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& GOVERNANCE PROJECT**



Inspired Leadership. Sound Management. Transparent Governance

Leadership, Management & Governance (LMG) for Midwifery Managers

Facilitator's Guide



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Amref Health Africa Virtual Training School (AVTS), Nairobi

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List of Abbreviations and Acronyms

HMIS	Health Management Information System
HRH	Human Resource for Health
HSS	Health Systems Strengthening
ICT	Information, Communication, and Technology
LMG	Leadership, Management and Governance (Project)
L+M+G	Leadership, Management and Governance (Skills)
LMICs	Low- and Middle-Income Countries
M&E	Monitoring and Evaluation
MNCH	Maternal, Newborn, and Child Health
MSH	Management Sciences for Health
SSA	Sub-Saharan Africa
SWOT	Strengths, Weaknesses, Opportunities, and Threats
WHO	World Health Organization

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Lastly, we wish to acknowledge each of the trainers and participants who have utilized this course to produce meaningful improvements in maternal, newborn, and child health (MNCH) in their respective countries. Your vision and dedication to improving health outcomes for vulnerable populations is the guiding light for this work.

Part 1

Introduction

Introduction

Background

The Leadership, Management & Governance (LMG) for Midwifery Managers Course addresses the need to provide continual professional development and training to midwifery service managers in the public and private health sectors in Sub Saharan Africa (SSA). Despite preliminary leadership and management instruction that midwives oftentimes receive in basic training, insufficient knowledge and leadership, management, and governance (L+M+G) skills has led to:

- Weak health systems;
- The mobilization and management of limited financial resources;
- Weak monitoring and evaluation systems to evaluate service delivery impact;
- Limited use of information and communications technology in health services delivery; and
- Unmotivated service providers due to poor work climate and a lack of professional coaching/mentoring.

It is for this reason that the Leadership, Management & Governance Project is seeking to equip midwifery managers with L+M+G skills to enable them to proactively identify clinical workplace challenges and implement innovative, locally-driven solutions. The LMG for Midwifery Managers course aims to ensure that every African midwifery services manager can be an agent of transformative leadership in their service delivery workplaces.

Training Rationale

Effective leadership is the greatest enabler for good governance of resources in health systems. The Leadership, Management & Governance (LMG) for Midwifery Managers certificate course is based on the rationale that there is a need to:

- Build the capacity of midwifery managers to improve their problem-solving capabilities;
- Provide lower levels of the health system with effective leaders and managers, especially as the trend towards health system decentralization intensifies;
- Improve midwifery managers' resource mobilization competencies, thus addressing the health facilities' oftentimes limited capacity to mobilize and absorb funds;
- Improve midwifery managers' monitoring and evaluation (M&E) skills to facilitate improved reporting of MNCH constraints, needs, and outcomes;
- Utilize L+M+G skills to improve service quality and efficiency in SSA.

Furthermore, the Lancet and World Health Organization have identified the lack of leadership, management, and governance (L+M+G) skills among midwives as a critical barrier to effective delivery of maternal, neonatal, and child health services and achievement of the Millennium Development Goals. Training midwifery managers in L+M+G will therefore help to address poor and inequitable health indicators, especially in regards to MNCH in SSA.

Target Group

The Leadership, Management & Governance for Midwifery Managers course is designed for midwifery managers in public and private health facilities. While the course is currently implemented only in SSA, the universality of its themes enables it to be applicable to midwives practicing in all regions of the world. This guide is particularly useful for those who wish to facilitate the course, but can also be helpful for participants who wish to follow along.

Course Goal

The goal of this course is to strengthen midwives' command of the L+M+G practices required to sustainably improve the health outcomes of populations in low- and middle-income countries (LMICs).

