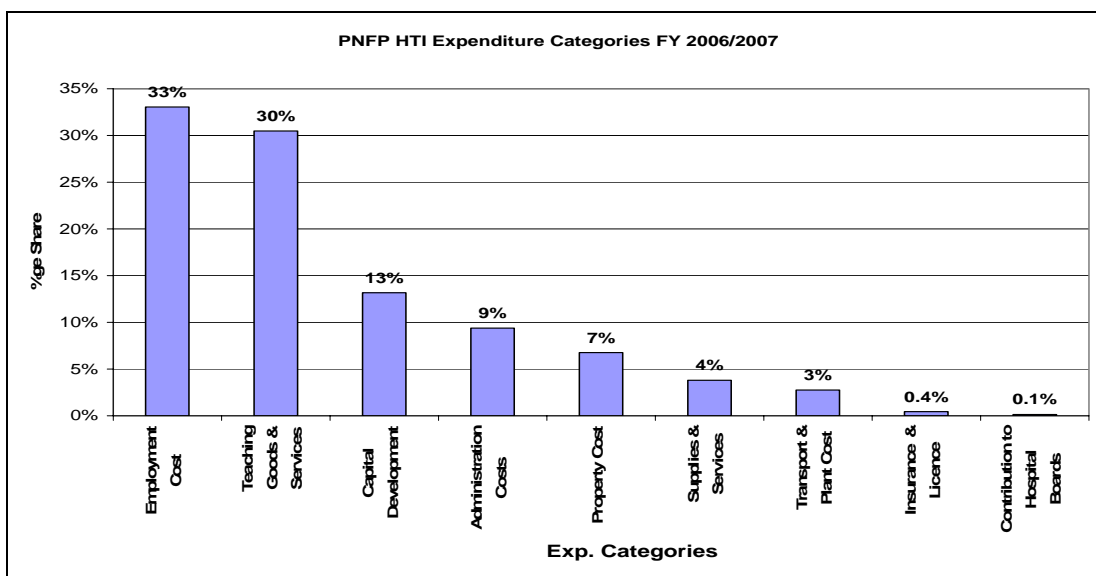
Sustainability position of PNFP HTI

Using the recurrent income and recurrent expenditure for FY 2006/07, a sustainability ratio (**Recurrent Income / Recurrent expenditure x 100)** was computed using two dimension; students' fees to recurrent expenditure and Recurrent Income to Recurrent expenditure with the objective of assessing the sustainability position of PNFP HTI.

The median values for 18 HTI showed that sustainability was 80% using Students fees to recurrent expenditure and 122% using Recurrent Income to Recurrent expenditure. If the reports were complete and accurate, this analysis seems to suggest the current drive to improve record keeping practices & budget control will enable HTI to operate without increasing students fees.

PNFP HTI Activity Analysis FY 2006/2007

The activity section of the report provides the student information, capacity related data, staff establishment, and examination results. We observed a good improvement in recording of data compared to previous years.

Using the student and staff information the analysis showed that median values of qualified Tutor to Student Ratio was **1:50** in a range of **1:22 to 1:95** while the median value of Qualified Clinical Instructor to Student Ratio was **1:75** in a range of **1:18 to 1:203.** As the norm for Qualified Tutor : Student Ratio is **1:20,** these results emphasize the need to invest in human resource development to increase the number of qualified tutors & clinical instructors. The individual HTI ratios are shown in Table R.

The consensus of the participants was that HTI without qualified tutors must make an effort to recruit and those with few should try to meet the required ratio and currently consider the alternative of limiting annual intake.

Table R. Showing Qualified Teaching Staff to Student Ratio.

HTI	Qualified Tutor to Student Ratio	Qualified Clinical Instructor to Student Ratio
Ibanda	1:29	1:59
Ishaka	1:66	1:66
Kalongo	1:33	1:99
Kamuli	1:26	1:104
Kisiizi	1:28	1:86
Kitovu		1:53
Kiwoko	1:85	1:171
kuluva	1:22	
Lacor	1:95	
Matany	1:22	1:45
Mengo	1:84	1:84
Mutolere	1:31	1:18
Ngora	1:55	1:111
Nsambya	1:50	
Nyakibale	1:75	1:75
Rubaga	1:67	1:203
Villa Maria	1:37	1:55
Virika	1:52	1:69
Standard Tutor to Student Ratio is 1: 20		

Note: The shaded cells mean that the HTI lack that cadre.

PNFP HTI Analysis of Key Monitoring Indicators
The monitoring of PNFP HTI is done using four main indicators that are defined below with the objective of improving performance in PNFP HTI. The input data is obtained from the comprehensive financial and activity annual reports. The four indicators are:

1. Access / Utilisation rate of HTI.
   This indicators reviews the access to - use that is made of - the school.
   For this purpose it compares the total number of students in the HTI to the objective capacity of the school.
   The calculation is: ***Total No. Of students / Objective Capacity x 100***

2. Equity (fees per student).
   This indicator aims to assess the financial accessibility to / affordability of the school: e.g. can poorer students access the school. Thus the average school fees payable per student are measured. Calculation: ***Total students' fees / Total No. of students***.

3. Efficiency (cost per student).
   To measure the efficiency the cost of training of one student in a period of one financial year is assessed.
   Calculated thus: ***Total recurrent cost / Total Number of Students***

4. Quality of Training (success rate in HTI).
   This considers the percentage of students that succeed their final examinations.
   The calculation is: *Number of students who passed / number of student who sat exams*.

These indicators are the monitoring tools towards our Mission of providing training of high quality and being accessible to the underprivileged. Each HTI can monitor these indicators for

itself by following the evolution averages from year to year. The Bureaux will monitor the evaluation of the median outcomes annually as this provides better insight at aggregate level.

Access to PNFP HTI
The overall utilization rate for 2006/2007 was 94% in a range of 42% to 131%. This implies that some PNFP HTI facilities are not yet fully utilized while others are recruiting in excess of their objective capacity.

Equity indicator
The median value of fees per student was USHS 941,462 for 2006/2007.
The Box plot shows the median and the range Students' fees per student FY 2006/2007
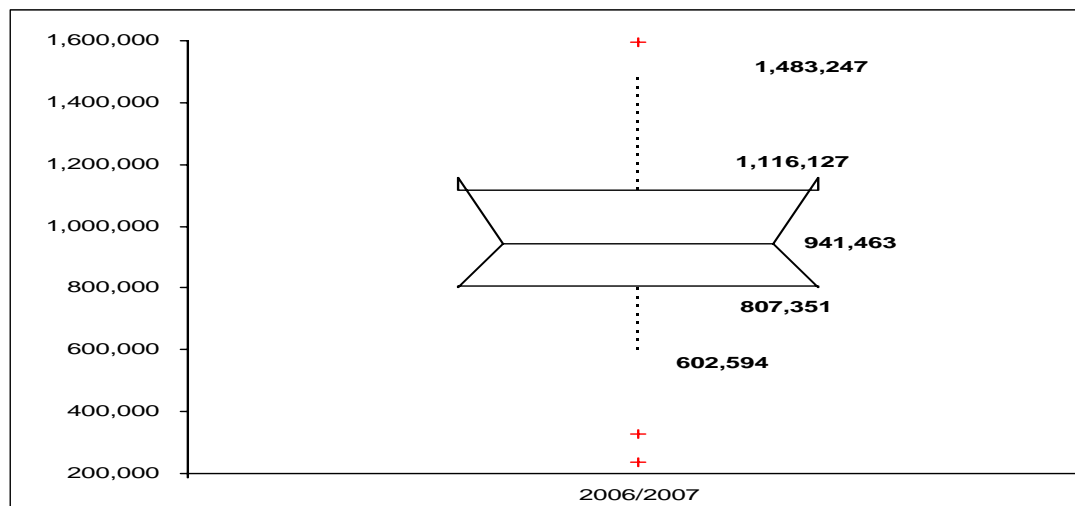
The equity values shown in the box plot above show that 8 HTI charge between USHS 807,351 and USHS 1,116,127. It also shows that some charge lower than USHS 602,594 while highest charge is slightly above USHS 1,483,247.

Quality of training indicator
This is assessed using the students' success rates. In order to examine quality of training in HTI, the success rate is analyzed under four categories: *Distinction Success rate*, *Credit Success rate, Pass Success rate and Failure rate.*
These categories enable management to identify areas for improvement. This approach was recommended for the revised HTI Census form MoES / Development Human Resource for Health.
Comparing the results of 2005/2006 and 2006/2007 showed that Pass rate increased from 86% (05/06) to 92% (06/07), less failure rate in 06/07 (8%) compared to 05/06 (14%). The subdivisions of the quality indicator show: Pass rate improved from 74% (05/06) to 63% (06/07), Credit rate increased from 23% (05/06) to 32% (06/07) and Distinctions increased from 3% (05/06) to 5% (06/07).

Efficiency indicator
Efficiency indicator measures the recurrent cost incurred to train one student in an HTI. A low recurrent cost per student means efficient management of financial resources. In FY 2006/2007 the median value of recurrent cost per student was USHS 1,171,107 and the box plot below show the other inter quintiles.

Box plot showing the recurrent cost per student FY 2006/2007:
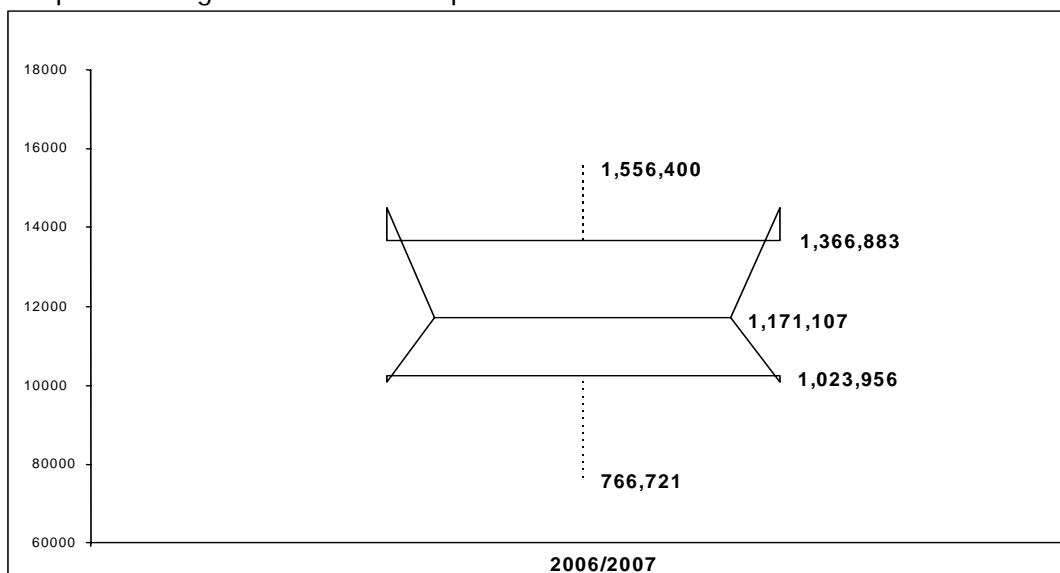
The recurrent cost per student values, shown in the box plot above, indicate that 8 HTI incurred between USHS 1,023,956 and USHS 1,366,883 to train a student in FY 2006/2007. It also shows that the lowest cost incurred USHS 766,721 while others incurred more than USHS 1,556,400.

