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RIYAADA
Institute for Leadership & Governance

RIYAADA INSTITUTE FOR LEADERSHIP & GOVERNANCE

RIYAADA ACADEMY • PROFESSIONAL PROGRAMMES FOR HEALTH LEADERS

HOSPITAL LEADERSHIP, MANAGEMENT & GOVERNANCE

A Comprehensive Training Package for Hospital Boards, Executives, Managers and Quality Teams

Curriculum • Session Plans • Facilitation Standards • Assessment & Certification

Programme Code RA HLMG 2026 | First Edition July 2026 | Mogadishu, Somalia

LEARN. QUALIFY. LEAD.

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1. About RIYAADA

The RIYAADA Institute for Leadership & Governance is a premier Somali institution committed to developing ethical leaders, strengthening institutions and transforming communities through knowledge, innovation and measurable impact. Through RIYAADA Academy its professional education arm the Institute designs and delivers rigorous, context grounded programmes for leaders, professionals and changemakers under the motto Learn. Qualify. Lead.

RIYAADA works across five interlocking pillars: leadership, governance, research, publishing and innovation. This training package converts international standards and peer reviewed evidence into practical governance and management routines that Somali hospitals can implement immediately.

2. Programme Rationale & Strategic Context

Hospitals are among the most complex and visible institutions in any health system. In fragile and post conflict settings, they anchor public trust, absorb emergencies, train the health workforce and consume a large share of health expenditure. Yet performance is often constrained by weaknesses in leadership, governance and management systems unclear accountability, undocumented procedures, unmanaged risk, fragile supply chains and absence of routine measurement.

Somalia's health sector is entering a new institutional era. The consolidation of national standards, professionalisation of hospital administration and establishment of the National Social Health

Insurance Authority mean that hospitals will increasingly be contracted, inspected, measured and paid on the basis of documented systems, verified quality and credible data.

This package equips boards, executives and managers with an integrated operating system for governance and accountability; administrative discipline; workforce management; quality, safety and clinical audit; infection prevention and waste management; and financial, supply chain and performance stewardship.

3. Programme Overview

3.1 Purpose

To build the leadership, management and governance competencies required to run a safe, accountable, efficient and patient centred hospital in the Somali context, and to leave behind functioning institutional systems that outlast the training itself.

3.2 Design Principles

- Institution first: every session strengthens a hospital system, not only an individual skill.
- Evidence based and standards aligned, adapted to fragile setting realities.
- Practice driven: at least half of contact time is devoted to cases, simulations, audits, drills and drafting real hospital tools.
- Assessment for accountability through pre/post testing, session outputs and a capstone project.
- Bilingual delivery in English with facilitated Somali discussion, and Arabic where required.

3.3 Target Audience

Hospital governing board members; hospital directors and deputies; medical directors and clinical heads; matrons and senior nursing officers; administrators; quality, IPC and patient safety officers; finance, HR, pharmacy, stores and records officers; and regional health management teams. The optimal cohort is 20 30 participants.

3.4 Structure & Duration

The programme comprises six modules and twenty four sessions, totalling approximately forty one hours of core instruction and forty eight hours of overall contact time when assessments, recaps and the capstone clinic are included. It may be delivered as a six day intensive or six week modular course.

3.5 Competency Framework

COMPETENCY DOMAIN	ILLUSTRATIVE COMPETENCIES
Governing & leading	Board effectiveness; meeting and calendar discipline; ethics, code of conduct and accountability; strategic decision making.
Managing operations	Policies, protocols and SOPs; records and information; scheduling and correspondence; facilities and support services.

COMPETENCY DOMAIN	ILLUSTRATIVE COMPETENCIES
Managing people	Workforce planning; appraisal and staff KPIs; development, motivation and retention; teamwork and conflict resolution.
Assuring quality & safety	Standards and accreditation readiness; quality improvement and PDSA; clinical audit; incident reporting, risk management and patient centred care.
Protecting patients & environment	IPC; housekeeping and sterilisation; health care waste management; occupational health and emergency readiness.
Stewarding resources & results	Budgeting and internal controls; revenue and insurance readiness; procurement, logistics; dashboards and performance review.

