

Guidelines for Holding Effective Meetings

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**Government of Nepal
Ministry of Health and Population
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Western Regional Health Directorate
Pokhara**

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Preface



I am delighted to introduce these "Guidelines for Holding Effective Meetings" in Nepal's public health sector. I hope that they prove useful for public health managers to conduct meetings effectively in order to improve the health service delivery system.

These guidelines have three chapters. The first chapter introduces the rationale and users of this guideline, the types of meeting and gives guidance on how to prepare for meetings. The second chapter describes the steps and processes to be followed for conducting effective meetings while the third chapter describes post-meeting follow-up activities.

My special thanks go to the Nepal Health Sector Support Programme (NHSSP) for technical assistance to prepare these guidelines. I hope such technical assistance between NHSSP and the Western Regional Health Directorate will increase in the future.

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SUMMARY

Each year Nepal's health institutions hold many types of meetings on different subjects and for different purposes. Effective meeting management is therefore crucial for the efficient management of Nepal's health system. Properly run meetings save time, increase the motivation and productivity of staff and help solve and prevent problems. Good meetings enable collective decision-making, planning and accountability.

This document presents a series of good practices and guidelines for conducting meetings in Nepal's public health sector.

These guidelines identify the eight types of meetings that commonly take place in Nepal's public health system; but recommend that meetings are only called where a meeting is the most effective way of disseminating or gathering information or arriving at a decision. Other more cost-effective means of achieving these ends should be considered.

These guidelines show regional, district, sub-district and community health leaders how to prepare for, hold and follow-up on meetings:

Meeting organizers should prepare by identifying the objectives, developing an agenda, choosing an appropriate place and time, identifying and inviting participants, distributing the agenda, arranging logistical support and arranging the room set-up.

The effectiveness of a meeting will depend largely on the style in which it is held with the consultative and consensus styles usually producing the best results. Chairpersons and facilitators should use an appropriate style, establish meeting norms, manage disruptive participants, and follow the agenda to conduct the business of the meeting within the set time.

The production of accurate minutes and an action plan for implementing decisions, and the monitoring of the implementation of the action plan are needed to follow-up and achieve the objectives of a meeting. To this end each meeting should start by reviewing the achievement of action points from previous related meetings.

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ACRONYMS

DHO	district health office
DPHO	district public health office
DoHS	Department of Health Services
EDP	external development partner
HP	health post
MoHP	Ministry of Health and Population
PHCC	primary health care centre
RHD	regional health directorate
SHP	sub-health post
WHO	World Health Organization

1 INTRODUCTION

1.1 Meetings

These guidelines provide guidance and recommended good practices for holding meetings in Nepal's public health sector.

Meetings are defined as gatherings of people to present or exchange information, plan joint activities, make decisions or carry out actions (Youth in Action Bulletin, 1999), and as gatherings of two or more people for achieving a common goal through verbal interaction, such as sharing information or reaching an agreement (Wikipedia, 2012).

Many types of meetings are held in Nepal's public health sector including annual review meetings, committee meetings, monthly progress meetings, quarterly performance review meetings, logistic management meetings and supervision and monitoring meetings. These meetings are mostly chaired by directors, regional directors, district (public) health officers, and health facilities in-charge. The types of meetings held by regional health directorates (RHD), regional and zonal hospitals, and district health and district public health offices are listed in Annex 1. In addition, inter-sectional or inter-departmental meetings are organized within RHDs, DPHOs, DHOs and zonal and regional hospitals each year.

The meetings held in public health systems are either open meetings where anyone can attend and contribute or closed meetings where only invited persons can attend (WHO, 1992). Meetings can be either private to discuss confidential and personal matters with selected persons or public to discuss subjects of public interest open to all interested persons. Meetings can also be formal following official procedures and certain protocols, or informal (Haynes, 1988).

These guidelines mostly relate to the regular meetings held in Nepal's public health sector but also apply to an extent to the holding of lectures, seminars, conferences, workshops, team-building sessions and programme launch events in the public health sector.

1.2 Objectives and rationale

The objectives of these guidelines are:

- to guide regional, district, and sub-district (ilaka) health personnel and community health leaders to plan and organize meetings and other meeting-like events;
- to encourage the timely and effective follow-up on decisions taken at meetings.