Broad Course Objectives

- Improve leadership and management skills and practices of midwifery managers
- Improve governance of health programs and institutions
- Produce measurable results through team projects that support organizational missions and visions
- Leverage reliable tools and processes for defining and addressing challenges
- Improve teamwork and work climate

Performance Objectives

Upon completion of the course, participants will be expected to have gained the skills to:

- Apply leadership, management, and governance skills to improve management of MNCH services
- Demonstrate strategic problem-solving skills while handling MNCH challenges
- Effectively manage human resources issues related to the delivery of MNCH services
- Demonstrate resource mobilization and management skills
- Apply M&E skills to track results-based implementation of MNCH services

Course Facilitators

The course facilitators will be drawn from different parts of the health system in the countries where the training is implemented. They will undergo training on facilitation of the course curriculum during a Training of Trainers workshop prior to course implementation. They can then use this guide, coupled with the course slides, to deliver the course to midwifery managers in their home countries.

Course Delivery

The course is delivered through a blended participatory method:

- Participants complete a 5-day in-person training that covers five modules. The in-person training offers an opportunity for facilitators to introduce the course content to participants while also encouraging participants to share prior experience with L+M+G practices.
- Participants spend the 6 months following their in-person training implementing an action plan that utilizes L+M+G skills to address a clinical MNCH challenge in their workplace.

- During the implementation period, facilitators provide supportive supervision to participants and coach them on how best to apply LMG theory into practice. They also provide support in ensuring quality collection of data for monitoring and evaluation purposes.
- Participants are encouraged to continue their learning via distance learning, by engaging with the course content on CD-ROMs and interacting with facilitators and other participants using email and mobile technologies.

General Competencies Participants Acquire

Demonstrate Leadership Qualities	<ul style="list-style-type: none"> • Develop self-awareness • Manage oneself and others • Continuous personal development • Act with integrity
Working with Others	<ul style="list-style-type: none"> • Develop networks • Display effective interpersonal communication skills • Build and maintain relationships • Encourage contributions from others • Work within teams
Manage Services	<ul style="list-style-type: none"> • Strategically plan • Mobilize resources • Manage resources • Manage people • Manage performance • Set priorities in the workplace
Improve Services	<ul style="list-style-type: none"> • Ensure patient safety • Encourage service delivery improvement and innovation • Facilitate personal transformation
Set Direction	<ul style="list-style-type: none"> • Identify the context for change • Apply knowledge and make evidence-based decisions • Critically evaluate program impact
Create the Vision	<ul style="list-style-type: none"> • Develop a vision for the organization/clinic • Influence the vision of the wider health care system • Communicate the vision to stakeholders • Embody the vision

Guiding Principles for Implementing the Course

Individuals seeking to implement this course should ensure that its delivery is:

- **Evidence-based:** The course and its implementation should be locally-tailored and informed by evidence. The content delivered should reflect current trends as much as possible.

- **Gender-responsive:** The course should be gender-responsive in terms of language, content, and selection of participants. It should also encourage participants to examine gender-based challenges or solutions to common workplace issues.
- **Focused on health outcomes:** The course should ultimately focus participants on utilizing L+M+G skills for the purpose of improving priority health indicators.
- **Team-focused:** The course focuses on individual and group empowerment to achieve enhanced teamwork, because large-scale changes in health service delivery call for team approaches. The participants should therefore be encouraged to work in teams/groups during the in-person training.
- **Relevant to local context and needs:** The course content should be locally-tailored and reflect participants' common experiences. The scenarios used in facilitating the training should be adapted to the proper context as much possible. Facilitators should guide participants to pick action plans that will be relevant to the health system context of the midwifery manager's work.
- **Supported by relevant stakeholders:** The course and associated training should leverage the input of relevant stakeholders. Stakeholders should be appropriately sensitized and consulted to get their support and ownership.
- **Used to address priority health challenges:** The course should be implemented in a way that prepares participants to apply their new L+M+G skills to improve family planning, reproductive health, and MNCH outcomes.