4. Programme Learning Outcomes

On successful completion, participants will be able to:

- Provide ethical, accountable leadership and operate effective board, committee and executive structures.
- Establish and control administrative systems that make the hospital auditable.
- Plan, appraise, develop and motivate the hospital workforce.
- Lead quality assurance, clinical audit, incident reporting and risk management.
- Run compliant IPC, environmental hygiene, sterilisation, waste and occupational safety programmes.
- Steward finances, revenue, insurance readiness and supply chains transparently.
- Measure hospital performance and lead monthly data driven reviews.
- Design, implement and report a hospital improvement capstone project.

5. Training Methodology & Facilitation Standards

The programme follows adult learning principles and combines concise interactive presentations with cases, simulations, audits, walk throughs, drills and drafting clinics. Participants produce real institutional tools during the course.

- Lead facilitator plus at least one co facilitator per cohort.
- Facilitator to participant ratio no lower than 1:15 during practical work.
- Daily rhythm: recap, two morning sessions, two afternoon sessions and structured feedback.
- Each participant receives this package, the Forms & Templates pack, handouts and an action plan booklet.
- Language and materials are adjusted to the participant profile.

6. Assessment, Certification & Programme Quality Assurance

6.1 Assessment Components

COMPONENT	TIMING	PURPOSE / STANDARD
Pre course knowledge test	Day 1 before opening	Baseline for measuring learning gain
Session outputs & practicals	Continuous	SOPs, audits, registers, plans and dashboards
Post course knowledge test	Final day	Expected gain of at least 20 percentage points
Capstone improvement project	Charter on Day 4; final day presentation; 90 day review	One PDSA based project per hospital team
End of course evaluation	Final day	Relevance, facilitation and logistics

6.2 Certification

Participants who attain at least 80 per cent attendance, complete required session outputs and present a credible capstone plan receive

the RIYAADA Academy Certificate of Completion. Participants who also score 80 per cent or above on the post test and submit a 90 day capstone progress report receive the certificate with Distinction.

6.3 Quality Assurance

Each delivery is evaluated at four levels: participant reaction, learning, behaviour and results. Findings are reviewed after each cohort and feed the annual revision of the package.

7. Curriculum at a Glance

MODULE	FOCUS	SESSIONS	HOURS
1	Hospital Governance, Leadership & Accountability	4	7.0
2	Hospital Administration & Operational Systems	4	6.5
3	Human Resource Management & Workforce Performance	4	6.5
4	Quality	4	7.0

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	Assurance, Patient Safety & Clinical Governance		
5	Infection Prevention & Control, Hygiene & Health Care Waste	4	6.5
6	Financial Management, Supply Chain & Performance Monitoring	4	7.5

Module 1 Hospital Governance, Leadership & Accountability

Aim	To strengthen the capacity of hospital boards and senior management teams to provide ethical, accountable and strategically focused leadership, and to institutionalise sound governance structures, disciplined meeting systems and an enforceable code of conduct.
Module outcomes	• Distinguish governance from management and apply each appropriately in daily hospital practice. • Establish or strengthen board and committee structures with clear terms of reference and reporting lines. • Plan, paper and chair productive board, executive and management meetings anchored in an annual governance calendar. • Apply a code of conduct and accountability framework to decisions, resources and relationships.
Duration	One training day • Sessions 1.1 1.4 • 7.0 contact hours

Session 1.1 Foundations of Hospital Leadership & Management

SESSION 1.1 Foundations of Hospital Leadership & Management

Duration: 90 minutes	
Learning objectives	• Explain the distinct and complementary roles of leadership, management and governance in hospitals. • Assess personal leadership style against the demands of fragile and resource constrained settings. • Apply the core managerial functions planning, organising, leading and controlling to a hospital case.
Key content	• Concepts and contemporary theories of leadership and management in health care. • Leadership styles, emotional intelligence and self awareness for senior hospital leaders. • The manager's functions and daily disciplines: priorities, delegation and follow through. • Leading under uncertainty: fragility, scarcity, security constraints and competing demands.

	• Values based and servant leadership in the Somali hospital context.
Methods	Interactive lecture; individual leadership self assessment; small group case discussion; facilitated plenary reflection.
Materials & tools	Slide deck 1.1; leadership style inventory; hospital case study A.
Assessment & outputs	Completed self assessment profile; quality of contribution to the case debrief.