In conclusion all PNFP HTI were recommended to continue to improve their data recording. They were also reminded on the need to share technical workshop materials with the operational staff. It was noted that in order to improve quality the current tutor to student ratio has to be improved towards the standard.

Concerning the reporting format for HTI, the MoES is in the process of revising the HTI information form. So, as soon as the final position is known communication will be passed to on to all HTI.

Questions and Answers:

❖ *In the counting of number of tutors an HTI has, should we consider the part-timers as well?* Yes, they should be considered, but then for the percentage that they actually work for the HTI.

❖ *Do we have to consider the Principle tutor among tutors available when calculating the tutor – student ratio [some principle tutors do not have time to teach]?* If s/he is among the 'teaching' staff, s/he has to be included. It is the Board to decide if the Principle tutor should be considered as manager only or also as (part-time) tutor.

❖ *When calculating capacity we leave out the bed capacity in the hospital yet students also go there for training; can we have a standard capacity calculation formula that includes hospital bed capacity / occupancy rate in addition to the classrooms, etc.?* Certainly there has to be balance between students in school and number of (occupied) beds in the hospital, because there may not be enough experience or supervisors for the students. However, it is not evident to develop a standard norm. A rule of thumb says there should not be more students in the HTI then beds in the hospital.

❖ *As we try to control the attrition of tutors from the PNFP to government, we observe that there are some PNFPs who are also snatching tutors from sister PNFPs even in*

disregard of bonding arrangements. How do we control this? We have to maintain a standard of ethics; a PNFP shouldn't take on a bonded tutor from a sister PNFP [we shouldn't injure each other]. In any case, all PNFPs should ask for a discharge letter before recruiting such a tutor.

❖ *Another concern was that some HTI reports show that the total number of students is far higher than the number of students in hostels!* HTIs were requested to verify whether in reality they have such a big number of commuting students. It proved there are very few commuting students and then only in the HTI in Kampala. All schools should therefore check their own data and calculations.

2.2. THE ANALYSIS OF THE 2006/07 FINANCIAL REPORTS AND 2007/08 BUDGETS OF THE PNFP HTI
Mr. Godfrey Akileng, UCMB Financial Management Advisor

Mr. Akileng's presentation had two major objectives: to present the findings of the review of the financial and activity reports as well as budgets submitted, with a view of providing feed-back and proposing ways to improve on them.

Godfrey observed that nineteen schools had submitted their financial reports and activity reports; with 3 submitting before the deadline, 15 submitting late, and 2 that failed to submit although 1 did submit a much summarised form that did not help.

HTI Date of submission summarised in a table:

Ibanda	late
Ishaka	late
Kagando	not submitted
Kalongo	submitted before deadline
Kamuli	submitted before deadline
Kiwoko	late
Kisiizi	late
Kitovu	late
Kuluva	late
Kibuli	not submitted (incomplete)
Lacor	late
Matany	late
Mengo	late
Mutolere	late
Ngora	late
Nsambya	late
Nyakibale Karoli Lwanga	late
Rubaga	late
Villa Maria	late
Virika	submitted before deadline

The findings from the review of the financial and activity reports showed that most reports followed the formats provided e.g. having sections for income and expenditure. The students'

fees in general increased from the previous year to current year. There was significant changes in PHC CG grants HTI received from previous year to current year; Kalongo, Kamuli, Kisiizi, Matany, Ngora, and Nsambya had declined while Ibanda, Kiwoko, Mutolere, and Rubaga had increased. Item 'other incomes' had significant amounts which were not clearly defined e.g. in Mengo and Virika hospitals. Financial reports had item "B/f" in the income section with significant figures, maybe this was because of the accounting basis used in financial reporting examples are Kamuli and Mutolore. Notes to accounts, explaining the variance in items are not attached except by Nsambya hospital. The item line "Contributions from the hospital" for income to the schools, was declining in amounts or was static over the period, or no amounts at all were reported. Arithmetic errors were noticed, for example in one HTI income was stated to be equal to expenditure yet it was a deficit.

The item line "allowances" (overtime etc) for one HTI, rose significantly by 140% from the previous year to current year. Item line "Guard and security services" had expenditure of nine Million in current year increasing from seven million previous year, e.g. nearly a 50% difference of the HTI salary and wages for example in Ibanda. "Sports activity" was reflected as capital expenditure item in nearly all schools. Lacor Capital expenditure does not have attached notes. It may not be a requirement (if previously so agreed) but it can enhance understanding of the financial report, or budget. Nearly all schools lack these explanations. Some schools provided only activity reports not the financial report e.g. Kibuli

The accounting staff should be able to use the manuals, and the tools spelt out in the manual to enhance the process of qualitative reporting. Notes to accounts should be included in the formats of the financial report provided to explain variances in item figures or new items, to help make clear understanding of items in the financial report. An attempt should be made to link financial reporting information to the budget and the work plan (post mortem). The Schools should start the move to cost centre accounting to enable the determination of costs charged to the cost centre. Other incomes should be clearly shown in the notes to accounts in details. Financial reports are very important tools of planning and decision making which should be taken seriously when preparing and presenting financial information.

Questions and Answers:
- ❖ *Did all HTI receive the MOE&S accounting manual?* Yes, all HTI received it during the 2007 Principle Tutors' conference in Entebbe.(only 5 HTI were aware of the manual)
- ❖ *What should we do in case prices shoot up abruptly during any given financial year?* In case of such problems which affect the whole economy, you should present the problem to the Board which may release a supplementary budget or decide to cut on some items.
- ❖ *When budgeting, should we have a theme per item or a broader theme for the whole budget?* It is not a must to produce a theme, but if there is an item which needs explanation [e.g. in case of significant variations] please do. [Nsambya, Virika and Kamuli gave a preamble to their budgets, and this is very helpful.
- ❖ *What if we expect a donation, can we put such in a budget?* Only consider it in your budget if there is a commitment from the donor. It should also be indicated in the assumptions "that the donor honours his commitment"

Recommendations of Godfrey Akileng:
- o He requested HTI/HMT's to sign the reports submitted so that in case of any errors the undersigned can be contacted.

- He noted that many managers consider all other issues public, but funds as private. He therefore urged members to be transparent in financial management – sharing financial information with all concerned people.
- Mr. Akileng further appealed to Principle Tutors and Hospital Management Teams to use the accounting manual just as a preacher uses the Bible. He noted that financial reports should have the following qualities, reliability; truthfulness, materiality, objectivity, and relevancy; timeliness, comparability and be understandable.
- The latter implies that each HTI should be clearly established as a Cost Centre of the hospital and the accounting system should be based on accrual concept.

Attentive audience.

2.3. PROGRESS OF THE DEVELOPMENT OF (DANIDA) MoH HSPS III FOR PNFP HTI
Dr. Daniele Giusti, Executive Secretary, UCMB.

Dr Giusti gave a brief summary of what most people had already had chance of hearing about in previous meetings of the HTIs, for the sake of ensuring that all attending would be on the same wavelength. He recalled the goal of the DANIDA Program was to increase the number of health workers in the underserved districts; for this the objectives were mainly axed on the PNFP HTIs. One component of the programme consists of civil works in 6 schools (4 UCMB and 2 UPMB) and the other component is the support to training through bursaries. He briefly informed those present that the civil works component was progressing: with the preliminary papers already signed, the next step would be the completion of the specifics of the constructions and the tender. For the bursary component, the ongoing meeting was expected to give its inputs. He announced that the implementation of the programme had met with delays. To some extent, the delays registered give the HTIs more time to do the homework that is expected from them. This starts with improving compliance with the requested submissions (budget, plans, activity and financial reports, and quality standards). Dr Giusti expressed his personal and the two Bureaux uneasiness in being involved as

catalyst and, to some extent guarantors, in a program where the implementation side (the schools) seem to be unaware that the time had come for swift and radical changes in the modes of operation.

He concluded by inviting all those present to take the requests of the Bureaux much more seriously and in a timely way.

He then continued by explaining the points already agreed with DANIDA and MoH and those still awaiting agreement (and inputs from the meeting).

The points agreed were:
  o   the Selection of students for admission to PNFP HTI remains the prerogative of the PNFP HTI (this will require the availability in each school of formally approved and published Selection Procedure and Selection criteria – a MUST DO);
  o   the identification of students eligible for bursaries will occur only from among those who have already qualified for training (this to avoid to receive trainee that opt for nursing only because there is a bursary) – this agreement requires that the school should give inputs of the identification of the criteria;
  o   PHC-CG allocations and releases to continue in 2007/08 as before;
  o   the amount payable per student is fixed at 2 million per year / first year (a costing study may have to be done);
  o   the amount disbursed covers all direct HTI costs for training and board & lodging (excludes payments to others such as Professional Councils, MOES, Examination Board, Specialized Practicum Sites);
  o   after the start of implementation second year students will be able to access a bursary / bonding arrangement if agree to be bonded for 2 years;
  o   distribution of the graduates will be 50% to Government Units and 50% to PNFP Health Units;
  o   the PNFP employers eligible to employ bonded graduates are the Health Units affiliated to the three Medical Bureaux and none other.

Dr Giusti continued to highlight the points that still needed clarification and agreement:
  o   definition of "Under Served District"; identification of the signatories to the Bonding Agreement;
  o   legality and enforceability of the Bonding Agreement;
  o   who will hold the certificates until the student has served his/her bond;
  o   who is to discharge the graduate after s/he has served the bonding period (this could be a role for the Bureaux);
  o   formalizing the implementation responsibilities of the main actors in a Memorandum of Understanding;
  o   frequency and modality of the disbursement to the PNFP HTI;
  o   Costing study to determine actual / real costs of training.

Given the number and the complexity of the issues still pending, it appears clear that implementation is likely to shift to next FY, hence affecting the intake of May 2008.

Dr Giusti once again appealed to those present to use the time that has been gained by ensuring the effectiveness of systems in place i.e.: annual planning, budgeting, Monotoring and evaluation, annual reporting (financial and activities), external auditing of the HTI accounts, and lastly the establishment of the school as COST CENTRE in the hospitals chart of accounts.

The presenter further added that in any case MoH and DANIDA will not deal with 20 separate entities and this obliges the Bureaux to be the go between. A necessary consensus has to be

reached, during this meeting, regarding what the Bureaux should do with respect to those schools failing deadlines fixed by the process. We propose that they will be excluded from benefiting from the bursary (**NB**: *A brief open discussion occurred at this moment and the final consensus was that the Bureaux will give a warning to the interested schools one week before the expiry of the deadlines, and exclude the non compliant schools from processing their papers thereafter in case of default*).

Another point that each school has to agree on is the number of bursary / bonded students to take on annually (to be done by considering first the needs of parent hospital / diocese, courses offered, present recurrent budget funding, PHC-CG allocation, Student fee level....). Examples were provided from the data at hand, showing the extreme variability of the situation on the ground, with some schools apparently having large surpluses and other schools having large deficits. In both cases the first doubt concerns the reliability of the information presented. The way of proceeding to arrive at the identification of the desired number of intakes was explained.

