National Primary Health Care Development Agency (NPHCDA) of Nigeria
Mid-Level Management Training (MLMT) Programme

MLMT CURRICULUM MANUAL (A): OVERVIEW

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INTRODUCTION: This document provides an overview of the Mid-Level Management Training (MLMT) programme of the National Primary Health Care Development Agency (NPHCDA). The manual has two goals: First, to outline the philosophy of the MLMT, and second, to document a modular set of materials that programme managers and faculty can draw on when designing sessions for the MLMT.

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Companion document: "MLMT Curriculum Manual (B): Curriculum Detail" (available from the authors)

A. OVERVIEW

The National Primary Health Care Development Agency (NPHCDA) was established by Decree No. 29 on the 26th of June, 1992, as the federal government body with oversight function for Primary Health Care (PHC) development in Nigeria. Although the NPHCDA has no direct role in the provision of PHC services, it represents the Federal Government's support to PHC through the development of human resources for PHC models, mobilization of resources, setting of standards and guidelines, supportive supervision monitoring and evaluation, and provision of immunization services, amongst other activities.

Since the advent of democratic governance in 1999, government throughout Nigeria has striven to reposition institutions and enable them effectively deliver needed social services to the populace. As part of this process, the national agenda has focused on the improvements in the health sector, with a major emphasis on primary health care. A major step in the PHC reform process was the merger of the then National Programme on Immunization (NPI) with the NPHCDA in April 2007, thus creating a unique opportunity for the delivery of PHC services in a more holistic and integrated manner. Currently, the Federal Ministry of Health (FMOH) is initiating a National Health Strategic Development Plan (NHSDP) that will help the NPHCDA actively push forward with its mission to support primary health care services and, in turn, improve health outcomes in the country.

In view of the three-tier health care system in the country and the critical need of the local government areas (LGAs) in ensuring the availability of quality health services to Nigerians, the NPHCDA initiated the Middle Level Management Training (MLMT) programme for PHC; the MLMT is a collaboration with partners from multiple entities, including the FMOH, the Office of the Head of the Civil Service of the Federation (OHCSF), OSSAP-MDGs, the Centre for Management Development (CMD), and Duke University. The programme is informed by the critical human resource constraint in Nigeria, which is particularly important at the PHC level.

The MLMT programme targets middle-level PHC Managers at state and LGA levels who are responsible for important day-to-day decisions on human resources, financing, operations, and logistics in resource constrained environments. There is evidence indicating that the lack of managerial capacity at all levels of the health system is a key constraint to scaling up services and achieving the Millennium Development Goals (*Egger D. et al., WHO working papers No 8: Managing the MDGs: The challenge of strengthening management. Geneva 2007*). The MLMT seeks to help fill that gap in capacity.

B. WHAT THE COURSE IS ABOUT

The programme has been designed as an in-service continuing professional development course, consisting of six residential periods each of one-week duration with practical on-the-job exercises and field projects spread over six to ten months of total course duration.

The training approach uses experiential methods that are adapted to adult learning. Studies and course materials have been developed using local resource persons, with some support from Duke University. Participants for the MLM are selected using set criteria based on experience and responsibilities. Graduates of the programme receive a certificate of achievement.

The course emphasizes both concepts and applications, followed by an end-of-course evaluation.

- Focused introduction and explanation of core concepts
- Practical orientation – discussion, skills stations, examples, and action learning
- Assessment based on in-course performance and a formal examination conducted at the end of the training period; a postgraduate diploma certificate will be awarded to successful candidates

C. COURSE GOAL AND OBJECTIVES

Goal: The overall goal of the MLM is to establish a health system management training programme for building management capacity of the primary health care system in Nigeria, as a catalyst to improving health outcomes and attainment of the health-related MDGs.