Session 1.2 Hospital Governance Structures & the Governing Board

SESSION 1.2 Hospital Governance Structures & the Governing Board Duration: 120 minutes	
Learning objectives	• Describe the functions of hospital governance and the division of authority between board and executive. • Design or review a hospital organogram, board composition

	and standing committee structure. • Draft fit for purpose terms of reference for a board or standing committee.
Key content	• What governance delivers: strategic direction, oversight, accountability and stewardship. • Board roles, composition, competencies, independence and renewal. • Standing committees: finance and audit; quality and patient safety; human resources and ethics. • Organograms, delegation of authority matrices and reporting lines. • The board executive relationship and the role of the hospital director.
Methods	Illustrated lecture; organogram mapping exercise; terms of reference drafting workshop with peer review.
Materials & tools	Sample organograms; terms of

	reference template; governance maturity checklist.
Assessment & outputs	Draft terms of reference presented and critiqued in plenary.

Session 1.3 Board & Executive Meetings, Agendas & Calendar Management

SESSION 1.3 Board & Executive Meetings, Agendas & Calendar Management Duration: 120 minutes	
Learning objectives	• Construct an annual governance and management calendar covering board, committee, executive and departmental meetings. • Prepare decision oriented agendas and concise board papers, and chair meetings to closure. • Record minutes, resolutions and action logs, and track follow through to completion.
Key content	• The annual governance calendar: cadence of board,

	committee, executive and performance meetings. • Agenda architecture: consent, discussion and decision items; timing and sequencing. • Preparing board papers and executive summaries that enable decisions. • Chairing skills, quorum, declarations of interest and decision rules. • Minutes, resolutions registers and action log tracking between meetings. • Managing the director's diary: scheduling discipline, protected time and meeting hygiene.
Methods	Mock board meeting simulation with rotating chair; calendar building group work.
Materials & tools	Board agenda and minutes templates; annual calendar template; simulation brief.
Assessment & outputs	Observed performance in the simulated meeting; draft annual

	governance calendar produced.

Session 1.4 Ethics, Code of Conduct & Accountability Frameworks

SESSION 1.4 Ethics, Code of Conduct & Accountability Frameworks Duration: 90 minutes	
Learning objectives	• Apply ethical principles and a professional code of conduct to real hospital decisions. • Identify and manage conflicts of interest, gifts and misuse of institutional resources. • Design an accountability framework that links authority, responsibility and answerability.
Key content	• Ethical principles for health managers: integrity, fairness, confidentiality and beneficence. • Developing, launching and enforcing a hospital code of conduct. • Conflict of interest, declarations, gifts policies and disciplinary pathways.

	• Transparency, social accountability and answerability to patients and community. • Accountability lines: who answers to whom, for what, and through which evidence.
Methods	Ethical dilemma case cards; code of conduct drafting clinic; structured plenary debate.
Materials & tools	Model code of conduct; dilemma case cards; declaration of interest forms.
Assessment & outputs	Written response to an ethics scenario; personal accountability commitments recorded.

Module 2 Hospital Administration & Operational Systems

Aim	To build disciplined administrative systems policies, protocols, records, scheduling and facility services that make the hospital predictable, well documented and fully auditable.
Module outcomes	• Develop, approve and control policies, protocols and standard operating procedures. • Manage medical records and routine health

	information as assets for care and decision making. • Operate efficient scheduling, correspondence and front office systems. • Oversee facility infrastructure, utilities and support services to a defined standard.
Duration	One training day • Sessions 2.1 2.4 • 6.5 contact hours

Session 2.1 Administrative Protocols, Policies & Standard Operating Procedures

SESSION 2.1 Administrative Protocols, Policies & Standard Operating Procedures Duration: 120 minutes	
Learning objectives	• Differentiate policies, standards, guidelines, protocols and standard operating procedures (SOPs). • Draft an SOP with clear steps, responsibilities, records and version control. • Establish a hospital document control system with review cycles and controlled distribution.
Key content	• The policy hierarchy and the correct use of each administrative instrument. • Anatomy of a strong SOP: purpose, scope, responsibilities, procedure, records and references.