Course Structure

The LMG for Midwifery Managers course is structured in five modules that contain individual units. The units will be covered during the in-person training, and then participants will engage in self-directed learning using the prepared content as they implement their action plans. The modules and units are as follows:

Modules	Units	Hours
Module 1: Leadership, Management and Governance (L+M+G) Practices (6 hours)	Unit 1: Leadership and Management Practices	2
	Unit 2: Governance Practices	1.5
	Unit 3: Gender Issues in Leadership, Management and Governance	1.5
Module 2: Strategic Problem Solving (8 hours)	Unit 1: Creating a Mission and Vision	45 mins
	Unit 2: The Challenge Model	1
	Unit 3: Situation Analysis	1
	Unit 4: Defining Measurable Results	1
	Unit 5: Root Cause Analysis	1.5
	Unit 6: Selecting Interventions and Making an Action Plan	1.5
Module 3: Leading People (7 hours)	Unit 1: Interpersonal Communication	1
	Unit 2: Assertiveness and Conflict Management	1
	Unit 3: Teamwork, Recognition, and Motivation	1

	Unit 4: Coaching and Mentoring	1.5
	Unit 5: Advocacy and Public Relations	1.5
Module 4: Managing Resources (6 hours)	Unit 1: Human Resource Management	45 mins
	Unit 2: Resource Mobilization	1
	Unit 3: Change Management	1
Module 5: Monitoring and Evaluation (5 hours)	Unit 1: Introduction to Monitoring and Evaluation	1.5
	Unit 2: Health Information for Decision-making	1
	Total (Not including time to complete relevant tasks, as shown in sample course schedule)	23 hours

Entry Requirements

The course targets leaders and managers in the area of midwifery. Selection criteria include:

- Mid-level midwives managing midwifery programs in both public and private institutions within SSA
- Individuals who are committed to mentoring other midwifery colleagues in L+M+G practices

Learners' Evaluation (Theory and Practice)

Course impact will be measured in a number of theoretical and practical ways:

- A pre-training questionnaire will be given to participants to assess their level of knowledge on L+M+G practices prior to beginning the program
- A post-training questionnaire will be given to participants 6 months after the 5-day training to assess the acquisition of knowledge, skills, and attitudes gained during the course
- Participants will have an opportunity to evaluate each of the sessions during the in-person training
- Facilitators will work with individual participants to develop an M&E Plan to accompany their action plans. Indicators from these plans will be reported to facilitators and LMG staff on a regular basis to assess program impact.

Training Methods and Facilitation Skills

This course is built to utilize an experiential and action-based learning approach to address concrete work-related challenges that midwifery managers face on a day-to-day basis. The content addresses cross-cutting issues relevant to various countries, cultures, and regions, especially in regards to MNCH services. From the first day of the training, participants are guided to identify a particular challenge that affects delivery of MNCH services in their facility/region and to start designing a transformative action plan to address that challenge. In every module, the participant learns new L+M+G skills that help to finish the action plan and associated documents by the end of the in-person training. Facilitators are expected to identify emerging and contextual gender issues throughout the training with participants, and guide them to apply L+M+G principles to address the issues through individual or group exercises.

Facilitators are expected to minimize the use of lectures and employ other facilitation skills such as questioning, paraphrasing, summarizing, and participatory exercises. The course PowerPoint slides that are provided to facilitators and participants are not meant to be exhaustive of every content area, but

rather to guide course delivery. Facilitators are encouraged to adapt these slides in accordance with local context. In addition, facilitators are expected to use the following training methods:

- Small-group discussions
- Plenary discussions
- Role playing
- Case studies
- Team presentations
- Team projects
- Lectures
- Coaching
- Guided reflection

Certification

Participants will be given a certificate of participation upon successful completion of the Leadership, Management & Governance for Midwifery Managers course. In order to “graduate”, participants must complete the 6-month action plan and submit all required forms as indicated in the Participant Workbook. The certification will be offered jointly by the Leadership, Management & Governance project.

How to Use the Facilitator’s Guide

This facilitator’s guide is written specifically to provide guidance to the facilitator on how to deliver each module and unit of the course. This guide expands upon the Course Curriculum, which provides a brief overview of each module and unit. Use of the course PowerPoint slides and this Guide will ensure a more effective, efficient, and standard delivery of the training course. Good luck!