Objectives: The course has four specific objectives:

- To establish a primary health care management training programme
- To strengthen the technical and general management skills of frontline health managers so as to improve execution of immunization, maternal, neonatal, and child health programmes
- To develop a mechanism for coaching and mentoring practicing managers
- To develop a mechanism for evaluating the impact of health sector management programmes in Nigeria, with particular focus on PHC service delivery

D. COURSE AUDIENCE AND EXPECTED OUTCOMES

Audience: The course is targeted at mid-level managers with substantial experience and responsibilities for primary health care activities at the state and/or LGA level. Participants meet the following criteria:

- Employees of state or local government PHC departments
- Possess basic health-related qualifications, such as community health officer, midwifery/nursing certificate, university degree in medical/paramedical sciences, and/or equivalent health care professional degree or certification
- Head of a department/division/unit or programme officers
- Have at least five years work experience in Primary Health Care or Public Health departments.

Expected outcomes: The course will help participants achieve four major outcomes:

- Improve execution of assigned projects and better programme performance management (M&E)
- Align resources with priorities
- Be recognized by peers, subordinates, and supervisors as effective managers, leaders, and change agents
- Improve intermediate health outcomes such as immunization coverage, outreach services, and supervised deliveries

E. EDUCATIONAL PHILOSOPHY

The course emphasizes four primary elements of educational philosophy:

- **Instructors**: Content and context experts
- **Session format**: Contextualization in the classroom
- **Material sequence**: Mix of block and threaded format
- **Fieldwork**: Inter-period assignments

1. **Instructors: Content and context experts.** Most class sessions will have two instructors, including a "content expert" with experience in management education and/or practice, and a "context expert" who has experience in primary health care practice. The content and context experts will share responsibility equally to present concepts and relevant examples, and to engage the students in meaningful applications of the ideas.

2. **Session format: Contextualization in the classroom.** Each class session will consist of lecture, discussion, and practical skills activities. The facilitators will lead a presentation on

each session through focused lectures that outline primary concepts. The instructors will stimulate discussion that helps participants understand and apply the concepts in their own contexts by asking the participants pertinent questions and encouraging discussion among the participants. At the end of each lecture period, the facilitators will allow for additional question and answer sessions. After question and answer sessions, a practical skills session will commence. Depending on the nature of the skills session, participants are to be divided into different sub-groups to focus on a particular aspect of the session. They will select a chair and reporter, discuss relevant issues in their organizations, come up with possible ways forward to address the issues, and then present their reports to the plenary.

We expect each class session to include roughly equivalent time for classroom instruction and practical skills applications, potentially with up to 2/3 of the time allocated to practical applications. Most "classroom and skills stations" (CSS) combinations will take about a half day of instruction, with the potential for either one or two sets of CSS combinations for a given topic in a day, depending on the depth that the topic requires.

3. **Material format: Block and/or threaded organization.** The manual is divided into six modules. Each module includes a set of related subjects, each of which includes several class topics. The modules, related subjects, and topics may be used as a "block" in a single programme period (e.g., a week-long residency that covers all the subjects in a given module) or can be "threaded" in a sequence through a series of residency periods (e.g., building understanding and depth in particular subjects by threading related sessions over a sequence of residencies).

4. **Fieldwork (inter-period assignments).** Each residency of the course will be followed by a project in which participants apply the ideas from the residency to their home organizations. Participants will document and report on their project during the subsequent course period. Successful completion of the projects will be part of the assessment for successful completion of the course.

5. **Site visits:** The programme intends to include site visits during residencies to local primary health care facilities and agencies. The site visits provide opportunities for participants to interact with PHC personnel at the front lines of best practices and emerging services and activities.

F. USING THIS MANUAL TO BALANCE THE "*CONTENT – INSTRUCTION – PROGRAMME MANAGEMENT*" TRIPOD

The underlying assumption of this approach is that a successful course requires balance on three legs of a tripod: Content, faculty, and programme management, each focused on providing instruction that is relevant to a specific audience. The manual provides a guideline to the content leg, with value for both programme managers and instructors as they seek to address participant needs.

First, programme managers can use the manual to help design the content and flow of a course and to identify the instructors that the course will need to deliver the content and flow in a way that meets the needs of a particular set of participants. The modules and components can be combined in different orders, depending on the needs of particular participants and the availability of faculty. In this programme design role, programme managers are the key focal people who need to identify participants, understand their needs, design a course that meets those needs, and identify faculty members who can deliver material in a way that reflects the course design and participant audience.