	• Drafting circulars, internal memoranda and official correspondence. • Version control, approval, dissemination, archiving and periodic review. • Auditing compliance with administrative protocols.
Methods	SOP writing workshop on a live hospital process; document control demonstration.
Materials & tools	SOP template; master document register; sample circulars and memoranda.
Assessment & outputs	One departmental SOP drafted to the RIYAADA standard.

Session 2.2 Medical Records, Documentation & Health Information

SESSION 2.2 Medical Records, Documentation & Health Information Duration: 90 minutes	
Learning objectives	• Organise the medical records system: creation, filing, retrieval, retention and legal safeguards. • Apply confidentiality, consent and access control principles to patient information. • Use routine health information (HMIS) data to inform management decisions.

Key content	• Functions and legal status of the medical record. • Numbering, filing, tracking, retention schedules and secure disposal. • Confidentiality, access control and release of information procedures. • HMIS registers, reporting flows and data quality checks. • Turning routine data into management information for the executive team.
Methods	Records department audit exercise; guided data interpretation laboratory.
Materials & tools	Records audit checklist; anonymised HMIS dataset.
Assessment & outputs	Records audit findings with prioritised improvement actions.

Session 2.3 Scheduling, Time Management & Front Office Administration

SESSION 2.3 Scheduling, Time Management & Front Office Administration Duration: 90 minutes	
Learning objectives	• Design duty rosters and clinic schedules matched to patient demand. • Manage the executive diary, appointments and correspondence flow with discipline. • Operate a responsive reception, information and complaints intake desk.

Key content	• Rostering principles, skill mix and shift coverage. • Outpatient scheduling, appointment systems and queue management. • Time management for managers: priorities, delegation and the major time wasters. • Correspondence handling, registries, referencing and follow up. • Front office service standards, patient information and complaint intake.
Methods	Roster building exercise; personal time audit; front desk role play.
Materials & tools	Duty roster template; time log; complaints register.
Assessment & outputs	Draft departmental roster; personal time management plan.

Session 2.4 Facility Management, Utilities & Support Services

SESSION 2.4 Facility Management, Utilities & Support Services Duration: 90 minutes	
Learning objectives	• Plan preventive maintenance for buildings, biomedical equipment and utilities. • Oversee support services laundry, dietary, transport, security and mortuary against service standards.

	• Institute routine inspection and reporting for the physical care environment.
Key content	• Facility and biomedical equipment maintenance planning and logs. • Water, power, medical gases, generators and fuel management. • Support service standards, in house versus outsourced delivery, and contract oversight. • Safety and security of premises, patients and assets. • Facility inspection rounds, scoring and reporting to the executive.
Methods	Facility walk through with structured checklist; maintenance planning exercise.
Materials & tools	Facility inspection checklist; asset register extract; maintenance log.
Assessment & outputs	Facility inspection report with prioritised corrective actions.

Module 3 Human Resource Management & Workforce Performance

Aim	To professionalise the management of the hospital workforce across the full employment cycle planning, recruitment, appraisal, development, motivation, teamwork and fair discipline.
Module outcomes	• Plan staffing levels against workload and service norms. • Operate a complete and fair performance management and appraisal cycle. • Develop, motivate and retain staff within real resource constraints. • Lead multidisciplinary teams, structured communication and constructive conflict resolution.
Duration	One training day • Sessions 3.1 3.4 • 6.5 contact hours

Session 3.1 HR Planning, Recruitment & Personnel Administration

SESSION 3.1 HR Planning, Recruitment & Personnel Administration Duration: 90 minutes	
Learning objectives	• Estimate staffing needs using workload indicators and national staffing norms. • Run transparent, merit based recruitment, selection and induction. • Maintain complete, confidential and

	audit ready personnel files.
Key content	• Human resource planning and workload indicators of staffing need. • Job analysis, job descriptions and person specifications. • Merit based recruitment, structured interviews and onboarding. • Personnel files, contracts, attendance and leave administration. • Essential HR policies and labour compliance considerations.
Methods	Staffing calculation exercise; structured interview role play.
Materials & tools	Job description templates; HR file completeness checklist.
Assessment & outputs	Staffing plan drafted for one clinical department.