The presentation was concluded by a summary of the "MUST DO's" that were agreed as follows:
- o Send corrected and approved annual plan 2007/08, annual budget 2007/08 and corrected financial and activity report 2006/7;
- o Develop, adjust and formally approve and publish their Selection Procedure & Criteria policy according to the guidelines presented, and send approved / signed version HTI policy;
- o Determine and communicate to the Bureaux how many bursary / bonded students each school can accept;
- o Establish the school as cost centre in the hospital accounts by the beginning of the next Financial Year (matter to be brought to the attention of the Boards);
- o Clarify and communicate the point of synthesis of the information of the schools;
- o Identify and nominate an information / contact officer.

The details about exact points agreed and deadlines are in the last chapter.

Questions and Answers:
- ❖ *The bursary money will exclude some costs e.g. examination fees; who will pay these?* The student. All the conditions of the bursary will have to be spelled out clearly on the onset.
- ❖ *What will the institutions do in case government delays to disburse this money?* The Bureaux have no guarantee for this. We can only bank on the vigilance of donors, who are determined to see it successful.
- ❖ *What if a student misbehaves and has to be discontinued?* This will be worked out in the rules of the game.
- ❖ *What if a student fails the promotion exams and has to retake, who pays?* The student meets the cost.
- ❖ *Given the fact that many people have not been respecting the bonding agreements, what if we give them loans instead?* DANIDA cannot give out loans, neither can the Bureaux. According to the law, loans must be given out by a money lending institution (banks); otherwise such loans cannot be protected by the law.
- ❖ *Each year is costed Shs.2 million yet the course takes two and a half (2.5) years, how much will the HTI receive for the half year?* The HTI will request for the funds for the six months. The other way to look at is that if the HTI takes in consistently the next years, it irons out itself. Again such details will be worked out later.

❖ *How should we handle the difference between the present student fees and the bursary amount?* In fact the fee should first of all be set according to the actual costs. In the absence of a reliable costing the amount of 2 M seems relatively close to the actual (remember most schools operate with less staff than they should have). If then a students is offered a lower fee, by using other subsidies and / or external donations, s/he should be made to understand this.

2.4.   DEVELOPING A STANDARD POLICY FOR SELECTION PROCEDURE AND CRITERIA FOR OUR HTI

Ms. Marieke Verhallen Technical Advisor to UCMB and UPMB for the MOH-HSPS III Support to PNFP HTI project.

Marieke Verhallen first outlined the objectives of the presentation and following group work: to explain why the current selection procedures and criteria of the PNFP HTI were reviewed, summarize the key findings, explain the proposed standard selection procedure and criteria document and finally to agree together on the standard policy document. She then explained that the end goal is that each PNFP HTI will have a documented Selection Procedure and Criteria policy to assure that selection of students is done correctly.

Rationale for Standard Policy for Selection Procedure and Criteria for our HTI
Marieke informed the participants that the purpose of a Selection Procedure and Criteria policy, or guideline, is to ensure that selection of candidates for the training courses is:
- Relevant: assures that the right person is selected
- Objective: leads to the same outcome independent of who implements the selection;
- Transparent: can be fully verified by external partners;
- Non-discriminatory: does not lead to exclusion for reasons unrelated to the training applied for.

This can be achieved through a well documented policy guide for the selection procedure & criteria, wherein all elements and steps of the procedure are clearly defined and responsibilities divided. Marieke pointed out this should be a basic policy, or guideline, document for each HTI. The need to assure that each PNFP HTI has an updated Selection Procedure & Criteria policy, however, is now imminent as the external Partners in the MOH-HSPS II Support to PNFP HTI are requesting clarifications and will make it a condition for participation in the Bursary / recurrent budget support programme.

Feedback of the key findings
She explained that all 20 HTI were requested to send description of their selection procedure and criteria of which 19 / 20 (95%) responded and responses were analysed according to the key principles. This analysis indicated that there are important gaps / shortcomings, amongst others in public access to information about upcoming selection exercises, use of complete and objective screening / interview methods, transparent and objective criteria for - and decision making about candidates to be admitted. It seemed there is little to no standardisation of the selection procedures and criteria among our schools. Thus it proved imperative to harmonize / standardize and publish the selection procedures & criteria. This will largely promote relevance, objectivity, transparency, and non discrimination in the selection of the candidates and be able to account for the resource received. The details of the analysis were presented in the handouts.

Proposed Standard Selection Procedure and Selection Criteria for PNFP HTI
Selection Procedure
Marieke explained that the document should spell out the responsibilities, approaches, and steps for selecting candidates, including the composition of the Selection / Recruitment

Committee and composition of the Interview Panel (for checks and balances). It should further specify the selection schedule, methods and content of advertisement, technique for short-listing of candidates, content for both written and oral interviews, process for final selection of candidates and procedure for presenting the results. All these should be documented to assure post-verification in interest of transparency.

Selection Criteria for PNFP HTI
Marieke first reminded the participants the need to define the school capacity, beforehand, dependant on physical and human resources in relation to the predetermined minimum norms of regulative bodies (ESA and Professional Councils). The capacity is not a selection criterion as such. The annual intake capacity of HTI can vary following the actual number of students of previous groups in school at the moment of the exercise, the human resource availability and most importantly the desired quality. She clarified that it is an objectively verifiable factor in the selection process and should therefore be decided before the process starts.
Marieke went on to explain the actual first set of selection criteria: the academic requirements as stipulated in the curriculum of each recognized course. Adherence to these requirements is mandatory since 2001/02. Thus these are objectively verifiable.
The second area of selection criteria concerns personal characteristics / personality traits required for the profession. As these are more subjective criteria, she stressed the need to define and agree on the personality elements to be assessed and to objectify the methodology and scoring of these as much as possible. In addition she pointed out that these should be reflected in advertisement.
The next area of selection criteria concerns: discrimination. As discrimination on grounds that are not related to the training should not occur, Marieke reminded the participants of the Mission Statement of PNFP Hospitals. These all state that no discrimination will be made on grounds of ethnic origin, social status, religious, or political affiliation. She suggested it would be appropriate to declare this clearly in the Selection Policy document.

Affirmative Action
Marieke pointed out that there is one exception to non-discrimination which is accepted practice in both Public and Private Institutions, provided the end result intended is legitimate and positive for community / society. In other words the Board of the HTI can determine positive discrimination criteria if these aim to improve service delivery to the hospital's specific target group. Examples she gave included; increase of the number of health workers from a minority / underserved population group, emancipation of women, etc. In such cases, however, the criteria selected by BOG have to be published to illustrate transparency.

Standardized / Harmonized Selection Policies in all PNFP HTI
Finally she requested each school to ensure that the Board of Governors adapt the standard document to their individual school, approve it, publish it, and ultimately use it for every new selection procedure. A copy of the approved and signed document is to be sent to the respective Bureau by end of December 2007. She summed up by assuring the participants that such a documented and published procedure and criteria will be the first step towards a relevant, objective, transparent and non discriminatory selection of students. All participants received a copy of the proposed standard document, and as time was too short for the group work all agreed to send their comments or question within two weeks after the workshop.

Questions and Answers:

❖ *MOE&S has already given out an entry criteria for student admission, why do we have to develop another one?* We take into consideration the government minimum requirements but we want to add on more as PNFPs and to have them properly stipulated and documented.

❖ *Some students sit two or more interviews and when we give them an offer, some never turn up; how can we deal with this problem?* The admitted ones should be requested to report by a certain date, or to send a written acceptance of the offer within a certain period after the offer was communicated. If they fail to do so the ones on the waiting list take up the vacancy. This should be clearly explained when the results of the selection procedure are announced.

❖ *Advertisement is suggested as a way of being transparent but it is expensive.* Then other means of making the selection process known to a large audience should be used.

❖ *Asking for baptism cards during interviews is being criticized as a ground for discrimination, what should we do?* If it is done for good reasons, such as identification, make it clear in the formal document and add alternative documents that can be presented in the stead of the baptism card [for those who may not have it]. If it is for the consideration that religion is an added point/advantage please justify it and document it. Remember religion cannot be a reason for exclusion from the outset.

3. PROCEEDINGS AND SUMMARIES DAY THREE

Day three was started a bit later than usual because it was All Saints Day. For those you wished Fr. Festo Adrabo lead a mass celebration.

3.1. GROUP WORK: WHO TAKES WHICH DECISIONS REGARDING THE HTI?
Ms. Marieke Verhallen Technical Advisor to UCMB and UPMB for the MOH-HSPS III Support to PNFP HTI project.

Before the presentation by the Executive Secretary on the principles of Governance and Management, Marieke facilitated a group work which focussed on the decision making for the HTI. She explained that the principles of governance and management materialise in the decision making process: do we respect the mandates allocated to each body in the organisation. The participants were divided into groups according to their positions in the hospital / HTI (board members, HMT members, and Principal Tutors). Each group received the same list of examples of decisions and was asked to determine which body was to decide. During the plenary the answer of the various groups were compared.

Though there was an important degree of similarity between the answers there were also striking differences. The most important are that the PT's allocate the largest number of decisions to themselves and / or their team, and among these there were quite some decision that should be taken by the Board or in consultation with the HMT (approving the plan of the HTI, changing the roster for class and practice hours). In a few cases Board members also tended to leave decisions they should take to HMT and PT (approving plans and budgets, revision of school rules and regulations.

The participants concluded that each HTI should revisit the constitution of the Hospital / HTI to re-acquaint themselves with the terms of reference of each body and improve their adherence to these.

3.2. PRINCIPLES OF GOVERNANCE AND MANAGEMENT FOR PNFP HTIS
Dr. Daniele Giusti, UCMB Executive Secretary

The Executive Secretary UCMB started by giving a synopsis on the various issues that had emerged as critical issues in the dialogue with schools in the course of the last few years: i.e. the HTI should have an own budget, a separate financial report, the Principal Tutor should be the Chief Signatory to the School Accounts, the PHC-CG should be sent directly to the Schools, the PNFP Schools should have School Boards like all MoES Schools etc... Very rarely these issues are presented as solutions to a problem, but equally rarely the underlying problem is clearly identified and analysed at its root causes.

At this juncture the ES recalled for everybody that cure, care, prevention, promotion, and education / training all belong to the Mission of the PNFP Hospital, with training health professionals being a vocational training, hence requiring practice and theory to be thoroughly ingrained. For this reason the school must remain part and parcel of the hospital. In its turn the hosting hospital must make room in its governance and management structures for the school. He reminded everybody that what is usually being heard (we are "under the MoH" or "we are under the MoES", with all the ensuing squabble) is alien to private organisations that respect Government policies but are otherwise autonomous in the governance and organisational set-up.

In his presentation Dr Giusti then helped the participants through the identification of the underlying problems to all the various statements floated. All of these point at the necessity of ensuring that the Board effectively governs the school and that the principal tutor effectively manages the hospital along with all the other managers (and these latter manage the school).