Meetings are very important to facilitate the work of any organization. Good meetings enable decision-making, planning, follow-up and accountability (ETU, 2012). Well-organised and well-run meetings help build strong and efficient organisations and generate enthusiasm for the programme of work. In good meetings, participants' ideas are heard, decisions are made and activities are given a better focus. In a public health setup, meetings are essential for proper management and communication (WHO, 1992). Properly run meetings can increase the motivation and productivity of staff and help solve problems. They can create new ideas and initiatives and diffuse conflict in a way that other forms of communication such as emails, memos and telephone calls cannot easily do.

Mehrabian (2012) points out how, in human interactions, tone of voice and nonverbal behaviour such as facial expressions are far more important for good communication than the written word and its literal meanings. Meetings therefore tend to be much more effective than

emails or memoranda for addressing issues and reaching discussions as they facilitate all three forms of communication and especially the very important face-to-face communication.

The main roles to be played in meetings and mentioned in these guidelines are those of:

- organisers, who are responsible for organising meetings;
- chairpersons, who are responsible for running and leading meetings and monitoring follow-up action points;
- presenters or facilitators who present or lead parts of a meeting;
- secretaries, who are usually responsible for taking minutes; and
- participants, who are all the people who attend a meeting (whether or not they actively participate).

Many of the people who organise and chair meetings in Nepal's public health sector have little if any training on how to run effective meetings. As a result meetings often suffer from:

- being held without an agenda with the chairperson floating issues for discussion and decisions resulting in inadequate focus and deviations in discussions and decision making;
- the failure to produce clear minutes and distribute them to participants; and
- the failure to follow-up and monitor the implementation of agreed action points.

The Department of Health Services (DoHS) and some of its divisions, including the Family Health Division, the Child Health Division, and the Epidemiology and Disease Control Division have issued directives on how to hold meetings. However, these directives only focus on administrative and financial procedures and give no details on how to plan and run meetings. Effective meetings do not happen spontaneously. They come about through good planning, clear responsibilities and monitoring and follow-up on action points.

1.3 Users of these guidelines

These guidelines have been produced for the following staff at all levels of Nepal's health system who are involved in organising and facilitating meetings:

- Regional directors and other senior staff who lead departments and sections in regional health directorates including senior (public) health administrators, senior public health nurses, programme managers and programme supervisors.
- Medical superintendents and chairpersons of regional and zonal hospitals and departmental heads in these hospitals.
- District (public) health officers and section chiefs in district health and district public health offices.
- Primary health care centre (PHCC) chiefs, chairpersons of PHCC management committees, sub-district (ilaka) level health facility in-charges and chairpersons of health facility management committees.
- Health post and sub-health post in-charges, chairpersons of health facility management committees and staff members in health posts and sub-health posts.

1.4 Materials and methods

These guidelines were prepared by observing the conduct of sub-district (Ilaka), district and regional level health programme review meetings, coordination meetings, monthly

performance review meetings and management meetings organized by regional health directorate, district (public) health offices and ilaka level health institutions in 2011 and 2012. The author also gained useful information from observing the planning, running, minuting and follow-up of meetings. Other information was taken from published and online sources.

1.5 Types of meetings

The following are the main types of meetings held in Nepal's public health system:

1. **Information sharing meetings** are held to inform participants about new policies, programmes and other developments. Before holding such a meeting the responsible person should consider if a meeting is needed to communicate the information or if the information could be communicated via a written memo, phone calls or email. In general, the more complex or controversial the information, then the more necessary it is to disseminate information face-to-face in a meeting.
2. **Information collection meetings** are held in the public health system to gather perceptions and ideas on topical issues. Such meetings are desirable to stimulate people's thinking or to encourage them to contribute ideas through brainstorming sessions. In this type of meeting judgements of other peoples' ideas are not allowed and freewheeling thinking is encouraged to encourage participants to air their suggestions. Such meetings should be held where group interaction is needed to generate and develop ideas.
3. **Instructional or training meetings** are held to build the skills of participants to better carry out their jobs. The various ways of building up skills include individual coaching, correspondence courses, independent study, outside training programmes and reading books and articles. The most cost-effective method should be chosen. In deciding whether or not to conduct in-house training meetings, it should be considered whether or not there are an adequate number of people with common training needs, whether a training meeting will satisfy the needs, whether facilities are available; whether participants can attend and whether qualified persons are available to plan, run and coordinate the meeting.
4. **Attitude creating meetings** are held to change attitudes or to convince participants about an idea, policy or decision. The various means of changing attitudes include PowerPoint presentations, audio-visual presentations, talking individually and by calling a meeting. In general, the written approach is not as effective as the oral approach. The oral approach offers more possibilities for persuasion by facilitators. It also offers the flexibility to adjust to participants' reactions and provides more opportunities for emphasis, overcoming objections and reacting to individual responses. However, disseminating information in written forms or through 'canned' presentations is usually cheaper and faster. A meeting should be held if it is felt that interaction will help sell the idea, policy or decision.
5. **Planning meetings** are held to plan for the future by setting goals, developing strategies, outlining tasks and schedules and arranging resources. Planning is a relatively complex task that demands inputs from different people. Planning meetings should therefore involve users, implementers and other stakeholders.
6. **Coordination meetings** are held to share programme goals and objectives with public health system personnel and NGO, private sector and external development partners to encourage collaboration, partnership and programme implementation. Such meetings are important for streamlining efforts and resources. They are also useful for allocating responsibilities among departments or sections and employees. Direct interactive meeting are best for achieving these goals.

