



User's Guide:

Essential Management Systems Assessment Tool for Physical Rehabilitation Centers

What is the EMSAT and how can PRCs benefit from it?

The Essential Management Systems Assessment Tool (EMSAT) is a participatory data collection tool for eliciting information from staff about their perception of how management systems and processes work. Staff express their perceptions and provide evidence to sustain their opinions. Decision-makers use the EMSAT to assess the center's current management system performance, agree upon ways to improve performance, and plan activities toward that end. By sharing their knowledge with their colleagues, groups can analyze different management processes rapidly, without a lengthy data collection process. Staff assess their center's stages of development within 6 essential management systems, rather than checking off the presence or absence of a component.

The EMSAT is designed to improve a center's management, with the end result contributing to improving rehabilitation services. Centers use the tool to identify management systems and processes that need to be improved and use the Essential Management Systems Manual and the Challenge Model to make concrete plans for improvement. Participatory assessment is more likely to create ownership of the problems identified and commitment from all staff to solve them. The center's senior managers must demonstrate enthusiasm for staff ideas, be open to the airing of issues, and be willing to hear all input, including criticisms. Staff will be motivated to help make improvements when they believe their ideas have been taken into account and when they see their leaders' commitment. EMSAT is designed to foster focused, feasible changes that will move a center toward a higher stage of development. Additionally, the process establishes baselines for essential management systems and improvements can be tracked by repeating the EMSAT overtime.

Systems and processes assessed by the EMSAT:

The EMSAT instrument addresses six essential management systems and the major processes within those systems. The systems and processes are described in more detail and listed below.

- I. Program Management System: establishing guidelines for managing the center by formulating policy, directing and consolidating strategic and operations planning, and identifying necessary resources.

Processes:

1. Strategic Plan
 - i. Links to Clients
2. Planning, annual operations programming
3. Work group organization, direction and coordination
4. Identification of funding resources

2. Human Resource Management and Development System: ensuring the effective and efficient planning, management, administration and development of the rehabilitation center's staff in order to create an acceptable and productive workplace environment.

Processes:

1. Recruitment, selection and hiring of personnel
 2. Personnel administration (attendance, disciplinary measures, vacation, suspensions, resignation)
 3. Payroll administration
 4. Personnel development
 - i. Personnel development (performance standards)
 - ii. Personnel development (training)
 - iii. Personnel development (work climate)
 5. Workplace safety and hygiene
3. Procurement System: processes involving the purchase or procurement of materials, supplies and services.

Processes:

 1. Planning of goods and services to be procured
 2. Procurement of goods and services
 3. Storage and distribution of goods
 4. Monitoring the appropriate use of resources
 4. Financial Management System: overseeing the planning and efficient use of financial resources for the achievement of the center's objectives, as well as for providing information that will make it possible to evaluate its financial performance.

Processes:

 1. Results-based budget management
 2. Analytical cost accounting
 3. Financial accounting recording and control of fixed assets and insurable goods
 4. Cash and banks
 5. General Services System: ensuring all of the equipment and infrastructure in the center are in proper operating condition and for providing any required logistical support that will contribute to quality service provision and management.

Processes:

 1. Maintenance and cleaning of infrastructure and equipment
 2. Safety and security administration
 3. Fleet management
 6. Information Management and Quality Assurance System: compiling, documenting, organizing and displaying accurate and timely information for the purpose of analyzing performance and results to make evidence-based decisions.

Processes:

 1. Monitoring information recording, timeliness and quality
 2. Monitoring service production, cost and quality
 3. Reporting

ESMAT Structure

The tool is a matrix where each of the processes within the 6 management systems are listed along with descriptions of each process at 4 stages of development; Stage 1 being the least developed and Stage 4 being the most developed. The matrix also provides a column for staff to write the score for the stage of each process at their center and an additional column to write evidence to validate the score. An example of the matrix format is provided below.

SYSTEM I: PROGRAM MANAGEMENT SYSTEM

Processes	Stage of Development with Description					Score	Evidence
	1	2	3	4			
I. Strategic Planning	There is no strategic plan.	A strategic plan is in place but it is not up-to-date, was developed by only a few key decision makers and there is no regular review process.	A strategic plan is in place, members of the board of directors, executive staff, internal auditors, and program coordinators contributed but it is not up-to-date and there is no regular process to review it.	The strategic plan guides the overall operation of the organization, is updated every five years at a minimum, through contributions from members of the board of directors, executive staff, internal auditors and program coordinators.			