In addition to this, the existence of sound management system is clearly a must. An issue of particular importance is the flow of communication within the management team, between the management team of the hospital and the school team, between the school and the external environment. This required some decisions that Dr Giusti solicited from those present, in due (but short) time.

3.3. IMPROVING COMMUNICATION AND INFORMATION FLOWS IN OUR SCHOOLS
Mr. Andrea Mandelli – UCMB DMA

Mr. Andrea Mandelli stated that communication in our schools is a vital process. It helps managers to address and stress the importance of information. Information is one of the most precious resources we have and often is forgotten. We only talk about money and human resources forgetting the power and usefulness of information. Information helps managers to make their role more effective, powerful and improves the negotiation capacities when opening dialogues with stakeholders and counterparts. For these reasons we need to improve our communication skills.

A recap on most important definitions: What is Communication?
Communication is the action related to exchange of information, news, ideas and any other relevant topic. Communication should be leading to the establishment of important, good, strategic relationship and alliances.
What is the objective of communication in Schools?
Communication is part of a process that is leading to generation of information that is used for effective informed planning, sound evidence based decision-making, monitoring and reporting. In a nutshell communication relates to a process useful for effective management processes.
What are the most relevant characteristics of communication?
Communication flows and communication processes must always be bi-directional, that is to say they have to happen on "two ways" channel. This simply means that communication is generated from one side, should involve another actor and should end by reaching the same side that originated the communication and should generate the needed information within the expected time.

What are the most important steps involved in communication flows within our Schools?
Usually communication processes originates from a request for information. In order to attain the needed information we need to undergo some fundamental steps.
At the end of the cycle, the one receiving the data/information needs to analyse and interpret it for use/utilisation.

What are the communication channels?
The most basic is verbal/oral communication. It does not leave any track and therefore is difficult to be monitored. Written communication can have different formats and can be of different types. Official written communication are letters, circulars and these can be easily documented and can be kept, archived and stored. Communication through the use of Information Communication Technologies (ICTs), these include telephone, fax machines and

e-mail. Though telephone communication still belongs to the verbal/oral communication, it leaves a track behind. Fax and e-mail leave a track and make the process faster. They do not fully substitute the official communications thus it is always advisable, for official communications, always send hard copies together with e-mails and faxes.

Another type of important distinction is between internal and external communication. External communications are particularly sensitive and need to be properly streamlined as once the information leaves the school, it becomes of public domain. A very critical point is to be able to discriminate which type of information can go out without a formal approval by the CEO, or by the Hospital Management Team and which other information have to go out after verification and approval. If approval is needed it is equally important to agree about the various levels of responsibility in the school.

Fundamental aspects in setting up information and communication set of guidelines can be summarised as follows:

1- Where is the needed information, where are the data?
2- Who is the "real" recipient and who should act as "leader/facilitator" of the process?
3- Who should be involved in the process?
4- Who are the "key players" in the process
5- When is the information needed?
6- In which format?
7- How to "close" the communication cycle, e.g. how to make sure that all who need to know are informed?
8- How to make sure the requirements are met?
9- How to send back/disseminate the needed information (Communication Officer, System Operator)?

What are the actions proposed?
Identify roles and responsibilities within the schools' departments. Identify staff involved in the collection, elaboration and dissemination of information. It is important that the roles and responsibilities of these staff are then well captured and spelt out in Job Descriptions. Identify deadlines for the data collection and reporting processes and assign tasks for these.
Regularly monitor status of affairs with regards to the accomplishment of the tasks in timely and accurate manners. For this reason it in important to have a clear inventory of which kind of information is needed, on which format, within which deadline as well as who is supposed to receive it and through which channels.
Clearly identify who is responsible for what and hold this person accountable for intermediate reports.

In other words UCMB is suggesting that the schools develop and document a set of "Information and Communication Guidelines" that clearly spell out the critical steps to make communication effective. Most likely a lot of these processes are already happening. The recommendation is to have these processes documented in a written format. The HTI are then requested to inform the Bureaux of the main actors (the office that is responsible for the HTI information and the information / communication contact person regarding HTI information.

<u>Participants during presentations</u>

<u>Questions and Answers after presentation</u>
- ❖ *How can we improve our communication without an information policy?*
  Yes, we need a policy framework, but we should not wait for the policy to begin improving things.

3.4. QUALITY INDICATORS AND NORMS FOR HEALTH TRAINING INSTITUTIONS IN VIEW OF PROPOSING QUALITY INDICATORS FOR PRIVATE NOT FOR PROFIT HTI
Sr. Catherine Nakiboneka UCMB HTI/T Coordinator

Sr. Catherine first outlined the objectives of the presentations that included firstly reviewing of the most important quality indicators and norms for Health Training Institutions (HTI). And secondly, to agree on how PNFP HTI can start to improve their quality to better reflect the PNFP Mission in Training which is:

"*To train an optimal range of health care staff of high moral and professional standard for the PNFP and national health care Institutions*"

She briefly gave the background of the quality indicators and norms. The Education Standard Agency (ESA) of MOE&S is responsible for assuring quality of the HTI in Uganda. In this perspective the Agency updated the quality indicators and norms for the HTI in March 2006. She reminded the participants that ESA has several roles among which is determining the quality indicators, setting the norms, inspecting HTIs, and reviewing and updating the quality norms regularly.

Sr. Catherine informed the participants that the rationale for quality indicators and norms is to monitor performance of HTI as compared to predetermined "accepted" standards, evaluate performance over time, and compare similar organizations. In addition quality indicators can be a means for recognition and accreditation. She defined an indicator as a sign of what is happening within HTI indicative of any characteristic of an institution. It can be a single indicator whereby one element is observed, or it can be an index when a set of related elements, or composition of several elements, is observed. As for a norm; this defines the

level to which the quality indicator is to be met. In all cases, quality indicators must be objectively measurable.

Selection of the most important Quality Indicators and their Norms presented to participants. These were taken from the Quality Indicators and Norms, publication by MOE&S / ESA and EU-Development of Human Resources for Health (DHRH) project, dated march 2006.

1. Selection index

Participants were informed that this indicator observes the practice in the HTI regarding the selection process of candidates to the HTI. The norm is that this procedure should respect the curriculum requirements and should ensure fair access of all candidates. To measure the school is to have a published guideline for selection of candidates joining HTI so that eligible applicants have the equal opportunity to be admitted irrespective of the difference in gender, religion, ethnicity or social and economic background.

2. Tutor Quality index

This index reviews important aspects of the quality of the tutor staff: the number of students per tutor, the qualifications and code of conduct of the tutors. The norms are: 1) the tutor student ratio should ideally be 1: 20. 2). Full time tutors should have a health professional qualification as well as a tutor qualification, 3) all staff are to be aware and practice the code of conduct for health teaching staff.

3. Teaching process index

This index covers the conditions relevant to effective teaching: presence of a curriculum for each programme run by the HTI: existence of schemes of work and lesson plans, tutors respect the scheme of work and lesson plans as well as the timetable, a classroom environment that is conducive for teaching and learning, and tutors vary teaching methods and assignments.

4. Clinical and practical attachment index

Sr. Catherine then listed the requirements for this index that include: availability of a demonstration / laboratory room which should be adequately equipped and to which students should have access when required. She further informed the participants that the school should be attached to the health facilities to enable the students to do practice. Likewise the teachers should make follow up on students in the practicum areas and record of students performance during practice. There should be sufficient supervision and clinical instruction for students to learn. Equally important is the scheduling of the practices according to the curriculum.

5. Training Resources index

Participants were informed firstly that the critical norm here is availability of 75% of essential and recent textbooks. The second part of this index requires the availability of standard audio visual aids equipment, learning and teaching charts, or posters, among others.

6. Governance Management index

This index was adjusted to the setting of PNFP HTIs. So, in PNFP Hospital structure, daily management of HTI should be addressed in an integrated manner, whereby the Principal Tutors should be members of hospital management team. Similarly the HTI must have a fixed topic on the agenda of the Board of Governors to ensure that the board members are fully aware and in control of the developments and determine the policies and long term commitments of the school.

An additional norm is that the PT should have attended a (health service) management course at least at certificate level. The last part of this index concerns the financial management: the HTI should be a cost centre in the hospital to ensure complete and distinct financial accountability. She also stressed the importance of making a complete / separate annual financial report.

7. Infrastructure suitability index

Sr. Catherine listed the facility elements covered by this index and their norms: a library, catering and recreation facility, staff offices, staff accommodation, storage space, security facilities, amenities, outdoor space and incinerator. For a number of these elements the norms are specified further: in case of classroom, the space provision should be at least $2m^2$ per student, the dormitory space (including toilets, corridor) at least $4M^2$ per student, while the demonstration room at least $2 M^2$ per student.

Faithfulness to Mission Indicators

Finally she posed the following question: how can PNFP HTI show that they are Faithful to the Mission? She reminded the participants that the Medical Bureaux proposed four indicators which can be assessed through the comprehensive financial and activity reports:

Access: the number of students enrolled compared to the capacity of the school; this measures the access to - utilisation of - the school;

Equity: the income from student fees divided by the number of students enrolled = the average student fee for the year; this indicates whether the school is affordable for poor students;

Efficiency: the total recurrent expenditures divided by the number of students enrolled = the average expenditure per student; this indicates whether the resources are used efficiently;

Quality: the number of students that sat for the final exams compared to the number students that passed the final exams = the success rate; this measures the quality of the training provided.

She then asked whether the HTI could start to monitor these at HTI level.

Conclusion and Way forward

In her closing note, she asked the PNFP HTI which of the quality indicators they would choose to concentrate on, and which ones they were willing to commit themselves to improving. She then suggested that these could be the starting point for accreditation Process. In alternative, Sr. Cathy proposed that the first criteria for a PNFP HTI accreditation could be:

- to present an accurate / complete and timely annual report to the Board of Governors and Bureaus
- The school accounts to be audited annually.

Unfortunately the discussion on these suggestions could not take place as the organizers wished to give ample time to Mrs. Oketcho of the ESA, who had managed to come at the last moment. Thus this discussion was postponed to the next technical workshop.

Presentation and discussion with Mrs. Oketcho of the MOES Education Standard Agency (ESA)

Mrs. Oketcho started by apologizing for not having prepared well, which was because of too many commitments (she was already preparing another workshop), and that she received the invitation late. She then reminded the participants of the mission and mandate of the Education Standards Agency. She appreciated Sr. Cathy for her wonderful presentation which touched the quality indicators. She went ahead to inform the participants that what Sr. Cathy

had presented are just indicators [note of the authors the norms were included] but not standards. She explained that standards [or norms] refer to a 'statement of expected performance' while a quality indicator is a sign of what is happening within an HTI.

Mrs. Oketcho explained that ESA works in partnership with other key players in setting and monitoring the standards. She said that the European Union supported ESA to formulate a document of basic requirements needed for establishing a health training school to which she referred all those who intend to open up training schools.

She informed the participants that a mentoring framework was developed to enable Principle Tutors make their institutions a nurturing place for better performance. Mrs. Oketcho said that for this purpose regular self-evaluation is needed for the schools to be able to know how they are performing and hat to improve on. In effect, she said a SWOT is possible and useful. A study has just been done to assess the use the Schools make of the self-assessment tool. She quoted some of the results. The report will be finalised soon.