7. **Decision-making meetings** are held to decide how to address an issue. The four main types of decision making are consultation, consensus, convenience and command decision making (Table 1). Among them consultation or consensus decision making is most likely to result in decisions that satisfy most stakeholders.

Table 1: Types of decision making styles

Style	Type of decision making	Need for meetings
Consensus	This is decision making as a group evolving through shared information and ideas with the group having the authority and responsibility to make the decision. It requires one-to-one discussions with individuals who have information and ideas, or are affected by the issue. This approach requires attention to people's needs and feelings.	Meetings are needed to get the agreement of participants and to facilitate the implementation of decisions.
Consultation	The responsible or most qualified person takes the decision after consulting other knowledgeable people.	Meetings are needed for consultations. These will often take longer and involve dealing with people's feelings at least as much as the subject in question.
Convenience	Here, the decision is taken in the easiest way by available persons with the responsible person communicating the decision to others at an information sharing meeting.	Meetings needed to communicate the decision.
Command	The responsible person takes the decision alone.	Meetings are needed to collect information and disseminate the decision.

As well as the level of acceptance by stakeholders, the availability of time and trust will affect the choice of decision making style and therefore determine the need for a meeting. Time pressure sometimes will cause the command style to override consensus or consultation. However, time pressure due to poor planning or too frequent crises should not be an excuse for using the command style. On the other hand the presence of trust in a group will see the consensus style overriding convenience and command decision making. If both time and trust are available then the consultation style is best.

8. **Problem solving meetings** are needed to address emerging problems such as staff absenteeism in health facilities, low productivity and grievances. In such cases chairpersons should go through a logical process to diagnose problems and develop appropriate means of solving problems. Before arriving at a decision, it is best to analyse the problem and diagnose the situation. Box 2 shows a systematic way of solving problems.

A meeting is often the best way of arriving at a good solution. An advantage of holding a meeting is that it allows affected people to be involved in identifying a solution. Only affected people should be involved in problem solving meetings. This may involve assigning small task groups to carry out this work. In difficult cases it may also involve a more consultative style of problem solving with the responsible person taking the decision after consultations have been carried out.

Box 2: An approach to solving a problem

- **Identify the problem**, find out who is experiencing the problem and what difference it would make if the problem did not exist and what the goal is for improvement.
- **Analyse the problem** to find out what is causing it.
- **Identify options** for overcoming the problem.
- **Test ideas by considering** which option is the most practical and cost effective for solving the problem.



2 CONDUCTING EFFECTIVE MEETINGS



2.1 Preparing for a meeting

Adequate preparation by facilitators and organizers is crucial for successful meetings. Careful planning involves setting objectives, developing an agenda, identifying and inviting participants, arranging the meeting space and other logistics and preparing documents for distribution:

1. **Assign responsibilities** — Clearly assign responsibilities for all the tasks involved in organising, conducting and following up on the meeting.
2. **Develop the objectives and agenda** — The responsible person should ensure that the meeting has a clear objective. An agenda should then be developed to define where and when the meeting will take place and what matters will be discussed in what order.
3. **Check the minutes of previous meeting** — If the new meeting follows a previous related one, then the chairperson should study the minutes of the previous meeting to check if any agenda items remain unresolved or action points unimplemented. Any unresolved issues should be dealt with in the first part of the new meeting before new topics are addressed.
4. **Distribute the agenda** — Meeting organizers should draw up a list of participants and distribute the agenda and background materials to enable participants to come prepared. Participants should be given a copy of the minutes of any previous related meeting. The organiser should check that all relevant documents are sent to all participants in sufficient time beforehand. Chairpersons should acquaint themselves with any reports, related correspondence and other relevant documents beforehand.
5. **Appropriate place, time and length** — A convenient time and place should be set for the meeting to encourage participation and the meeting room should be reserved. The length of meeting should be agreed on beforehand and followed. Long meetings that over-run discourage participants from attending future meetings.
6. **Logistical support** — The organisers should arrange logistical support including stationery, tea and coffee, snacks, microphones, a computer, a projector, a flip chart, a minutes book and any other equipment.
7. **Prepared participants** — Meetings are more likely to be successful where participants come prepared after studying the agenda and background material, and arrive on time with a notebook and pen. Such participants will tend to ask more pertinent questions and help move decisions forward.
8. **Meeting setup** — The most appropriate meeting room setup should be chosen taking into account the purpose, the number of participants and availability and layout of a suitable space. Table 2 shows the six common types of setup for meetings in the public health sector.

Table 2: The six type of setups for meetings

Setup	Description	Illustration
Auditorium	Participants sit in rows with no tables or desks in front. This setup is usually used for presentations where two-way discussions are minimal and questions are accommodated via an audience microphone. This setup is used when the group is relatively large, for example at annual review and planning meeting of RHDs, DPHOs and DHOs.	
Boardroom	Participants sit around a boardroom table. This setup is suitable for senior level director or focus group meetings. It facilitates high levels of interaction and good face-to-face contact. Participants communicate directly without needing a microphone.	
Classroom	Meeting participants face the front with a table or desk in front to enable note taking and consulting reference material. This setup is suitable for instructional or information sharing meetings where intensive interactions are not needed. It is appropriate for relatively large groups.	
U shaped	Participants sit around a U shaped arrangement of tables with the presenters occupying the open end of the U at the front. This setup is suitable for medium-sized groups (20-30 participants) and enables interaction between participants.	

Setup	Description	Illustration
Cluster	Participants are seated in separate groups. Each group is like a team with, for example, one department, section or district per team. This type of setup is used to run group sessions.	
Open theatre in the round	In rural areas where rooms may not be available, meetings can be held in the open with participants sitting in a circle.	

2.2 Effective meeting chairpersons

Good meeting leaders (chairpersons) will employ the appropriate meeting management style, establish meeting norms at the beginning, manage disruptive participants, seek to involve all participants, encourage consensus decision-making, keep discussions on track and strive to carry out the business of the meeting within the allocated time.

2.3 Meeting management styles

Chairpersons should use the appropriate management style for running a meeting. Among the following five styles the democratic style is usually most appropriate and the autocratic style the least appropriate (Rensselaer Polytechnic Institute 2012 and Tannebaum and Schmidt, 1973):

- Autocratic:** An autocratic management style is one where the chairperson presents their opinions and takes unilateral decisions with little consultation with other participants. This style can be advantageous in stressful circumstances where quick decisions are essential. It, however, has the disadvantage of excluding others' points of view and usually undermines staff morale by excluding staff from involvement in decision making and consultations. This type of management style may lead to meetings not being held at all.
- Consultative:** The consultative style of running a meeting happens where chairpersons take into account the best interests of participants as well as the performance of the organization. Although communication is generally downwards, feedback is encouraged. This style will tend to engender loyalty in employees, leading to less staff turnover.

- **Persuasive:** A persuasive chairperson will keep control of the decision making process, but will take more time to convince participants of the benefits of decisions. Such persons tend to be more aware of other participants' points of view.
- **Democratic:** Democratic chairpersons will involve participants in decision-making. This approach involves extensive communication between participants and the chairperson and can be particularly useful when complex decisions need to be made that require various contributions. However, this type of decision-making can take time. In addition, there is a risk that this approach can compromise the quality of decisions as it needs to accommodate the opinions of the majority of participants.
- **Laissez-faire:** In this type of approach, the chairperson acts as a mentor and stimulator, with participants managing their own decision making. This is inspirational leadership that recognises the strengths and initiative of participants. This style helps build quality professionals and creative employees. However, where the chairperson has limited expertise in facilitating meetings and a limited ability to communicate a strong vision, such an approach can lead to ineffective meetings that fail to resolve disparate and conflicting points of view.