Second, instructors can use the manual to help them identify the content that the programme managers expect them to deliver during their class sessions and how their content will fit within the broader context of the course. In most or all cases, the programme managers will identify instructors who have extensive conceptual and practical experience, who will teach material that reflects their knowledge and experience. Hence, the manual is primarily a guideline for course content and for identifying faculty members who are capable of teaching relevant content, rather than a rote workbook from which instructors would draw their primary materials.

It is important to recognise that management is dynamic. No manual can fully capture the needs of any set of participants at a given point in time. As a result, the manual provides a base for beginning to design a course that a programme designer can adjust based on participant needs, faculty skills, and current issues in the health care environment.

G. MODULE OUTLINE: MAJOR SUBJECTS

This section summarizes the curriculum content. The "MLMT Curriculum Detail" manual describes the modules in more detail. As we described earlier, programme managers can organise these modules and components in different orders, depending on the experience of the participants. Here, we outline a general sequence and describe the relationship of components of the modules to major management topics.

For convenience, the manual includes six modules of material. Each module includes multiple related subjects, with a total of about 24 subjects distributed across the six modules. In turn, each subject includes multiple topics of related material. Any given class session can include material from one or more topics within a subject.

Module 1: Policy and Planning
Subject 1.1 Policy Development for Health Service Delivery
Subject 1.2 Public Sector Reform and National Health Initiatives
Subject 1.3 Primary Health Care Structures and Functions
Subject 1.4 Principles of Planning and Project Management in Health Care
Subject 1.5 Monitoring and Evaluation in Health Care

Module 2: Health Care Financing and Health Economics
Subject 2.1 Health Care Financing in Nigeria
Subject 2.2 Economic Evaluation in Health Care
Subject 2.3 Effective Financial Management Systems in PHC

Module 3: Leadership and Management
Subject 3.1 Team Building
Subject 3.2 Effective Motivational Leadership
Subject 3.3 Human Resource Management.
Subject 3.4 Supportive Supervision in PHC

Module 4: Communication, Decision Making, Advocacy, and Partnership
Subject 4.1 Communication Skills
Subject 4.2 Decision Making
Subject 4.3 Advocacy and Negotiation
Subject 4.4 Partnership Development

Module 5: Health Care Delivery
Subject 5.1 Principles and Practice of Epidemiology
Subject 5.2 Introduction to Biostatistics in Epidemiology
Subject 5.3 Integrated PHC Delivery
Subject 5.4 Quality in Health Care Services
Subject 5.5 Customer Service Delivery

Module 6: Computers, HMIS, and Logistics Management
Subject 6.1 Computer Knowledge and Applications
Subject 6.2 Health Management Information Systems
Subject 6.3 Logistics and Supply Management System

H. Relationship of MLMT Subjects to Major Management Topics

1. General Management Subjects

M4 Communications
M6 Computers
M5 Probability and statistics
M3 Leadership and management
M3 Negotiations
M1 Strategy and project management
M2 Economics
M2 Financial management
M5 Service operations
M6 Information systems
M5 Partnerships

2. Health Care Specific Subjects

M5 Integrated PHC delivery
M5 Epidemiology
M1 Health policy

I. INSTRUCTION GUIDELINES: CONTENT EXPERTS, CONTEXT EXPERTS, AND MENTORS

This section briefly sketches guidelines for faculty members and mentors. The MLMT primarily relies on faculty with relevant subject and practical experience, most of whom have substantial classroom experience. Rather than try to "direct" the teaching approach, therefore, the manual outlines the major responsibilities and approaches of the faculty members, with the assumption that faculty members are best suited to design the specific approach to each session.

Sections D and E of this manual also outline the MLMT approach to instruction and classroom organization.

"Train the Trainer (TtT)": The MLMT plans to undertake training sessions with faculty members and mentors. The TtT sessions will introduce potential faculty – including both content and context experts – to the curriculum and instructional approach of the programme. In addition, TtT sessions for mentors will develop mentoring skills for people who will support participants during the programme and will engage with them after the programme.