EMSAT Process

When a center's staff use the EMSAT, they assess each process listed with each management system, identifying its stage of development on a scale of one to four and providing evidence to support their views. The phases to implement the EMSAT are described below.

Phase I: Pre-Assessment

Step I: Meeting with physical rehabilitation center senior management

Initial, preparatory meetings ensure ownership of the assessment process and results; identify change champions; and introduce the EMSAT and its requirements. During these meetings:

- The ICRC facilitator and the center manager agree on the participants; the assessment date; and venue for the assessment (it is always preferable to do the assessment at the location of the center being assessed, if possible).
- Participants agree on the aims and objectives of the EMSAT, the agenda, and the list of documents to be prepared in advance and made available during the assessment.
- Participants review the content of the tool and ensure that the processes described in each management system are relevant to the specific center and cover all the center's priority management areas. "Technical" terms should be explained in layman's language. The tool was developed in English and if the predominant language spoken in a center is a language other than English, a facilitator with strong language translation capabilities should be consulted. The ICRC facilitator and the center manager will then adjust the tool accordingly.

The team that participates in the EMSAT should include at least one representative from key departments, such as human resources, finance, M&E, program management, service delivery, workshop, and resource mobilization, or others, and participants should represent all staff levels of the center. The assessment participants must include the manager of the center. The ideal group size is around eight participants. It is possible for the assessment to be conducted with larger groups; however, the assessment will proceed more slowly with a larger group. In cases where the center's staff is small, it may be preferable to involve everyone.

Phase 2: Systems Review by Key Staff

The assessment is conducted in a participatory manner. The ICRC facilitator and the center manager meet individually with center staff responsible for each of the 6 essential management systems. During each meeting, they review the processes within that management system and score the stage of development the key staff responsible feel most accurately reflects the current stage of the center, based on their experience. Key staff describe the current stage in their own words and this is recorded in the tool along with the score. Then the key staff responsible are assigned to provide evidence to verify each of their scores and to bring the list of evidence to the Consensus Meeting. These scores and the evidence will be presented at the Consensus Meeting.

What Constitutes Evidence?

Because workshop participants come from many parts of the center, they often differ in their perceptions of whether a component fits all the characteristics of a particular stage. To help resolve these different views, the EMSAT requires evidence to verify staff perceptions. Many types of evidence—not simply quantitative data—may support participants' assessments. EMSAT defines evidence as a fact or concrete observation that supports the identified stage of development.

*Convincing evidence answers the question, **What can we see or hear, or what do we know, that tells us that something is true?***

Phase 3: Consensus Meeting

Next, the ICRC facilitator and the center manager hold a half-day workshop attended by the staff and key stakeholders. During the workshop, the key staff responsible for different management systems present their score for the current stage of development for each management process and their own description of that stage, along with the evidence gathered during the systems review.

The facilitators guide the participants in discussing the reasons behind their decisions, based on the available evidence. In this activity, the facilitators should ask probing questions to stimulate discussion on why the participant feels the center is at a particular stage (or not). If there is no comment from the participants on the score for the process, then there is a consensus. If there are questions, the experts within the specific management system answer the questions and also provide the evidence to support any arguments for raising or lowering the score. If participants make changes to their scores, facilitators should note all relevant comments and additional evidence in the evidence section of the tool.

CREATING A COMFORTABLE, SAFE ENVIRONMENT

It is important for Phase 3 of the EMSAT to be conducted in the right environment, where different viewpoints are respected and participants are comfortable speaking freely. To ensure this, the assessment should take place in a suitable space (i.e., private, adequately spacious, and comfortable) which is set up to be conducive for a group discussion (e.g., in a circle).

The session should start with an “ice-breaker” and introductions. The facilitators should introduce themselves and explain the purpose of the assessment, **taking care to explain that it is not an evaluation, and the purpose of the assessment is to help the organization learn, grow, and develop.** Participants should have the opportunity to ask questions and agree on ground rules before the assessment begins.

Overly domineering and vocal participants should be controlled to ensure that everyone (including more junior staff and less confident participants) has a chance to contribute to the discussion.

The facilitators should be attuned to the energy levels and “mood” of the group and if these drop, an “energizer” should be introduced.

Staff agree on a final consensus score and description of that stage in their own words, and both are recorded in the tool. It is important to note that the center staff should take the lead in determining the stage of development—the ICRC facilitator simply guides the discussion and does not determine the scores. This approach is geared to ensuring that the staff “own the results,” and thereafter commit to addressing the identified gaps.

The discussion around each system will likely take 30 to 40 minutes, so the overall Consensus Meeting should be planned for approximately 4 hours.