Mrs Oketcho, Hajat Museene, and Sr. Cathy Nakiboneka

Questions and answers:
- ❖ *Villa Maria complained about the inspection/evaluation being done on a Saturday, even without prior communication.* Mrs. Oketcho apologized for the incident, and said that it was an error. The normal practice is that schools always receive prior communication.
- ❖ *Sports is very expensive for the schools, this is more so due to lack of own transport means, again it takes a lot of time when in fact students are expected to be doing practicals in hospital and in field; how do we go over this?* Sports activities are essential not only for the student's physical health but for their lives generally.
- ❖ *How could an HTI evaluation make a serious issue of not having a 'talking compound'? [This is there for HIV/AIDS message but we do a lot of other education on HIV/AIDS]* A talking compound is a presidential directive as a continuous reminder to students. However it wasn't a major scoring point.

- ❖ *HTIs wondered when they will receive feedback about the inspection [individual feed back per school].* Individual feed back will be possible, but the full inspection report will be published and the HTI coordinators can come to collect it when it is ready.
- ❖ *Why must HTIs be subjected to two licenses; MOE&S and UNMC?* This is a requirement by the government.
- ❖ *Why are some HTIs (e.g. Matany) getting many inspections, many of which they are not even informed of the visit in advance?* The answer was not clearly given.
- ❖ *Why doesn't ESA harmonize guidelines e.g. some documents say 2, others 3, others 4 square meters per student in the classroom?* Indeed we have some work to do for this.
- ❖ *How can the public be assured of the quality of services provided by the nurses in public HTI since they are reported to be doing practice on models like oranges?* Mrs Oketcho assured the audience that these things are being looked into.
- ❖ *When do we know that a (policy) document from government is a draft or final?* When the document has been printed formally it means it has been adopted officially. However, during the last year the MOES and ESA were enabled to develop many policy tools by the EU-DHRH project. These had to be printed but are not yet all adopted.

3.5. Resolutions of the Second technical Workshop
Dr. Daniele Giusti, Executive Secretary, UCMB.

At the end of the Technical Workshop, the ES of UCMB lead the participants through a list of "Must Do's" which had emerged during the presentations and discussions. For each point he requested the participants to vote whether these resolutions are carried.

The resolutions adopted unanimously are:

- Each HTI to send corrected and approved: Annual plan 2007/08 and Annual budget 2007/08
- Each HTI to verify and improve activity and financial data collection to ensure progress to annual plan and MOH-HSS III support can be monitored and reported on. This includes assuring that PHC-CG releases to HTI are reported correctly ("banked intact")
- If the annual report of the HTI proved incomplete / was not sent: present corrected version as the HTI and the Bureaux need an accurate baseline
- Each HTI will develop / adjust, formally approve, and publish their Selection Procedure & Criteria policy
  - o Pose questions / propose immediate corrections: Before November 8, 2007
  - o Send approved / signed version HTI policy
- Each HTI has to decide what their total capacity is and inform their Bureau accordingly.
  - o We propose that each school uses the no of hostel beds that they have now (without adding quickly!!!) And then each schools plans to meet the basic requirements / norms in infrastructure and Human Resources (tutor student ratio) in the coming 2-3 years
- Each HTI has to determine how many bursary / bonded students they can accept and inform their Bureau.
- Each HTI will clarify the point of synthesis of the information of the schools (office responsible for HTI information and contact person) and determine who is to give clearance to forward this information.
- Nominate a information / contact officer

- The deadline to send all above information is: 31 December 2007.

- From now on each HTI is to respect deadlines
- Consensus decision: the Bureaux will remind all HTI of the deadlines once two weeks before it expires. After this HTI who fail to meet the deadlines will not be included in the submissions / requests for disbursement addressed to MOH-HSPS III authorities.

Proposals for future consideration were:
- Each HTI have an external audit done over the past year as this would provide a base line for the coming years and enable each hospital / HTI to learn where systems and procedures need to be improved / better adhered to. This represents a part of the objective "Improving Management" and the Bureaux propose that this becomes a first accreditation criteria.
- Each HTI should consider seriously to establish cost centre accounting with HTI as cost centre.
- Deadlines for 2008 need t be taken into consideration in the next plans. These deadlines will be:
  o Submission approved annual plans: 30 June 2008
  o Submission approved annual budgets: 30 June 2008
  o Submission vetted annual activity and financial reports: 31 August 2008

The next Technical Workshop:
The next TWS in principle is planned for March 2008. But if the decisions of the MOH-HSPS Team take the awaited decisions, regarding the bursary / bonding arrangement, earlier the workshop might be brought forward.

A form was circulated to enable the participants to indicate which topics they wished to learn more about during the next technical workshop. The answers are presented in annex VI. The striking outcome is that many wish to deepen their understanding on the key topics of management of the HTI.

In the next workshop all HTI together will agree criteria to select the students to whom a bursary / bonding arrangement is offered. See annex IV for the criteria proposed in answer to a form handed out.

3.6. EVALUATION OF THE SECOND TECHNICAL WORKSHOP

To facilitate the evaluation of the workshop while assuring the each participants can give her/his opinion, the organisers circulated a form for each to fill. The questions on the form requested the participants view on:
- Which main lessons the person will take home from this workshop?
- Which expectations of the participant were not met?
- What the medical Bureaux should do better in the next technical workshop?
- Other remarks and observations.

The compilation of the answers is presented in annex V.

The main conclusions are that the participants appreciated the presentations on annual planning, improving record keeping and use of information, principles of governance and management, and the policy / guidelines for selection of students. The expectation least met concerned the final decision to start the implementation of the MOH-HSPS II Bursary Scheme. For the next workshop they would appreciate it if the programme could be less dense and there would be more time for group work and discussions among the participants.

3.7. CLOSURE OF THE WORKSHOP

The workshop was officially closed by Dr. Henry Katamba, the Health Coordinator of UPMB who represented the Executive Director. He conveyed the Executive Director's greetings who couldn't attend the function because she was attending a Board meeting at UPMB as well as a hand over of the office as she had just returned from a long holiday. In his closing remarks he emphasized the following points:

I. Planning is central if any organization is to move forward. If we do not plan, others will plan for us and the devil will be the first.

II. The concept of cost centre accounting is very important; we should embrace it for our own benefit as PNFPs.

III. All schools and relevant offices should adhere to the deadlines set for the finalization and hand in of the HTI capacity, annual work plans, annual budgets and the annual activity and financial plans among others. The timely submission of information is as important as the information itself.

IV. We have to manage the bursary scheme very carefully in order to establish best practices for the government. Good management of the scheme will also build confidence among our development partners.

He closed by a plea to God that He blesses all the plans made during the workshop, and the resolutions passed.

The Principle Tutor of Mengo School of Nursing and Midwifery gave the closing prayer.

ANNEX I

	Hospital - HTI	Function / Post Held	Address	Telephone	Email Address	Day 1	Day 2	Day 3
	Rubaga							
1.	Sr. Joseph Donatus	Principal Tutor	P.O. Box 14130, K'la	0772-558 655 041-4270 203	rubagahti@ucmb.co.ug	x	x	x
2.	Mr. Fred Lwanga	Hosp. Administrator	P.O. Box 14130, K'la	0772–627 531	rubaga@ucmb.co.ug	x	x	x
	Nsambya							
3.	Ms. J.F. Namukasa	Principal Tutor	P.O.Box 7146, K'la	0772–627 599	nsamb.2007@yahoo.co.uk	x	x	x
4.	Ms. R .Nakakande	I/C Laboratory School	P.O. Box 7146, K'la	0772–868 704	renats84@hotmail.com	x	x	x
	Dr. Martin Nsubuga	Medical Director	P.O. Box 7146, K'la	0772–304 826	martin-nsubuga@yahoo.com	x		
	Mengo							
5.	Mrs. Meryce Mutyaba	Principal Tutor	P.O. Box 7161, K'la	0772–587 613	merycemutyaba@yahoo.com	x	x	x
6.	Mr. Erasmus Musisi	Rep. Medical Director	P.O. Box 7161, K'la	0772–586 395	musisimugerwa2006@yahoo.com	x	x	x
7.	Mrs. Ruth M.O. Lamatia	Chairperson HTI	P.O. Box 8842, K'la	0772–847 450	rath.lematia@aku.ac.ug	x		x
	Kiwoko							
8.	Ms. Immaculate Naggulu	Principal Tutor Nursing School	P.O. Box 149, Luweero	0772–972 577	admin@kiwokohospital.org kiwoko@eazy.com	x	x	x
9.	Mr. John K. Kizza	Chairman/ GC	- do -	0772–670 315	kiwoko@eazy.com	x	x	x
10.	Mr. Henry S. Kawooya	Principal Tutor/ Lab. School	- do -	0772–521 733	kiwoko@eazy.com	x	x	x
11.	Mr. Kenneth Fingu	Prog. Manager	- do -	0782–030 033			x	
	Villa Maria							
12.	Sr. Maria G. Namuwulya	Hosp. Administrator	P.O. Box 32, Msk	0772–968 068	srmgorettinamuwulya@yahoo.com	x	x	x
13.	Sr. Jane F. Namuddu	Principal Tutor	P.O. Box 32, Msk	0772–467 014	St.lawrencents@yahoo.com	x	x	x

	Hospital - HTI	Function / Post Held	Address	Telephone	Email Address	Day 1	Day 2	Day 3
	Ibanda							
14.	Dr. Byaruhanga K.E.	Medical Director	P.O.Box 103 Ibanda	0772-972 577	Ibanda@ucmb.co.ug	x	x	x
15.	Msgr. Baingana-Muntu	Chairman / BoG	- do -	0772-670 315	byamuntu@yahoo.uk	x	x	x
16.	Sr. Grace Kyomugisha	Hosp. Administrator	- do -	0772-995 785	Ibanda@ucmb.co.ug	x	x	x
	Kibuli							
17.	Hajat Musene	Principal Tutor	P.O.Box 24548	0712–812 363			x	x
18.	Haji Sinani Mbulambugo	Hosp. Administrator		0772–423 684				x
	Kamuli							
19.	Sr. Regina Mbuuliro	Midwifery Tutor I/C	P.O.Box 99, Kamuli	0772–360 967	kamulihti@ucmb.co.ug	x	x	x
20.	Dr. Alphonse Matovu	Medical Director	- do -	0774–287 185		x	x	x
21.	Sr. Gilder Pecuwagi	Hosp. Administrator	- do -	0772–363 225		x	x	x
22.	Sr. Regina Atimo	D/Principal Tutor	- do -	0782–529 642	kamulihti@ucmb.co.ug	x	x	x
	Ngora							
23.	Mr. Samuel P. Okwi	Hosp. Administrator	P.O. Box 5, Ngora	0392–947 935	Oksam56@yahoo.com	x	x	x
24.	Mr. George W. Oluk	Ag. Principal tutor	- do -	0772–562 451		x	x	x
25.	Mr. J.M. Oliso	Member BoG	- do -	0772–405 979	olukgeorge@yahoo.com.uk	x	x	
	Virika							
26.	Fr. Paschal Kabura	Chief Executive Officer	P.O. Box 233, F/P	0772–958 660	pkabura@infocom.co.ug	x	x	x
27.	Ms. Bamuturaki F.	Member BoG	- do -	0772–602 797		x	x	x
28.	Ms. Tumwebaze Margaret	D/Principal Tutor	- do -	0782–554 200	tubwemazem@yahoo.co.uk	x	x	x
	Mutolere							
29.	Dr. Jerome Mugisha	Medical Director	P.O.Box 26, Kisoro	0772–470 648	mutolere@ucmb.co.ug	x	x	x
30.	Msgr. J. Turyatoranwa	C/Person BoG	P.O. Box 200, K'la	0772–682 167	Fr.juliusturyatoranwa@yahoo.com	x	x	x
31.	Fr. J. Bazimenyera	V/Chairperson/BoG	P.O.Box 16,Kisoro	0772–582 560		x	x	x
32.	Sr. Inviolate Baganizi	Principal Tutor	P.O. Box 26,Kisoro	0772–850 544	mutolerehti@ucmb.co.ug	x	x	x