Contents

I1. Guidelines for Content Experts

Content experts are faculty members who have experience teaching management and policy topics and/or have practical management experience. The role of the content experts is to identify core concepts and structure sessions to highlight the concepts and guide detailed discussion and instruction in the core concepts. Ideally, a content expert should design the flow of material through multiple sessions of the MLMT, so that topics and applications build on themselves over the course of the programme.

The content experts work in partnership with context experts, who have extensive practical experience in the relevant subject matter. Content and context experts need to coordinate their roles in the classroom before the sessions.

Focused content. The course emphasizes learning focused on a small number of concepts. Section B of the manual provides an overview of relevant topics. Faculty should draw from their teaching and practical experience to organize sessions that focus on the limited set of core ideas that will be most relevant for the participants.

Classroom sessions: Classroom sessions should reinforce the focal concepts through lecture, discussion, and practice skills sessions.

- **Contextualisation in the classroom:** The goal for each session is to combine the conceptual framework of each core topic with the practical experience of the faculty and participants, so that participants understand the relevance of each concept to their work and can apply it to their work.
- **Focused content**: Each session should emphasize only a few important concepts.
- **Definitions and examples:** Faculty members should introduce the concepts, define them, explain why they are important, and provide examples in practice. The content and context faculty members should work together at this stage of the discussion to clarify both the conceptual and practical meaning of each concept.
- **Extensive discussion:** Lectures in the sessions should be short, with as much time as possible for discussion with the participants. The best classroom sessions engage the students in providing examples, asking questions, and developing ideas.

Practical skills stations: Each classroom session should have a companion skills station in which students break out into small groups to work on practical applications of the concepts from the classroom session.

- Instructors should prepare practical questions for the group to work on that apply the concepts from the classroom discussions. Context faculty should help prepare the questions.
- In turn, the content and context faculty members should work with the groups to carry out the skills questions. In addition, experienced mentors can work with the groups to help clarify the questions and work through the applications.
- As much as possible, the skills stations should push students to apply the concepts to their own situations. Skills stations can include “homework” that participants can take back to their home organizations.

Summary points

- **Focused content:** Each session should focus on a limited number of concepts, to allow sufficient time to ensure that participants understand each concept and how it applies to their own contexts.
- **Examples:** Each session should provide multiple examples of the concepts.
- **Discussion:** Each session should engage the participants in extensive discussion of the concepts.
- **Applications**: Each session should have a practical application of the concepts, in which participants do problem sets and answer questions about the concepts.

I2. Guidelines for Context Experts

Context experts are people with extensive practical experience with the management concepts that the MLMT teaches. The context experts work in partnership with the content experts in each session.

The goal for the context experts who teach in the MLMT is to help motivate and facilitate classroom discussion that brings to bear the practical aspects of the class material. Many of the context experts are staff members of the NPHCDA who have extensive field experience and provide outstanding leadership in the classroom. Other context experts have experience in public agencies, primary health care providers, and other organizations that provide highly relevant practical knowledge and insights that they can bring to the MLMT classroom. Content and context experts need to coordinate their roles in the classroom before the sessions.

One useful role for context experts is to present examples and brief case studies of their experience with relevant topics in the primary health care setting (e.g., MDGs, computers, statistics, and planning) to the class, to illustrate concepts that the content experts present. Context experts can both give examples from their own experience and help draw out examples from the students. The context examples can be verbal and/or brief written illustrations. The examples can be the basis of class discussion, both in the full session and in skills stations. In both settings, context experts can help participants bring forth their own examples.

The "context expert" activity can be both formal and informal during the class discussion.

- **Formal**: The context and content experts should plan ahead of time how they will take turns presenting material and leading discussions.
- **Informal**: It is also useful for the context experts to be able to step in with examples during discussions of the formal material that the content experts are presenting.
- **Skills stations:** Context experts play important facilitation roles for the skills stations, in which participants apply the concepts from the classroom session.

I3. Guidelines for Mentors

Mentors play an active role in the MLMT.