Session 3.2 Performance Management, Appraisal & Staff KPIs

SESSION 3.2 Performance Management, Appraisal & Staff KPIs Duration: 120 minutes	
Learning objectives	• Set individual objectives and indicators aligned to hospital priorities. • Conduct supportive supervision

	and fair, evidence based appraisals. • Manage underperformance constructively through improvement plans.
Key content	• The performance management cycle from planning to reward. • SMART objectives and individual key performance indicators. • Supportive supervision and structured coaching conversations. • Appraisal instruments, common rating errors and feedback skills. • Recognition, performance improvement plans and proportionate consequences.
Methods	Appraisal role plays with observer feedback; objective setting clinic.
Materials & tools	Appraisal form; supportive supervision checklist.
Assessment & outputs	A mock appraisal conducted and documented to standard.

Session 3.3 Staff Development, Motivation & Retention

SESSION 3.3 Staff Development, Motivation & Retention Duration: 90 minutes	
Learning objectives	• Build a hospital training and continuing professional development plan from a needs assessment. • Apply motivation principles honestly within low resource realities. • Design practical retention, recognition and staff wellbeing measures.
Key content	• Training needs assessment and the annual training plan. • Mentoring, coaching and structured on the job learning. • Motivation where pay is constrained: purpose, fairness, growth and voice. • Recognition systems and improvement of working conditions. • Burnout, wellbeing and support for staff in demanding environments.

Methods	Rapid training needs assessment; motivation case studies.
Materials & tools	Needs assessment tool; annual training plan template.
Assessment & outputs	Departmental training plan outline for the coming year.

Session 3.4 Teamwork, Communication & Conflict Management

SESSION 3.4 Teamwork, Communication & Conflict Management Duration: 90 minutes	
Learning objectives	• Build and lead effective multidisciplinary teams. • Use structured communication briefings, handovers and escalation to protect patients. • Resolve conflict and manage grievances and discipline fairly and consistently.
Key content	• Team formation, roles and dynamics in hospital settings. • Structured clinical and managerial communication, including standardised handover. • Departmental meetings that inform, decide and follow up.

	• Conflict styles, negotiation and mediation for managers. • Grievance and disciplinary procedures: fairness, records and appeal.
Methods	Team task simulation; conflict resolution role play; guided reflection.
Materials & tools	Handover pro forma; grievance procedure flowchart.
Assessment & outputs	Observed team exercise; individual reflection note.

Module 4 Quality Assurance, Patient Safety & Clinical Governance

Aim	To embed a hospital wide system of quality assurance, continuous improvement, clinical audit, patient safety, risk management and genuinely patient centred care.
Module outcomes	• Apply the dimensions of quality and relate standards to measurable practice. • Lead quality improvement projects using the Plan Do Study Act method. • Complete the clinical audit cycle from criteria to re audit. • Operate incident reporting, root cause analysis and a living risk register, and strengthen patient centred care.
Duration	One training day • Sessions 4.1 4.4 • 7.0 contact hours

Session 4.1 Quality in Health Care: Concepts, Standards & Accreditation

SESSION 4.1 Quality in Health Care: Concepts, Standards & Accreditation Duration: 90 minutes	
Learning objectives	• Define quality of care and its internationally recognised dimensions. • Relate structure, process and outcome

	to measurable hospital standards. • Position the hospital on a realistic pathway towards national standards and accreditation.
Key content	• Dimensions of quality: safe, effective, timely, efficient, equitable and people centred care. • The structure process outcome framework applied to hospital services. • Standards, clinical guidelines and protocols: selection, localisation and dissemination. • Accreditation logic, self assessment and gap analysis. • The hospital quality committee, quality focal person and annual quality plan.
Methods	Standards gap self assessment; quality committee design exercise.
Materials & tools	Quality standards checklist; sample committee terms of reference.
Assessment & outputs	A one page hospital quality gap snapshot.

Session 4.2 Quality Improvement Methods & Clinical Audit

SESSION 4.2 Quality Improvement Methods & Clinical Audit Duration: 120 minutes	
Learning objectives	• Apply the Model for Improvement and PDSA cycle to

	a real hospital problem. • Use core improvement tools: process mapping, cause and effect analysis and run charts. • Plan and complete the clinical audit cycle: criteria, standards, data, feedback, change and re audit.
Key content	• The Model for Improvement and rapid PDSA testing. • Problem analysis tools: flowcharts, fishbone diagrams and the five whys. • Measurement for improvement and simple run charts. • The clinical audit cycle and criteria based audit design. • Documenting, reporting and sustaining improvement.
Methods	PDSA planning workshop; clinical audit design laboratory.
Materials & tools	QI project charter; clinical audit plan template.
Assessment & outputs	Draft PDSA charter the seed of the capstone improvement

	project.