Phase 4: Prioritization Meeting

The assessment is followed by a prioritizing session. In preparation for the prioritization meeting, facilitators prepare a table of all the processes along with their respective scores and consensus statements. The table should be organized by scores, beginning with the 4s at the top and moving downward. Please refer to Annex 1 for the EMSAT Consensus Table Template and an example of a completed table.

During the meeting, the facilitators lead the center staff through reviewing the table.

1. First, acknowledge the processes with scores of 4. Congratulate the team and note that these processes do not need to be changed since they are at a high stage of development.
2. Typically, staff will want to focus immediately on just the processes with scores of 1 or 2. However, the facilitator should guide the staff to review the scores of 3 and consider if any of these processes are especially critical to the success of the center and might also need to be considered for improvement.
3. Then discuss the list of the 1s and 2s (and any 3s that were especially critical). The facilitator should remind the staff that though all of the processes are important, they will be more effective in making improvements if they focus on strengthening a limited number of processes at the same time. They will be most effective if they begin addressing the processes that are the most critical and then address the others later. So this is why a main purpose of Phase 4 is to identify the processes that are most critical for improving now.
4. Identifying priorities:
 - If the list of 1s and 2s (and any 3s that were especially critical) contains more than 8 processes, you can first narrow down the list by facilitating a voting exercise. Write the names of the process on the list in large letters on a flipchart. Then, using either stickers or a colored marker, allow each staff to vote for the 3 processes she or he believe are most critical to improve. The facilitator will then tally votes and announce the top 5 to 8 processes. The group will then use the Priority Matrix to further prioritize.
 - Now that you have list of 8 or fewer processes, display and explain the Priority Matrix. The Priority Matrix worksheet is in Annex 2. The Matrix should be reproduced in a flip chart and the top processes should be listed in the Matrix. On a scale of 1 to 4—in which 1 is least favorable and 4 is the most favorable—staff should come to consensus on a score for each criteria for each of the management processes. Once all 3 criteria are scored, sum the total of the scores and insert that number into the “TOTALS” column on the right of the Matrix. The 2 to 3 processes with the highest total scores are the ones that should be prioritized and addressed first. If two processes in the top 4 have the same score, then have staff compare the individual criteria scores between the two processes and select which they feel is most important.

Phase 5: Analyzing priority management processes and developing and implementing an improvement plan

Once center staff have agreed on the top 2 to 3 processes that should be improved now, the facilitators will guide the staff through the EMP Leadership Development Modules to use the Challenge Model to analyze each priority process and develop and implement improvement plans. As described in more detail in the Leadership Modules, it must be the long-term responsibility of the center manager and one or more people who have been assigned this new role to keep the improvement process on track and monitor progress.

Preparing for a Follow-Up Assessment

A follow-up assessment is recommended within 12 months (annually) after the commencement of the implementation of the improvement plan. The EMSAT should be applied in the same manner to carry out the follow-up assessment: going through Phases 1 to 5.

Additional Facilitator Tips

- Use encouraging terms to validate the participants and move the discussion along. Examples are: *I think I get a better picture...Could you give an example...I hear you saying that...The impression I get...Based on what you have said...Reflecting on the discussion we had...*
- Don't emphasize the idea of "scoring" but rather focus on the "stages" of capacity building—capacity as a progression of skills, practices and behaviors—as otherwise participants may interpret their assessment results in a negative manner.
- In some cases, participants may try to state that they are in between two stages. In these instances, the facilitators must guide them to commit to one specific stage. The two thirds rules should be applied and the use of evidence can help with clarifying.
- The facilitators should be impartial and objective, asking participants probing questions, and requesting supporting evidence to support their decisions regarding capacity stages.
- Ensure there is adequate time for the participants to understand the questions and terms used.

Feedback and Reporting on the Assessment Process:

Feedback from both the facilitators and the participants is critical to helping LMG and ICRC strength this assessment tool and the way it is used. Using the LeaderNet website, teams will be asked to upload their tables with the lists of consensus scores and statements, the list of prioritized management processes, and the reporting requested by the Leadership Development Modules. Additionally, LeaderNet will have a feedback form that will ask for feedback on several areas including: composition of the participants; the time taken; and experiences throughout the assessment process.