2.4 Opening meetings

Chairpersons should allow a reasonable time to wait for latecomers (around 30 minutes, depending upon the organization's culture and rules). They should then open the meeting by:

1. checking and only starting if a quorum of participants is present;
2. declaring the meeting open;
3. greeting all participants and making them feel welcome, even if they arrive late;
4. announcing the names of any invitees who have sent apologies for absence; and
5. agreeing on meeting norms (see below).

2.5 Meeting norms

The meeting chairperson should get agreement on meeting norms at the start of a meeting (Heathfield, 2012). Such norms may have been developed in a previous meeting to guide participants' behaviour. These norms need to be posted where meeting participants can read them.

Key norms for public health meetings include the following:

- **Timely attendance:** Participants should aim to arrive at a meeting five minutes before it is due to start.
- **Mobile switch off:** Chairpersons should remind all participants to switch off or put their mobile phones on silent.
- **Equal participation:** All participants should normally be equally entitled to express their opinions regardless of their position in the organisational hierarchy, and all legitimate contributions should be considered no matter who makes them.
- **Stick to the agenda:** Participants should speak only on agenda issues unless there is agreement to consider other issues.
- **Respectful communication:** Participants should respectfully communicate with one another. No participants should speak down to other participants and all should positively

recognize all legitimate contributions. Participants should only speak one-at-a-time and not unduly interrupt one another.

- **Careful listening and no side talk:** Participants should listen to others' contributions without interrupting, and not engage in side-talk or competing conversations.
- **Conflict resolution:** Conflicts should be resolved directly with the persons involved.
- **Leaving the room:** Participants should only leave for an urgent reason such as going to the toilet or making an urgent phone call after taking permission from the chairperson.
- **End on time:** Chairpersons should strive to address all important issues within the agreed time and finish the meeting on time.

2.6 Reviewing previous meeting minutes

The minutes of the previous meeting should be made available for review to all participants before the meeting. Any participant who feels that the minutes are inaccurate may suggest changes. If there are only minor corrections, then the chairperson can ask participants to accept the minutes with hand written corrections.

Chairpersons should also deal with any unresolved business arising from previous meetings. Such issues should be listed in the agenda. This includes the making available of any reports, information or other matters of substance requested at previous meetings. It is good practice to review decisions taken at the previous meeting and the implementation of action points.

2.7 Usual business

Chairpersons should conduct meetings according to the order in the agenda unless it is altered with the consent of participants. They need to confine discussions to agenda items and see that they are adequately addressed before moving on to the next item. They should facilitate debate, provide the opportunity for all who wish to speak, see that remarks are addressed to the Chair and disallow private discussions or personal matters from being introduced in a negative way. They should decide who is to speak if two people try to speak at the same time. The chairperson should make it clear why they take any decisions they take, especially contentious ones.

2.8 Managing disruptive participants

Meeting participants can be categorised as either supportive or disruptive (Shoop, 2003). Supportive participants (see Table 3) facilitate effective meetings while disruptive participants (Table 3) disturb and prolong meetings and hinder the achievement of meeting objectives. Chairpersons should be able to identify these two types and know how to manage disruptive participants.

Table 3: The nine types of supportive meeting participants

Type	Role in meetings
The tension reliever	Uses humour or calls for a break at appropriate times in meetings to relieve tension
The compromiser	Is willing to yield when necessary for progress
The clarifier	Offers rationales, probes for meaning and restates problems
The tester	Raises questions to test if a group is ready to come to a decision
The summarizer	Tries to pull discussions together, reviews progress and facilitates a conclusion
The harmonizer	Mediates differences of opinion and reconciles points of view
The encourager	Praises and supports others for their contributions
The gate keeper	Keeps communications open and creates opportunities for participation
The rationalist	Makes worthwhile contributions as their ideas are well thought-out.