PNFP HEALTH TRAINING INSTITUTIONS
TECHNICAL WORKSHOP TWO OCTOBER 29 TO NOVEMBER 1 2007
LIST OF PARTICIPANTS

	Hospital - HTI	Function / Post Held	Address	Telephone	Email Address	Day 1	Day 2	Day 3
	Karoli Lwanga Nyakibale							
33.	Msgr.J. Turyatoranwa	C/Person BoG	P.O. Box 200, K'la	0772–682 167		x	x	x
34.	Jeff Caiola	Hosp. Administrator	P.O. Box 31, Rukungiri	0782–210 691	nyaki@ucmb.co.ug	x	x	x
	Kagando							
35.	Masika Dromic	Ag. Principal Tutor	Private Bag Kasese	0782–285 124		x	x	x
	Ishaka							
36.	Muhindo Kitima	D/Principal Tutor	Bushenyi	0772–562 207		x	x	x
	Kisiizi							
37.	Leah Tumuhairwe	Ag. Principal Tutor	P.O. Box 109, K'le	0772–372 739		x	x	x
38.	Dr. Tonny Tumwesigye	Medical Director	- do -	0782–083 607		x	x	x
39.	Ms. Esther Kobusingye	Principal Nursing Officer	- do -	0772–689 851		x	x	x
	Matany							
40.	Bro. Dal Fausto Tarcisio	Chief Executive Officer	P.O.Box 46, Moroto	0782–749 670	matanyhti@ucmb.co.ug	x	x	x
41.	Sr. M.Teresa Ronchi	Principal Tutor	- do -	0774–047 195	- do -	x	x	x
	Kalongo							
42.	Sr. Carmel Abwot	Principal Tutor	P.O.Box 47, Kalongo	0772–440 173	midwiferys@sat.signis.net	x	x	x
43.	Mr. Alex Obonyo	Hosp. Administrator	- do -	0772–997 634	kalongohosp@sat.signis.net	x	x	x
	Lacor							
44.	Mr. Henry Omal	Chief Accountant	P.O. Box 180, Gulu	0772–350 123	info@lacorhospital.org.	x	x	x
45.	Mr. Francis Otoo Oyat	Projects Officer	- do -	0772–402 377	- do -	x	x	x
46.	Mr. Robert Ocakacon	I/C Laboratory School	- do -	0772–517 003	- do -	x	x	x
47.	Mrs. Juliet Ezaga	Principal Tutor	- do -	0772–452 604	- do -	x	x	x
	Kitovu							
48.	Br. V. Byaruhanga	Ag. Principal Tutor	P.O.Box 524, Msk	0712–683 047	byamvale@yahoo.com	x	x	x
49.	Mr. J.Ssebuggwawo	Member/BoG	- do -	0772–432 238		x	x	x

	Hospital - HTI	Function / Post Held	Address	Telephone	Email Address	Day 1	Day 2	Day 3
	Kuluva							
50.	Mr. J.Kokas Abiku	Chairperson/SGC	P.O. Box 661, Arua	0772–516 234		x	x	x
51.	Ms. Anne A. Avinjia	Principal Tutor	P.O. Box 28 Arua	0772–275 150		x	x	x
52.	Mr. Jackson L.B.Atima	Hosp. Administrator	- do -	0772–697 472		x	x	x
53.	Ms. Solome Avua	Senior Nursing Officer	- do -	0774–137 484		x	x	x
	Nyenga (observer)							
54.	Sr. Mary Steven Namakula	Tutor	P.O. Box 24, Jinja	0782–360 049	nyenga@ucmb.co.ug	x		x
	Other Participants							
	Name	**Organisation**	**Function / Post**	**Telephone**	**Email Address**			
	Dr. H.S. Katamba	UPMB	Health Coordinator	0772–450 478	hkatumba@upmb.co.ug	x		
	Dr. Daniele Giusti	UCMB	Executive Secretary	0772-486 991	dgiusti@ucmb.co.ug			
	Mrs. Marcella T. Ochwo	MMS Partnership	Chairperson HTI Standing C'tee	0772–422 571	mochwo@gmail.com	x	x	x
	Sr. Ntegamahe Rose	Ibanda	SC Member	0772–583 983	Rosentega06@yahoo.com	x	x	x
	Sr. Maria Theresa Ronchi	Matany HTI	SC Member	0774–047 195	matanyhti@ucmb.co.ug	x	x	x
	Mrs Juliet Ezaga	Lacor HTI	SC Member	0772–452 604	lacorhti@ucmb.co.ug	x	x	x
	Sr. Regina Mbuuliro	Kamuli HTI	SC Member	0772–360 967	kamulihti@ucmb.co.ug	x	x	x
	Facilitators							
	Mr. Edward Ssebbombo	UPMB	HTI Coordinator	0772-306 369	essebbombo@upmb.co.ug	x	x	x
	Sr. Cathy Nakiboneka	UCMB	HTI&T Coordinator	0772-435 031	Cnakiboneka@ucmb.co.ug	x	x	x
	Mr. Andrea Mandelli	UCMB	ICDM Advisor	0772-711 574	amandellie@ucmb.co.ug	x	x	x
	Mr. Charles Kizza	UCMB	ICDM Advisor	0712-549 665	ckizza@ucmb.co.ug	x	x	x
	Mr. Godfrey Akileng	UCMB	FM Advisor	0772-858 211	gakileng@ucmb.co.ug	x	x	x
	Mrs. S. Oketcho	MOES – ESA						x
	Ms. Marieke Verhallen	UPMB & UCMB	Technical Advisor	0772-3037 909	mverhallen@ucmb.co.ug	x	x	x

ANNEX II

PROGRAM FOR PNFP HEALTH TRAINING INSTITUTIONS TECHNICAL WORKSHOP TWO 2007

Dates: October 30 to November 1 2007
Venue: Cardinal Nsubuga Leadership Training Centre, Nsambya, Kampala.

Technical Workshop Goal:
Finalising the preparations for the implementation of the MOH - HSPS III PNFP HTI Support Programme.

Specific Objectives:
1.   Enable the HTI teams to prepare feasible annual work plans.
2.   Facilitate the HTI teams to prepare a realistic budget.
3.   Provide feed back on the submitted HTI annual activity and financial reports 2006/7 and determine the way forward to improve monitoring, control of the annual work plan, and reporting by the school / hospital teams.
4.   Present feedback on the submitted HTI annual financial reports 2006/07 and determine the way forward to improve budget control and accountability according to the cost centred accounting system based on the MOES Accounting Manual
5.   Agree on the implementation and accounting regulations for the MOH-HSPS III recurrent budget/ bursaries support.
6.   Present and agree on the standard selection procedure and criteria to recruit candidates for training and to determine which candidates are eligible a bursary / bonding agreement.
7.   Agree on the indicators for monitoring of the MOH-HSPS III project.
8.   Remind participants of the basic principles of governance and management of the PNFP HTI's.
9.   Establish the main reasons for the lack of the tutors and candidates to be trained as tutors to be able to develop strategies to solve the shortage.
10.   Review the quality indicators set by the MOE&S and complete these with indicators important to PNFP.
11.   Update the participants on the proper use of the ITC equipment and maintenance.
12.   Agree on the communication flow between HTI and Hospital and external partners.
13.   Agree the 'Must do's" for the coming period to be ready for the MOH-HSPS III recurrent budget / bursary support.

Day One				
Time	**Subject / Activity**	**Objective**	**Speaker / Facilitator**	**Chairperson**
8.30	Registration of the Participants		Secretariat	
9.00	Opening Prayer		Board representative Mutolere HTI	
9.10-9.20	Opening of the Technical Workshop		Representative UPMB Representative of the Standing Committee HTI&T	
9.20-9.40	Presentation of the Objectives of the TWS and Programme and announcements national developments		Sr. Cathy Nakiboneka, UCMB HTI&T Coordinator	Representative of Ishaka HTI
9.40-10.10	Presentation: Review of the Annual Plans submitted with a view of improving and completing the plans.	Enable the HTI Teams to prepare a feasible and complete annual work plan.	Mr Edward Ssebbombo, UPMB HTI&T coordinator	
10.10-11.00	Group work per school: Formulating measurable objectives for the annul plan and the ensuing activities.			
11.00-11.20	Coffee break			
11.20–12.10	Group work per school and individual feedback: What needs to be done to improve and complete our annual work plan and developing a time schedule.	Enable the HTI Teams to prepare a feasible and complete annual work plan.	Mr Edward Ssebbombo, Sr. Cathy Nakiboneka and Marieke Verhallen	Representative Nyakibale HTI
12.10-13.00	Plenary: presentation per group of key things to do, time schedule, and questions to facilitators.			
13.00-14.00	Lunch break			
14.00-14.30	Presentation: Review of the Annual Budgets submitted with a view of improving and completing the budgets	Enable the HTI Teams to prepare a realistic annual budget for the HTI.	Mr. Godfrey Akileng, UCMB Financial Management Advisor	Representative of Kagando HTI
14.30-16.00	Group work and individual feedback: What is missing in our budget and how and when will we complete it.		Mr. Godfrey Akileng, Mr. Edward Ssebbombo, Sr. Cathy Nakiboneka and Marieke Verhallen	
16.00-16.20	Tea break			
16.20-17.00	Plenary: presentation of key things to do, time schedule to finalise the budgets and key questions for facilitators.	Enable the HTI Teams to prepare a realistic annual budget for the HTI.	Mr. Godfrey Akileng, Mr. Edward Ssebbombo, Sr. Cathy Nakiboneka and Marieke Verhallen	Representative of Kagando HTI
17.00	Closing prayer		Representative Lacor HTI	