Session 4.3 Patient Safety & Clinical Risk Management

SESSION 4.3 Patient Safety & Clinical Risk Management Duration: 120 minutes	
Learning objectives	• Establish incident and near miss reporting under a just culture response. • Analyse serious events using root cause analysis and contributory factor frameworks. • Build and maintain a hospital risk register with owners and mitigation plans.
Key content	• The scale and common sources of avoidable patient harm. • Safety culture and just culture: accountability without blame. • Incident reporting, grading, investigation and feedback to reporters. • Root cause analysis and system thinking in event review. • Risk registers, mitigation planning and executive safety walk rounds.

	• Medication safety and safe surgery essentials.
Methods	Root cause analysis case exercise; risk register building workshop.
Materials & tools	Incident report form; RCA worksheet; risk register template.
Assessment & outputs	A completed RCA plus three scored entries in a draft risk register.

Session 4.4 Patient Centred Care, Rights & Patient Experience

SESSION 4.4 Patient Centred Care, Rights & Patient Experience Duration: 90 minutes	
Learning objectives	• Translate patient rights into daily practice through a patients' charter. • Strengthen communication, informed consent, privacy and dignity in care. • Operate complaint, feedback and satisfaction systems that visibly lead to change.
Key content	• Principles of people centred

	and respectful care. • Patients' rights and responsibilities charters, and staff obligations. • Communication, informed consent and cultural sensitivity. • Complaints handling, service recovery and closing the loop. • Measuring experience: exit interviews and patient satisfaction surveys. • Community engagement and public accountability for services.
Methods	Patients' charter drafting; complaint case clinic.
Materials & tools	Sample charter; satisfaction survey instrument; complaints log.
Assessment & outputs	A prioritised list of patient experience improvement actions.

Module 5 Infection Prevention & Control, Hygiene & Health Care Waste

Aim	To protect patients, staff and the surrounding community through an effective infection prevention and control programme, rigorous environmental hygiene and sterilisation, compliant health care waste management, and occupational safety.
Module outcomes	• Operate an IPC programme built on standard and transmission based precautions. • Manage housekeeping, cleaning, laundry and sterilisation services to standard. • Run a compliant waste chain from segregation at source to final disposal. • Safeguard the workforce and prepare the hospital for fires and emergencies.
Duration	One training day • Sessions 5.1 5.4 • 6.5 contact hours

Session 5.1 The IPC Programme & Standard Precautions

SESSION 5.1 The IPC Programme & Standard Precautions Duration: 120 minutes	
Learning objectives	• Establish IPC governance: committee, focal person and trained link staff. • Implement standard and transmission based precautions across all services. • Monitor IPC performance with simple indicators and routine audits.
Key content	• The burden of health care associated infections and the chain of infection. • Core components of an effective

	hospital IPC programme. • Hand hygiene and the five moments; PPE; injection safety; aseptic technique. • Isolation and transmission based precautions. • IPC audits, basic surveillance and feedback to units.
Methods	Hand hygiene observation practice; guided IPC audit walk of a clinical area.
Materials & tools	IPC audit tool; hand hygiene observation form.
Assessment & outputs	A scored unit IPC audit with corrective actions.

Session 5.2 Environmental Hygiene, Housekeeping & Sterilisation

SESSION 5.2 Environmental Hygiene, Housekeeping & Sterilisation Duration: 90 minutes	
Learning objectives	• Set risk based cleaning standards, schedules and supervision for every hospital area. • Manage laundry, linen and food service hygiene to protect patients. • Oversee the decontamination to sterilisation workflow and its monitoring.
Key content	• Risk based cleaning zones, methods, frequencies and approved products. • Cleaning schedules, checklists and supervision of housekeeping teams.