Part 2

Course Schedule

Suggested Course Schedule

Leadership, Management & Governance for Midwifery Managers Course – Suggested Course Schedule					
Time	Day 1	Day 2	Day 3	Day 4	Day 5
8.30 – 9:30	Opening and Welcome	Recap of Previous Day Housekeeping Issues Agenda for the Day	Recap of previous day Housekeeping issues Agenda for the day	Recap of previous day Housekeeping issues Agenda for the day	Recap of previous day Housekeeping issues Agenda for the day
	Introductions				
	Expectations	Creating a Mission and Vision	Task: Finalize Action Plans	Human Resource Management	Task: Participant Post-Test
9:30 – 10:30	Ground rules Workshop overview (goals, objectives, schedule) Task: Participant Pre-Test	The Challenge Model Task: Identify measurable result and begin to fill in Challenge Model	Interpersonal Communication	Resource Mobilization	Task: Finalize all course documents
10:30 – 11:00	Tea Break				
11.00 – 1.00 pm	Leadership and Management Practices	Situation Analysis Defining Measurable Results Task: Finalize SMART Objective (DMR)	Assertiveness and Conflict Management Teamwork, Recognition, and Motivation	Task: Complete Resource Inventory Table Change Management	Project presentations Closing ceremony
1:00 – 2:00	Lunch Break				
2:00 – 3:30	Governance Practices	Root Cause Analysis	Coaching and Mentoring	Introduction to Monitoring & Evaluation	
3:30 – 5:00	Gender Issues in Leadership, Management and Governance	Selecting Interventions and Making an Action Plan Task: Begin Action Plan	Advocacy & Public Relations	Health Information for Decision-making Task: Complete M&E Plan with Facilitator Input	

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Part 3

Facilitator's Guide

Module 1: Leadership, Management, and Governance (L+M+G) Practices



Module 1 Purpose: To apply leadership, management, and governance practices in managing MNCH services

Unit 1: Leadership and Management Practices



Time: 2 hours



Content:

Definition of leadership and management; theories and levels of leadership and management; roles and styles of a leader; leadership skills; leadership approaches and frameworks; qualities of a good leader; principles and functions of management; managerial roles; management skills and approaches; result based management



Learning Resources and Materials:

PowerPoint slides
Handout: Leadership and Management Practices
Handout: LMG Framework
Group work
Buzz in pairs
Flipchart paper
Markers

Specific Objectives:

- Describe leadership & management theories and concepts
- Explain the qualities of effective leadership
- Describe the 4 leading & 4 managing practices
- Explain the integrated L&M results model in MNCH services delivery
- Apply appropriate L&M practices in delivery of MNCH services
- Apply LMG knowledge & skills to manage gender issues in MNCH services delivery

Training Methods and Learning Activities:

Ask participants to buzz in pairs on the following:

- What is leadership?
- What is management?
- What is the difference between the two concepts?

Ask each pair to report and record responses on flip chart paper

Fill in gaps with notes on facilitator's notes section

Divide participants into groups of 3, each group answers the following questions

- What are the roles and functions of leader?
- What are the roles and functions of a manager?
- What are the qualities of a good leader?
- What are the qualities of a good manager?
- What are the different leadership styles?
- What are the different management approaches?
- What are the different leadership practices?
- What are different management practices?

Each group reports back in plenary with their findings

Facilitator fills in gaps using an illustrated lecture and also discusses the following:

- Theories of leadership; levels of leadership; leadership frameworks
- Management theories
- Result Based Management (RBM)
- Management By Objectives (MBO)
- An overview of quality management



Facilitator Background

The concepts of **leadership, management, and governance (L+M+G)** encompass strategic direction, making plans and policies, effective oversight, regulation, motivation, and establishing partnerships that integrate all health systems building blocks to achieve improved service delivery results.

Millions of people still die every year from infectious diseases and other preventable causes, no matter how much money we put into improving health services, health systems, educational campaigns, health worker training, equipment, and facilities. Medically, we know what to do to save these lives and significantly reduce illness. Scaling up these high-impact interventions and proven best practices is the key to preventing avoidable deaths and achieving major improvements in health. However, scale-up does not happen without inspired leadership and skilled management.