Table 4: The 11 types of disruptive meeting participants

Type	Role in meetings
The aggressor	Undermines other participants and frequently disagrees and criticizes
The blocker	Is bad mannered, usually disagrees, introduces irrelevant information and keeps returning to previous topics
The withdrawer	Does not participate in the agenda according to meeting norms, but carries out private conversations and takes personal notes
The recognition seeker	Talks excessively and loudly to be recognised
The topic jumper	Keeps changing the subject and tries to prevent discussion on certain subjects
The dominator	Tries to dominate discussions, assert their authority and manipulate the group
The special pleader	Draws attention only to their own concerns
The playboy/girl	Shows off, tells funny stories, introduces irrelevant issues and demonstrates cynical behaviour
The chatterer	Talks continuously, rarely on topic, and has little to contribute
The sleeper	Shows disinterest in the meeting and can even sleep with his or her eyes open!
The trapper	Seizes any opportunity to trap the chairperson.

Managing disruptive participants is a challenging job. Chairpersons should think strategically to deal with disruptive participants and prevent them from hindering the completion of meeting agendas. Chairpersons should ensure that all participants understand their responsibilities and meeting norms and encourage them to contribute their personal experiences and expertise. A key strategy here is for chairpersons to try and engage participants by, for example, saying to silent meeting members:

- "Ram, have you not done this in your work? What was your experience?"
- "Shyam, you have been rather quiet — do you have an opinion on this issue?"

The chairperson can also consider breaking a meeting into smaller groups to improve participation.

Chairpersons should try and manage dominant participants by, for example, redirecting discussions to other members saying:

- "We all recognize your expertise in this area, but let's hear from others in case other ideas emerge".
- "Gyan has made his opinion clear; would anyone else like to add anything?"

Managing negative participants can also be difficult. The chairperson should try to understand why they are being negative and direct discussions to other members. If such behaviour persists, then chairpersons should consider speaking to them personally to bring them into line.

2.9 Decision making

During meetings agenda items should be considered one by one. Suggestions will be made on how to address issues and decisions taken. Where a consensus cannot be reached a vote should be taken by participants first raising their hands if they agree and then raising their hands if they disagree. In the event of a tie, the chairperson will usually decide the result. It is better if decisions can be made by consensus.

2.10 Ending meetings

After all agenda items have been addressed participants should have the chance to raise any other business they feel is important. No very important or complex issues should be raised in this way.

At the end of meetings chairpersons should advise members of the date and time of the next meeting, thank all participants and declare the meeting closed.

3 MINUTING AND POST MEETING FOLLOW UP

3.1 Writing minutes

Minutes are the official record of a meeting and it is therefore essential that meeting decisions are recorded accurately in minutes. This serves as a reminder of issues that need to be followed up on and prevents future arguments about what decisions were made. Minutes are also a guide for the chairperson and secretary when drawing up the agenda for the next meeting. They also serve to help organizations learn from past failures and successes when reflecting on meetings of the past year when writing annual reports.

The three aspects of writing good minutes are listening, taking notes and writing the minutes:

Listening is a very important skill. Secretaries must not only listen to what is being said but ensure they understand what is being said.

Note taking is important to prepare good minutes. Secretaries should write down only the main points and decisions. They need to identify the main points of the discussion and should pay special attention to any decisions taken and if necessary, ask for decisions to be repeated or clarified. They should not hesitate to stop a meeting if they are unclear about any issues discussed or decisions.

Meeting minutes should include information on the nature of the meeting, date, time, venue, participants, visitors and guests, apologies for absence and summaries of discussions and decisions. They should also note things to be followed up on and who is responsible for follow-up. Minutes should be written neatly in minute books or be filed away neatly. The minute book or file should be kept safe available for consultation by authorised persons.

If meeting minutes are typed on a computer, the secretary should make a printout and check for accuracy in language and content. Then a corrected copy should be printed and signed by the secretary and chairperson. This copy can be scanned and sent by email or fax to participants, relevant departments and the ministry for quick distribution. The official copy should be filed away safely.

Meeting minutes should be produced as soon as possible after the meeting. They should be checked and corrected before being signed by the secretary and chairperson. They should be distributed to participants as soon as possible for implementation of the meeting's decisions, ideally within 24 hours of the meeting.

The signed copy of the minutes should be either in the minute book or in the official file if it is a computer printout. An official copy should be sent to the organisation's headquarters. Thus regional health directorates, DPHOs and DHOs should send copies to the Department of Health Services and the Ministry of Health and Population.

3.2 Post-meeting follow up

An effective meeting decides on action points for follow-up to keep up the momentum on meeting decisions. Decisions made at a meeting may well only be put into action if there is effective follow-up. Thus chairpersons should ensure that meeting minutes are sent to all participants and that all meeting documents including the agenda, minutes and supporting documents are filed away together. These records can then be checked if past decisions are questioned. Chairpersons need to monitor that follow up actions take place and remind people about their responsibilities for follow-up.