- **Agency staff:** Zonal Coordinators (ZCs) and Zonal Technical Officers (ZTOs) from the agency help facilitate classroom sessions, particularly during applied skills stations. In doing so, the ZCs and ZTOs build relationships with participants that can then carry over into their engagement with the participants in the field.
- **Programme graduates:** In addition, programme graduates can serve as peer mentors to each other and by assisting other primary health care staff in their managerial tasks.

The section briefly outlines the skills that underlie effective mentorship.

Overview

1. **Goal**: **Help primary health care leaders address their management challenges.** As part of their ongoing work, agency personnel and graduates of the MLMT programme have many opportunities to serve as mentors for primary health care leaders who need assistance with their management challenges.
2. **Relevant experience**: The mentors' professional experience and participation in the MLMT management training programme provide valuable experience that will support their role as management mentors.

Management Mentorship Activities

1. **Listen and observe**: Listen as primary health care leaders explain their problems. In addition, be proactive in observing management issues and opportunities that are apparent when you work in health care facilities.
2. **Probe**: Ask probing questions of the health care leaders when they describe their problems, to seek the root causes of their problems.
3. **Connect**: Connect leaders with other people who you know have found solutions for similar challenges.
4. **Support**: Encourage leaders to make their own decisions, based on thoughtful discussion. People often know what they need to do, but need supporting encouragement to take the step to action.
5. **Advise**: Finally, provide your own advice when leaders simply cannot find solutions on their own or in partnership with other leaders.
6. **Alternate between mentoring and coaching**: Mentoring and coaching are complementary parts of the same set of activities. Mentoring focuses on content (suggesting solutions), while coaching focuses on process (encouraging a colleague to find solutions themselves). Both activities require similar skills. In either case, the mentor-coach provides expert advice in a way that has meaning for a colleague and helps the colleague to act.

Key Skills for Mentors and Mentees

Mentoring requires: *Listen, summarise, advise, avoid traps*

1. **Listen.**

   a. **Be silent:** When you have asked a question, say nothing more. The more penetrating the question, the more likely it is that the speaker will need a few moments to organise the reply.
   b. **Draw out:** For instance, "Could you tell me a bit more about that?", "Why do you think that happened?"
   c. **Seek clarification:** For instance, "I'm not sure I understand that?"
2. **Summarise.** Offering a short summary of the situation will ensure that you have really understood what is happening.
3. **Advise.** Telling stories about what you did in similar circumstances helps to bridge from your experience to theirs. Be careful to offer advice that helps the mentee move forwards from their current level of expertise (one step at a time).
4. **Avoid traps.**
   a. **Leading questions:** "So that didn't work because you tried to move too quickly?"
   b. **Making judgements:** "Well, that would never work for you!"
   c. **Ambiguous hypotheses:** Keep it realistic.

***Being mentored requires**: Ask questions, delay reactions, take ownership*

1. **Ask questions:** Enough for you to be clear exactly what is being suggested, or if you do not understand what different behaviour or actions might achieve. Ask open questions (e,g., "Can you say more about that?") to try to be clear in your own mind about what is being said.
2. **Delay your reaction to suggestions:** Be sure you understand what is being suggested before you adopt or reject the ideas.
3. **Take ownership**. Take ownership of the ideas. "Thank you for those ideas, I had not realised that…" If after careful consideration you think that the advice won't work, don't be afraid to say so. Your mentor is an expert, but is NOT in your situation, so may not understand everything that is happening. It is OK to refuse advice. Say something like: "I can understand why you might suggest that, however, I believe that…"

***Both mentor and mentee:** Detail, build, track, embrace, learn, enjoy*

1. **Detail:** Focus on actions and behaviours at a good level of detail.
2. **Build:** Be prepared to pick up where the last conversation left off (take good notes) and describe actions and progress in the interim, as the basis for receiving more advice.
3. **Track:** Measure progress.
4. **Embrace missteps:** Accept that mistakes are inevitable and plan from the start how to move past these – and learn from them.
5. **Learn:** Learn from each other.
6. **Enjoy each other:** Have good conversations, be open, and have fun!