	• The laundry and linen cycle. • Kitchen and food service hygiene essentials. • Decontamination, packing, sterilisation and release monitoring. • Monitoring housekeeping performance and patient environment audits.
Methods	Cleaning schedule design workshop; sterilisation process mapping.
Materials & tools	Cleaning checklist; sterilisation and autoclave logs.
Assessment & outputs	A ward cleaning schedule with a supervision plan.

Session 5.3 Health Care Waste Management

SESSION 5.3 Health Care Waste Management Duration: 90 minutes	
Learning objectives	• Apply segregation at source with correct colour coding and containers. • Manage internal collection, storage, transport, treatment and final disposal. • Plan, budget and monitor hospital waste management with assigned responsibilities.
Key content	• Categories of health care waste and their risks. • Segregation at source, colour coding, bins, liners and sharps containers. • Internal collection routes, storage times and safe transport.

	• Treatment and disposal options and minimum standards. • The hospital waste management plan: roles, training, budget and monitoring. • Waste related injuries and spill response.
Methods	Waste stream walk through mapping; segregation drill.
Materials & tools	Waste audit form; waste management plan template.
Assessment & outputs	A facility waste audit with a corrective action plan.

Session 5.4 Occupational Health, Safety & Emergency Preparedness

SESSION 5.4 Occupational Health, Safety & Emergency Preparedness Duration: 90 minutes	
Learning objectives	• Protect staff through immunisation, post exposure prophylaxis and injury reporting. • Implement fire prevention, response and evacuation readiness. • Establish a health and safety committee, inspections and regular drills.
Key content	• Occupational risks in hospitals: biological, chemical, physical and psychosocial. • Needle stick and exposure protocol, and PEP pathways.

	• Staff vaccination and health surveillance. • Fire prevention, equipment, escape routes and evacuation. • Emergency preparedness basics: incident command, triage and surge response. • The safety committee, workplace inspections and drills calendar.
Methods	Exposure scenario drill; fire and evacuation tabletop exercise.
Materials & tools	Exposure protocol; drill checklist; fire point map exercise.
Assessment & outputs	A departmental safety action list with owners and dates.

Module 6 Financial Management, Supply Chain & Performance Monitoring

Aim	To strengthen stewardship of money, medicines and materials, and to institutionalise measurement indicators, dashboards and structured review meetings so that resources are visibly converted into results.
Module outcomes	• Prepare, execute and control an activity based hospital budget. • Manage revenue and financial protection, and ready the hospital for social health insurance contracting. • Run a compliant, transparent procurement and logistics system that prevents stock outs and leakage.

	• Monitor a core set of hospital performance indicators and lead data driven performance reviews.
Duration	One training day • Sessions 6.1 6.4 • 7.5 contact hours

Session 6.1 Hospital Financial Planning, Budgeting & Internal Controls

SESSION 6.1 Hospital Financial Planning, Budgeting & Internal Controls Duration: 120 minutes	
Learning objectives	• Prepare an activity based hospital budget linked to the annual plan. • Monitor budget execution using commitment tracking and variance analysis. • Apply internal controls and produce financial reports that boards can act on.
Key content	• The budget cycle and basic costing of hospital services. • Revenue and expenditure structure in mixed financing environments. • Budget execution, commitments, cash planning and variance analysis. • Internal controls: segregation of duties, authorisation limits, cash and asset control. • Monthly financial reports for managers and boards. • Preparing for internal and external audit.
Methods	Departmental budgeting exercise;

	control weakness case series.
Materials & tools	Budget template; sample variance report; internal control checklist.
Assessment & outputs	A mini budget with a one paragraph variance commentary.

Session 6.2 Revenue, Health Insurance & Provider Payment Readiness

SESSION 6.2 Revenue, Health Insurance & Provider Payment Readiness Duration: 90 minutes	
Learning objectives	• Manage user fees, waivers and exemptions while protecting the poor from catastrophic costs. • Prepare the hospital for social health insurance empanelment and contracting. • Handle claims documentation, basic coding and quality linked payment requirements.
Key content	• Hospital revenue sources and financial protection obligations. • Fee setting, waivers and safeguarding vulnerable patients. • Social health insurance and strategic purchasing, with reference to the NSHIA agenda. • Empanelment readiness: standards, records, pricing, reporting and audit. • The claims cycle: documentation, submission, verification and denial

	prevention. • Quality linked incentives and purchaser measurement.
Methods	Insurance readiness self check; claims file case exercise.
Materials & tools	Empanelment readiness checklist; sample claim file.
Assessment & outputs	A hospital insurance readiness gap list with priority actions.