Meeting action points should be followed up in the following ways:

- **Remove confusion on decisions:** The chairperson should inform relevant non-participants about meeting decisions (DoHS, 2011) and seek to resolve any confusion they have about any decisions.
- **Make an implementation plan:** An action plan should be made for implementing meeting decisions. This is especially needed to guide implementers who were not present at the meeting. Such plans should identify responsible persons, resource needs, the delegation of authority and other support functions.
- **Arrange resources:** The chairperson should arrange human resources, materials and finances for implementing meeting action points.
- **Appoint focal persons:** A focal person should be appointed for each action point. These persons will be responsible for reminding all concerned what they have to do and to ensure they do it. The focal person shall report results to the chairperson.
- **Delegate authority and set deadlines:** The chairperson should delegate authority to focal persons and other relevant staff and set deadlines for completing delegated tasks.
- **Monitor action points:** Chairpersons should monitor progress on the implementation of action points to ensure that progress is on track for completion with high quality outputs.
- **Set review dates:** The chairperson should set review dates before deadlines to check that progress is on track. If it is not, then they should prompt focal persons and other staff to accelerate progress.

REFERENCES

- Borges, M.R.S., Pino, J.A., Valle, C. (2003). On the Implementation and Follow-up of Decisions. In *Proceedings of the DSIAge-International Conference on Decision Making and Decision Support in the Internet Age*. Cork, Ireland, pp. 366-375.
- Wikipedia (2012). <http://en.wikipedia.org/wiki/Meeting> (Accessed 8 June 2012).
- ETU (Education and Training Centre) for Democracy and Development (2012). *Meeting Skills*, Johannesburg, South Africa.
- DoHS (Department of Health Services) (2011). *Operating Manual for Department of Health Services*, Ministry of Health and Population, Kathmandu, Nepal.
- Heathfield, S.M. (2012). *How to Create Team Norms: Adopting Guidelines for Team Member Relationships*, <http://humanresources.about.com/od/teambuilding/qt/norms.htm> (Downloaded 20 June 2012).
- Haynes, M.E. (1988). *Effective Meeting Skills*. Crips Publications, Inc., Los Altos, Canada.
- Mehrabian, A. (2012) Communications Model, <http://www.businessballs.com/mehrabiancommunications.htm>, (Accessed 9 June 2012).
- Rensselaer Polytechnic Institute (2012). *Exploring Different Management Styles*, <Http://www.rpi.edu> (Retrieved 14 May 2012).
- Shoop, B.L. (2003). *How to Run an Effective Meeting*, New York, USA.
- Tannebaum, R., Schmidt, W (1973). *How to Choose a Leadership Pattern*. Harvard Business Review, May/June 1973.
- WHO (1992). *Organizing Health Team Activities on Being in Change*. Second edition, World Health Organisation, Geneva, Switzerland
- Youth in Action (1999). What is a Good Meeting? In *Youth Action Bulletin*, 1999, No. 10.

Annex 1: Types of Meetings Held in Regional Health Directorates, Regional and Zonal Hospitals and District (Public) Health Offices

- 1 Review meetings (annual, half yearly, quarterly, monthly)
- 2 Event management meetings (Leprosy Day, TB Day, Hand Washing Day, Population Day, etc.)
- 3 Planning and monitoring meetings
- 4 Coordination meetings with INGOs, external development partners and private sector organisations
- 5 Administrative meetings (promotion, deputation, transfer, staff management)
- 6 Procurement related meetings (tendering, tender opening, tender approval)
- 7 Supply management meetings
- 8 Service contract management related meetings
- 9 Quality care meetings
- 10 Natural disaster and epidemiological disease outbreak management meetings
- 11 Seasonal camp management meetings (providing specialists services to rural people)
- 12 Data verification and validation meetings
- 13 New policy and programme dissemination meetings
- 14 Preparatory meetings for launching new programme
- 15 Sectoral programme management meetings (e.g. TB, leprosy, HIV-AIDS, safer motherhood, family planning, nutrition, immunization, malaria, population, adolescent sexual and reproductive health, oral health, mental health)
- 16 Waste disposal management meeting
- 17 Drugs, goods and equipment (lilami) auction meetings
- 18 Financial management meetings.