Day Two				
Time	**Subject / Activity**	**Objective**	**Speaker / Facilitator**	**Chairperson**
8.00	Registration of participants		Secretariat	
8.30	Opening Prayer		Board Member Nsambya HTI	
8.40-10.30	Presentation: Findings HTI compilation and analysis of the HTI Annual Financial and Activity Report and proposals to improve format and reporting practice In three parts: Financial analysis / Activity analysis / Performance compared to four indicators Questions and Answers after each part	Provide feed back on the HTI Annual Activity and Financial Reports. Determine the way forward to improve monitoring, control, reporting, and accounting.	Mr. Andrea Mandelli or Mr. Charles Kizza, UCMB ICDMA advisors	Representative Nsambya HTI
10.30-11.00	Presentation: Review of the Financial Reports and proposal to improve cost centred accounting with the MOES Accounting Manual.		Mr. Godfrey Akileng, UCMB Financial Management Advisor	
11.0-11.20	Coffee break			
11.20-12.00	Questions and answers re Financial Reporting	See above	Mr. Godfrey Akileng, UCMB Financial Management Advisor	Representative Mengo HTI
12.00-12.30	Presentation: Analysis of the Student Capacity of the PNFP HTI	Part of: Review and complete the quality indicators for PNFP HTI	Mr. Andrea Mandelli or Mr. Charles Kizza, UCMB ICDMA advisors	
12.30-13.00	Questions and answers			
13.00-14.00	Lunch Break			
14.00-14.30	Presentation: The Implementation Guidelines and Regulations for the MOH-HSPS III recurrent budget / bursary support.	Update on the progress towards the determination of implementation and accounting regulations for the MOH-HSPS III recurrent budget/ bursaries support.	Dr. Daniele Giusti, UCMB Executive Secretary	Representative of Kalongo HTI
14.30-15.00	Questions, answers, and discussion			
15.00-15.30	Presentation: The proposed Standard Selection Procedure and Criteria.	To present and agree on a standard selection procedure and criteria to select training candidates and candidates for bursary / bonding	Marieke Verhallen, Technical Advisor HTI and Training	
15.30-16.20 (tea break during)	Group work: Refining the Standard Selection Procedure and Criteria.			
16.20-16.40	Plenary presentation group conclusions		Marieke Verhallen	
16.40-17.00	Presentation: Proper use and maintenance of ICT equipment	Update the participants on the proper use of the ITC equipment and maintenance.	Mr. Godfrey Begumisa, UCMB ICT System Operator	
17.00	Closing prayer		Representative Kagando HTI	

Day Three				
8.00 Mass All Saints Day				
Time	**Subject / Activity**	**Objective**	**Speaker / Facilitator**	**Chairperson**
8.45	**Registration participants**		Secretariat	
9.00-10.00	Group work (per category of representatives): Who takes which decisions regarding the HTI?	Remind participants of the basic principles of Governance and Management of a PNFP HTI.	Marieke Verhallen, UPMB and UCMB Technical Assistant for MOH-HSPS III program.	Representative Kisiizi HTI
10.00-10.30	Plenary presentations of group discussions.			
10.30-11.00	Presentation: Basic Principles of Governance and Management of the PNFP HTI		Dr. Daniele Giusti, UCMB Executive Secretary	
11.00-11.20	Coffee break			
11.20-11.40	Questions and answers	Principles of Governance and Management	Dr. Daniele Giusti, UCMB Executive Secretary	Representative Virika HTI
11.40-12.20	Introduction and plenary discussion to determine best practice concerning communication flow HTI/Hospital and external actors	Agree on how communication flows to and fro HTI should be handled to assure complete and timely actions.	Mr. Andrea Mandelli, UCMB ICDMA Advisor	
12.20-13.00	Presentation: The Quality Indicators for HTI determined by MOES.	Review and complete the quality indicators for PNFP HTI	Sr. Cathy Nakiboneka, UCMB HTI&T Coordinator	
13.00-14.00	Lunch			
14.00-14.30	Buzz round and plenary discussion: Which Quality indicators / norms can we concentrate on and which would we wish to add to reflect the PNFP Mission in Health worker training?	Review and complete the quality indicators for PNFP HTI	Sr. Cathy Nakiboneka, UCMB HTI&T Coordinator	Representative Kibuli HTI
14.30-15.15	Group work / card storm: Which are the main causes of shortage of tutors and candidates to train as tutors? What actions could be undertaken to address the shortage?	Establish the main reasons for the lack of the tutors and candidates to be trained as tutors to be able to develop strategies to solve the shortage.	Mr. Edward Ssebbombo and Sr. Cathy Nakiboneka, the HTI&T coordinators, and Marieke Verhallen	
15.15-15.45	Plenary presentation group discussion			

Day Three continued				
Time	**Subject / Activity**	**Objective**	**Speaker / Facilitator**	**Chairperson**
15.45-16.15	Presentation: Monitoring and Evaluating the achievements of the MOH-HSPS III bursary / recurrent budget support to PNFP HTI and review of the present baseline.	Agree on the indicators, methods, and baseline to monitor and evaluate the MOH – HSPS III project.	Mr. Andrea Mandelli, UCMB ICDM Advisor	Representative Kibuli HTI
16.15-16.30	General questions / presented questions and brainstorm about which indicators to propose for selecting student to whom a bursary / bonding arrangement can be offered to	Ensure that all questions have been answered.	Dr. Daniele Giusti, Mr. Edward Ssebbombo and Sr. Cathy Nakiboneka, and Marieke Verhallen	
16.30-16.45	Buzz round per category of participants: which subjects to address at next workshop.	Obtain and inventory of important subjects from the participants	Sr. Cathy Nakiboneka, UCMB HTI&T Coordinator	
16.45-17.10	Presentation and discussion to agree on the "Must Do's" for the coming month and thereafter to implement the MOH-HSPS project.	Agree on what has to be done to ensure that each HTI can benefit from the MOH-HSPS III bursary/recurrent budget support.	Dr. Daniele Giusti, UCMB Executive Secretary	
17.10	Evaluation of the workshop		Marieke Verhallen	
17.15	Wrap-up and Closing of the technical workshop		Dr. Katamba, UPMB Health Coordinator UPMB	
17.30	Group photo and Closing prayer Departure		Representative of Mengo HTI	

ANNEX III

Example of SMART Objectives:

Objectives	Strategy	Activity	Indicators	Responsible Person/Centre	Estimated Cost	Source Of Funding	Assumption
To have a new 60 bed girls' hostel by April 2008	Renovate the old granary house	-Present the budget for approval before the BOG. -Appoint a contractor.	A 60 bed hostel is commissioned by April 2008.	The Principle Tutor.	UGSH.68 millions.	Student fees	Students pay fees on time.
To improve tutor-student ratio from 1: 120 to 1: 30 by June 2008	Recruit 4 more tutors	-Make job adverts. -Conduct interviews & select 4 tutors. -Appoint the 4 tutors.	The tutor-student ratio has improved (1:30) by June 2008.	Principle Tutor	UGSH 24.900.000=.	Student fees	Assuming that qualified tutors apply.

Annex 1V

Group Work discussion on Budgets, Work plan, Financial and activity reports

QUESTIONS FOR DISCUSSION

What is missing in the submitted budgets, Work plan and Financial Activity Reports?

What are the challenges in making budgets?

What needs to be done to improve and complete budgets and work plan?

Composition of the HTI:

Group One: Kamuli, Kitovu, Kuluva and Nyenga

Group two: Virika, Nyakibale, and Mutolere

Group three: Mengo, Rubaga and Nsambya,

Group Four: Kiwoko, Ibanda, Villa Maria and Ngola**.**

Group Five: Ishaka, Kibuli, Lacor, Kisiizi, Kagando

What was missing in the Budgets 2007/8	What was missing in wok plan 2007/8	What was missing in Financial and Activity report 2006/7
Lacor, Kagando, Ishaka were missing the whole budget	Lacor, Kagando, Ishaka, Mengo, Ngola, Kibuli were missing the work plan	Kagando did not have the report
Some HTI s contribution from hospital in kind and financial terms not reflected	Most objectives were not SMART	Schools did not have explanatory notes especially for significant variances
Contribution from MOH-HSPS III- Bursary scheme and civil works not included	Most of the schools did not use the proposed format	Some HTs did not have separate votes for external donations
Budget for the previous year and realised year were not included	Expected funds from MOH-HSPS III was not included	Some HTs did not categorize the expenses according to suggested headings and format
Some HTI did not separate capital development	Work plan Items were not corresponding to the budget line items	Some HTI s did not indicate capital development or mixed capital development
Unforeseen expenses not included	No provision for achievement and not achieved	
Some HTI did not have separate vote for external donation	Some work plans had no assumptions/risks	HTI did not categorize expenses according to suggested chart of accounts and headings
One HTI overbudgeted for auditors and BOG's activities and overlooked HTI major school activities	Most work plans had no time schedule/ the Gantt chart.	
Using different format lather than the suggested format	Mixed funder and implementer(responsible person	
Challenges in making budget	**Challenges in making work plan**	**Challenges in making Financial and activity reports**
Inflation or Fluctuation of the prices	Linking the work plan and the budget	Understanding different chart of accounts as specified in HTI reporting format and accounting manual
PHC conditional grant cuts from government affect the budgets	Mixing annual plans with strategic plans	Lack of skills in certain HTIs

	Making only one person responsible for every planned activities	Mathematic errors
Delays in releasing funds from Government to schools	Integrating new objectives with ongoing activities	Poor recordings that distort our financial and activity reports
	Undercooking major issues affecting the quality of the training example improving Tutor :student ratio	Difficult in apportioning costs for the schools
Failure to realize funds to implement the budget	Lacked a long range vision of the schools	
Lack of skill to effectively link the budget with work plan	Lack of skills for making a work plan	
Failure to monitor the budget		
Risks and uncertainties not catered for		
Making unrealistic budget either by underestimation or over estimation		
Changes in Personnel for implementation		
Suggestion to improve budgets	**Suggestion to improve work plan**	**Suggestion to improve Financial & activity Reports**
Early commencing of the budgeting and Early planning for budgeting and Time schedule for budgeting	Outcome column should be included on the format of work plan	Revise our reports
To have staff planning meeting / budget committee	To review the previous work plan	Endorse the final reports for submission
The budget format should be followed systematically	Make SMART objectives	Follow chart of accounts
To priorities the activities	Make reasonable work plan	Revise the explanatory notes of the formats
To be sure of the funding	Relate the work plan to budgets (Previous, proposed)	Avoid doctored accounts(concoct figures)
Have good communication between HMT (schools and hospitals)	Give weight to major school activities that promote quality in training like Training of Tutors, schools equipment/ teaching materials etc	Audit our Financial reports
Assign tasks to different people	Promote team work and consultation	March expenses to revenues in the year they accrual (Separate prepaid schools and capital expense of more than one fiscal year.
Improve team work/ delegation responsibility	Have a long range plan in mind (vision)	Should empower the majority of the stake holders with Financial management skills
Selection of the coordinator of the budget		
Involving all stakeholders in the budget process		
Timely approval of the budget		
Sensitization about the start of the budget		
Specify roles / division labour/ identify responsible person		
Identify source of funding and activities to be undertaken		
Principal Tutor, should be involved in Budgeting		
All concerned people should be involved		
Introduce ITC		
Periodic review by HMT and BOG		
Share information with key stake holders		
Sensitization of the BOG and other stake holders		

ANNEX V **CRITERIA, PROPOSED BY PARTICIPANTS, FOR THE SELECTION OF STUDENTS TO OFFER A BURSARY / BONDING ARRANGEMENT**

NUMBER OF FORMS RECEIVED 18, EACH PRESENTED MORE THAN ONE CRITERION.