[illegible]

[illegible]

Example: EMSAT Consensus Table

Management System	Management Process	Score	Consensus Statement
Procurement	Procurement of goods and services	4	There are government policies and procedures in place and the center follows these procedures depending on the price range of the procurement
Program Management	Planning, annual operations programming	3.5	The annual plan is aligned with priorities of the strategy but there are not enough resources to cover the needs. The annual plan is reviewed quarterly
Information Management and Quality Assurance System	Reporting	3	Every month staff teams compile reports and discuss and analyze the information. Managers then analyze the information, make decisions and discuss with staff. However data is not fully utilized in decision making
Information Management and Quality Assurance System	Monitoring service production, cost and quality	3	The center's data system produces routine service and financial data that are generally considered accurate, with a process for cross-checking in place. Monitoring reports are completed by the 27 th of every month. There are some reporting delays
Information Management and Quality Assurance System	Monitoring information, recording, timeliness, and quality	3	There is a monitoring system. The monitoring data is reviewed by the management monthly and discuss with the full staff every 6 months. Program evaluations are conducted annually. There is a government impact evaluation policy but regular impact evaluation is not conducted.
Financial Management	Analytical cost accounting	3	Spending remains within the overall budget ceiling. The center has a system to record and monitor direct and indirect costs but not all costs can be broken down by product or by service. Most tracking is project/program based rather than across the center as a whole.
General Services	Maintenance and cleaning of infrastructure and equipment	3	All assets are registered but not insured in accordance with government's assets management manual. The assets are not depreciated routinely, but it is required in the government manual. Equipment is repaired when it breaks. There is no system in place and no specific position or unit that is responsible for maintenance.
Financial Management	Results-based budget management	3	Finance and program manages plan budgets together according to the financial manual. However, some line managers lack the capacity to develop their unit's budget. The finance system track information by line item and by department, and allows the management team to make changes to the budget.
Human Resource Management and Development	Payroll administration	3	Salaries are paid on time. Reimbursements and contractor payments from partners are often delayed up to 20 days after forms/invoices are submitted to the partner. All other reimbursements are paid on time

Human Resource Management and Development	Personnel Development (performance standards)	3	There is a system with job descriptions, hiring qualifications and formal review process but it is not applied consistently to all staff. Some line managers do not follow the system.
Human Resource Management and Development	Personnel administration	3	The center has HR manual but it is not applied consistently all the time because staff do not have enough knowledge of the manual and some staff disagree with parts of the manual.
Program Management	Links to Clients	3	The center has written clinical standards and guidelines. These standards and guidelines are followed. Clients are in developing their treatment plan , but the center does not always have all the choices/devices/materials the client request
Program Management	Strategic planning	3	The process to develop the plan was participatory but the plan was not been effectively disseminated to other staff.
General Services	Fleet management	2	The center does not have transportation system for clients. There is limited transportation for staff to do job-related activities
General Services	Safety and security administration	2	Guards have a job description which provides procedures for how the guard will maintain/protect security at the center. These procedures are not followed consistently, resulting in potential risk of equipment theft and other issues. There are no safety guidelines in the workshop. Workshop safety measures are practiced informally
Procurement	Planning of goods and services to be procured	2	There is a system but most staff lack training in supply management. Stock outs occasionally occur, sometimes because of poor forecasting and other times because of budget limitations
Human Resources Management and Development	Personnel Development (Work Climate)	2	The service provision is good but there is some discontent with salary levels, understanding of benefits, training opportunities and availability of resources to do their jobs.
Human Resources Management and Development	Personnel Development (Training)	2	There is a policy and system for development opportunities within the civil services which is competitive based on the needs of the institution. There are other training opportunities from government and other partners. Both are limited in the number of staff or positions levels who can participate. The center does not have a system in place to identify gaps and provide opportunities to support each staff member in his/her individual professional development.
Program Management	Identification of funding resources	2	There is a plan to diversify funding that is in process of beginning implemented. The center now depends on only 2 sources of funding: government and ICRC.

EMSAT Priority Matrix Worksheet

MANAGEMENT PROCESSES TO CONSIDER FOR IMPROVEMENT	CRITERIA (Rate on a scale of 1 to 4)			TOTALS
	Feasibility	Impact on Results	Frequency	

Note: "1" is for the more unfavorable situation, such as the least potential impact. "4" is for the most favorable situation.

Criteria Definitions:

Feasibility: What is the likelihood for the center staff to be able to make changes and improve the process, including having the resources and the authority to do it?

Impact on Results: How much does the process influence the center's ability to achieve their results?

Frequency: How often does the process happen? Very often? Rarely?

This User Guide and EMSAT tool are part of the LMG and ICRC Essential Management Package (EMP) and are intended to be used by physical rehabilitation centers in conjunction with the EMP Leadership Development Modules.

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