Session 6.3 Supply Chain, Procurement & Logistics Management

SESSION 6.3 Supply Chain, Procurement & Logistics Management Duration: 120 minutes	
Learning objectives	• Quantify needs and plan procurement ethically, competitively and transparently. • Operate stores with stock cards, min max levels and first expiry first out discipline. • Prevent stock outs, expiries and leakage, and manage the asset and equipment lifecycle.
Key content	• The supply chain cycle: selection, quantification, procurement, storage, distribution and rational use. • Procurement ethics, committees, thresholds and documentation. • Inventory control: min max, FEFO/FIFO, ABC and VEN analysis,

	bin cards and stocktaking. • Good storage practice, cold chain and controlled medicines. • Logistics reporting, stock status monitoring and stock out prevention. • Asset registers, planned maintenance and disposal.
Methods	Stock card practicum; structured store inspection exercise.
Materials & tools	Bin card; stock status report; store inspection checklist.
Assessment & outputs	Store audit findings with corrective actions and owners.

Session 6.4 Performance Indicators, Dashboards & Data Driven Review

SESSION 6.4 Performance Indicators, Dashboards & Data Driven Review Duration: 120 minutes	
Learning objectives	• Select a core hospital indicator set spanning clinical outcomes, service delivery, workforce and finance. • Build a one page hospital dashboard with definitions, targets and data sources. • Institutionalise a monthly performance review meeting that ends in recorded decisions.
Key content	• Key measures: bed occupancy, average

	length of stay, bed turnover, service volumes, mortality, infection rates, waiting times, staffing and financial indicators. • Indicator definitions, realistic targets and reliable data sources. • Dashboard design, visualisation and honest presentation of performance. • The monthly performance review: agenda, evidence, decisions and follow up. • Feeding results back to departments and up to the board. • Closing the loop: from measurement to improvement and accountability.
Methods	Dashboard building laboratory; mock performance review meeting.
Materials & tools	Hospital KPI reference sheet; dashboard template.
Assessment & outputs	A draft hospital dashboard presented and defended in plenary.

8. Indicative Six Day Intensive Timetable

Tea breaks run 10:30 11:00 and 15:30 15:45; lunch and prayer break 13:00 14:00. Timings are indicative and finalised with the host institution.

DAY	08:30 10:30	11:00 13:00	14:00 15:30	15:45 17:00
Day 1	Opening, pre test & 1.1	1.2 Governance & board	1.3 Meetings & calendars	Meeting simulation
Day 2	1.4 Ethics & conduct	2.1 Policies & SOPs	2.2 Records & HMIS	2.3 Scheduling
Day 3	2.4 Facilities	3.1 HR planning	3.2 Performance management	3.3 Motivation & retention
Day 4	3.4 Teamwork	4.1 Quality concepts	4.2 QI & audit	4.3 Safety; capstone
Day 5	4.3 Safety + 4.4 PCC	5.1 IPC programme	5.2 Hygiene & sterilisation	5.3 Waste management
Day 6	5.4 OHS + 6.1 budgeting	6.2 Insurance + 6.3 supply chain	6.4 Dashboards	Capstone, post test & closing

9. Monitoring, Evaluation & Post Training Follow Up

Training that ends at the classroom door changes little. The programme therefore includes a structured 90 day follow up phase.

1. Days 1 30: activate or refresh quality, IPC, risk, waste, meeting calendar and dashboard systems.
2. Days 30 60: RIYAADA coach conducts a facility visit or structured evidence based review call.
3. Days 60 90: teams submit a one page capstone progress report with indicator data.
4. The Academy issues the host institution a concise report on attendance, learning gain, outputs and next steps.

10. Companion Forms & Templates

This package is issued with the RIYAADA Hospital Training Forms & Templates Pack (RA HLMG 2026 002), containing the annual calendar, timetable, attendance register, pre/post test grid, evaluations, personal action plan, board agenda and minutes, clinical audit template and certificate wording.