No	Criterion	Frequency of mention	Total
1.	Willingness to work in underserved areas (regardless where one comes from)	1 1 1 1 1 1 1 1 1 1 1 1	**12**
2.	Having the required minimal entry requirement and having passed the written and oral entry selection of the HTI *(already agreed that the school has the prerogative to select the student for admission first)*	1 1 1 1 1 1 1 1 1 1	**10**
3.	Willingness to be bonded	1 1 1 1 1 1 1 1 1 1	**10**
4.	Poor student (economic status of the student)	1 1 1 1 1 1	**6**
5.	A health unit in the underserved districts confirms willingness to employ student after graduation (recommendation letter)	1 1 1 1	**4**
6.	Originating from underserved areas (the definition of the underserved district is to follow) Definitions proposed by participants: war / disaster torn districts, Northern and Eastern part of country	1 1 1 1	**4**
7.	Good academic and practical performance (when selecting from second year students)	1 1 1 1	**4**
8.	Having the right attitude towards the profession	1 1 1	**3**
9.	Special committee to select these candidates in the individual school (meet the criteria of a special selection c'tee)	1 1 1	**3**
10.	Student should apply for it	1 1	**2**
11.	Student in EN, EM, ECN, laboratory assistant	1 1	**2**
12.	Willingness to accept that certificates are kept	1	**1**
13.	Originating from the districts around the HTI	1	**1**
14.	Student has no parent or guardian	1	**1**
15.	Good conduct	1	**1**
16.	Health status of the student	1	**1**
17.	Answering to the affirmative action criteria set by the Hospital Board	1	**1**
18.	Pass a special interview conducted by the bonding agent	1	**1**
19.	A pastoral relationship with the student exists	1	**1**
20.	Willing to be enrolled in an exchange programme between schools (from Lacor and training in Nsambya or Mengo)	1	**1**
21.	Student must be well sensitised and understand the meaning and conditions of the bursary fund to avoid regrets	1	**1**
22.	Willingness to abide by the HTI rules and regulations	1	**1**

ANNEX V1
PNFP Health Training Institutions Technical Workshop Two 2007
Evaluation of the Workshop

The total number of participants of the workshop was 51. The number of evaluation forms returned filled in were 37 which represent a response rate of 73%.

The evaluation consisted of three questions and a section for other remarks / observations. The responses are summarised below per question area. As the questions were open questions the participants could list more that one topic under each section.

1. Which are the two main two lessons you will take home from this technical workshop?

The lesson learnt, which was mentioned with the highest frequency (19), by the respondents was "The importance of development and implementation of clear internal and external Information and Communication flow guidelines for the hospital and school".

No	Lesson Mentioned	Frequency	Total
1	SMART objectives in preparing Annual work plan	11111111	8
2	Linking work plan and budgets	1	1
3	Format for HTI work plan and budget	1111	4
4	Developing a standard policy for selection procedure and criteria for HTI	1111111	7
5	The school to be a separate cost centre and implementation of the accrual based accounting	111	3
6	Development and implementation of clear Information and Communication flow guidelines within the hospital and school and from the hospital/school to external parties	111111111 1111111111	19
7	How necessary & essential it is for us Tutors to improve our HTI management	1	1
8	Maintain accurate, complete, and timely records of schools and send these out vetted by right authority.	111111	6
9	How to help my HTI, as board, to offer quality services and timely accountability (funds/ resources/ infrastructure/ Human resources)	1	1
10	Basic principles governance and management of HTI and policy issues	111111	6
11	Importance of ICT in HMS	1	1
12	Quality of training Indicators & Norms/ ESA evaluation standards/ especially faithfulness to Mission indicators	11111	5
13	More consultations before any decision is made for the school	1	1
14	Team work and transparency is very important	1111	4
15	Importance of good financial management		1
16	Student capacity analysis in PNFP HTI	11	2
17	Implementation guidelines and regulations for MOH-HSPS	11	2
18	Work involved in advocacy/ lobbing process	1	1
19	When you enter Partnership with government to day be prepared to use guess work	1	1
20	Financial management of HTI	11	2

2. Which of your expectations, regarding the topics discussed, were not met adequately?

The topic on which most participants had wished more information was the MOH-HSPS III Bursary fund. This is understandable as the programme had indicated that this would be the main topic on the agenda. Unfortunately however the considerable number of decisions still awaited from the Ministry of Health did not allow to finalise all implementation issues.

No	Expectation not met adequately	Frequency	Total
1	The presentations were well attempted but the topic required more time to get it internalised	1	1
2	Topic- Way of improving and completing the realistic annual budget	1	1
3	The problem of cost centre accounting / need for spot training	111	3
4	I am actually much satisfied on all the issues discussed	1	1
5	ITC discussion / introduction	1	1
6	Not well convinced that the PT should not be accepted as a signatory to school account because school funds are not properly used for the school	1	1
7	Finance management	1	1
8	Need for Fipro assistance	1	1
9	Which candidates are eligible for bursary/ bonding agreement	1	1
10	Hospitals and schools relationship need more time	1	1
11	Student capacity analysis	1	1
12	MOH- HSPS III budget support whether it will fully replace the PHC Conditional grant- adequate number of bursaries, guidelines and policies regarding bursaries	1111111	7
13	Benefits of bursaries / bonding to the HTI other than students as an individual	1	1
14	Quality indicator and Norms for HTI	11	2
15	Improving information and communication flows	1	1
16	Basic principals of governance and management	11	2
17	Thanks for DANIDA project	1	1
18	How success rate was calculated was not clear as related to Quality indicators	1	1
19	Construction issues not well communicated just hinted on	1	1
20	Provide comprehensive report about all activities taking place	1	1

3. What should the Medical Bureaux do better at the next technical workshop?

The advice to the Bureaux mentioned most frequently is: to reduce the number of assignments on the programme, or add more days (9x).

No	Issue to Improve	Frequency	Total
1	To emphasise and help participants on getting acquainted with books of accounting as HTI Managers are not accountants	1	1
2	Keep the information and inputs given in a simple, "layman" way, so that we can understand well all the concerns and implications	1	1
3	Timetable management / Fair	11	2
4	Take home assignments	1	1
5	Sports and recreation activities	1	1
6	Preparations were enough except we would like to have policy copies as schools regarding finances etc	1	1
7	Reduce the number of assignments so that all topics are discussed fully	1111111	7
8	Have more days or reduce the topic or increase the time per topic	11	2
9	Need for Finance management training	11	2
10	Schedule the workshop in the month that is not for examination period	11	2
11	More practice on work plan and budget writing	1	1
12	Give guidelines to Health Centres	1	1
13	Give what is expected to hospitals and HTI	1	1
14	Send the program to participants early enough	1	1
15	Book for participants at CANLET after confirmation to start on time and follow timetable tightly	1	1
16	Basic principals of governance and management	1	1
17	Bring all MS, SNO, PT and Hospital administrators, board members in HTI TW	11	2
18	Make an effort to involve Laboratory HTI so that they also benefit in bursary scheme	1	1
19	Reduce noise in the conference room	1	1
20	Request presenters to reduce preaching in order to use the planned time profitably	1	1
21	Encourage formal management training for HTI heads	1	1
22	Questionnaires on the key issues for discussion during the conference should be sent for participants before TWS	1	1
23	Give examples of coordinated communication	1	1
24	Provide report about technical supervision provided at school	1	1

4. Other Remarks/Observations:

No	Remark / Observation	Frequency	Total
1	The different topics were well presented and relevant to our work	11	2
2	Thank you for another wonderful and useful workshop/Donors/ CANLET	111111111	9
3	Hand out excellent	1	1
4	Good meals	1	1
5	Meals were monotonous/ need to add fruits	11	2
6	Facilitators were good / knowledgeable, patient and tolerant	11	2
7	Group photo good but send at least a copy to PT per school	1	1
8	As adults we need a bit of more ice breakers	1	1
9	The presentations were very impressive and educative	11	2
10	Bureaux should sensitise hospital mangers that HTI is as important as other departments	1	1
11	Time keeping- fair	11	2
12	Many topics in a day not conducive for learning	11	2
13	This WS necessitated us to stay away from our workplace for two consecutive weeks and at the same time other WS were taking place. So several key actors were absent from the station at the same time	11	2
14	Accommodation arrangement should be done properly and increase the remunerations	1	1
15	MOH-HSPS is most welcome if its sustainability is assured by the concerned parties	1	1
16	Involvement of members in group discussion was very important	1	1
17	Need for BOG meeting from various institutions to make some uniformity in policies	1	1
18	It was a good organisation	1	1
19	PT have a lot to do and demands of different stakeholders are increasing and this makes them sometimes ineffective	1	1

ANNEX VII

PNFP Health Training Institutions
Technical Workshop Two 2007
Subjects Proposed by Participants for the Next Technical Workshop

No	Subject	Principal Tutors	Board Members	Hospital Managers	Unidentified	Total	Arguments
1.	Accrual based accounting / cost centres	1 1	1	1 1		5	- Way forward and UCMB has FMA - For easy tracking of school costs (income and expenditure) - Because it is new to many of us
2.	Why has cost centres accounting been ignored by hospitals				1	1	- UCMB advocates for it but it has not been taken up in many hospitals in our network
3.	Management of accounts / financial mgt, and budgeting	1 1			1 1 1	5	- How best we can manage our funds and resources - Some of us are not clear with some concepts and formats - To be able to follow up the accounts of the school - This is till a major problem for most of us
4.	MOH- HSPS / Danida bursary scheme developments			1	1	2	- For all to know what is going on - To be equipped with the necessary information to do what is expected -
5.	Format for presenting project proposals / project writing	1			1 1	3	- To be able to solicit funds to help realise developments - To give some knowledge on how to procure funds in the interest of sustainability
6.	Managerial skills	1				1	- To help manage the institutions well
7.	Management of Human resources	1				1	- For proper inter-personal relationships
8.	Standard format to appraise principal tutors by BOG				1	1	- This helps the PT to know what is expected by the BOG from him / her
9.	More information on the numerous guidelines of ESA	1	1	1		3	- The guidelines are new and 'seem' very important for our HTI
10.	Professional code of conduct				1	1	- Professional conduct is going down (change of attitudes)

No	Subject	Principal Tutors	Board Members	Hospital Managers	Unidentified	Total	Arguments
11.	Standard format for rules and regulations for PNFP HTI	1				1	- Have a clear identification with the PNFP Mission and culture - Maintain common basic / essential standards or ethics in our PNFP
12.	Inter-regional meetings as opportunity to learn from each other, support each other, and improve communication with each other	1				1	- Strengthen relationships among regional schools, offer each other support, experiences, etc.
13.	Support supervision standards				1	1	
14.	Administrative assistance for training schools					1	- The principal tutors are professionally too busy to assure good administration
15.	ICT especially for principal tutors				1	1	- For improvement in communications skills
	Other remarks						
	Next workshop should not be to compact	To enable members to assimilate what is discussed					