However, you do not have to be like Mother Teresa, Mohandas Gandhi, or Nelson Mandela to make a difference in the lives of others. Unlike each of these heroes, you do not have to make enormous personal sacrifices. You can be like the many health care managers and providers who have quietly - and without great personal sacrifice - made critical changes in their organizations that brought good services and good health to their clients. We believe that you can join these people by becoming a manager who leads.

Leadership involves strategically developing and implementing plans and policies with accountability and transparency. Good leadership requires the ability to face challenges to achieve results in complex conditions, and this can and should be practiced at all levels.

According to *The Health Systems Assessment Approach: A How-To Manual* (Islam 2007), good governance in the health sector is characterized by competently directing health system resources, performance, and stakeholder participation toward the goal of saving lives. This must be accomplished in ways that are open, transparent, accountable, equitable, and responsive to the needs of the people. For health care interventions to work, countries need effective policymaking, transparent rules, open information, and active participation by all stakeholders in the health sector. The concept of good governance has gained prominence as interest in improved economic performance and poverty reduction in low- and middle-income countries has risen. Several other factors also highlight the need for good governance in the health sector:

- the growth of large new multi-sectoral bodies with responsibility for the oversight of complex partnerships;
- an unprecedented level of funding for health in low- and middle-income countries;
- the trend towards decentralizing health systems and transferring governance functions to lower levels of government; and

- the urgent need to support and stabilize countries coming out of conflict.

Governments and national and international nongovernmental organizations (NGOs) are feeling the pressure to be accountable for and transparent in the use of development funds and to work in the public interest.

As a manager of a health program or health services, you can—and should—exercise leadership at your level, whether you are the coordinator of a community health program or the Minister of Health, you are responsible for the performance of the entire health system. This notion of leadership at all levels often surprises people, because they confuse leadership with authority. Authority is a role that people assume because of their position, but it is not synonymous with leadership. Leadership is about enabling people to identify and face challenges and achieve results. Facing a challenge means bringing about positive change in the way things are done. Leadership helps an organization be successful and create its desired future.

Unit 2: Governance Practices



Time: 1.5 hours



Content:

Governance: WHO health system blocks; Key global and national MNCH policies and trends; Definition of governance terms in health context; principles and characteristics of governance; enablers and impediments of good governance: governance structures and functions in health; governance frameworks and practices.



Learning Resources and Materials:

PowerPoint Slides
Group work
Buzz in pairs
Flipchart paper
Markers

Specific Objectives:

- Explain the basic concepts of governance
- Describe dimensions of health sector ethics
- Describe roles and responsibilities of legal & regulatory frameworks
- Identify governance gaps in the local health system context
- Common governance gaps in the context of African MNCH service delivery

Training Methods and Learning Activities:

Ask participants to brainstorm on the WHO building blocks of health and how these relate to governance of their country's health system. Facilitator writes responses on the flip chart and fills in gaps with illustrated lecture.

Divide participants into groups of 3, each group answers the following:

- Describe the governance structure in your country's health system – Draw a graphic model of it
- What values would enhance good governance in health?
- What would hinder good governance in health?

Each group reports back in plenary with their findings.

Facilitator fills in gaps using an illustrated lecture and also discusses the following:

- Governance structures and functions in health
- Roles and responsibilities of professional regulatory bodies in health governance
- Ethical practice in health governance
- The four governing practices in health

Unit 3: Gender Issues in Leadership, Management and Governance



Time: 1.5 hours



Content:

Gender issues in LMG: Basic gender concepts, sex and gender, gender and sex stereotypes in communities; gender equity and equality; gender based violence (GBV); gender mainstreaming; male engagement and involvement.



Learning Resources and Materials:

PowerPoint Slides
Handout: Gender Integration Continuum
Group work
Buzz in pairs
Flipchart paper
Markers

Specific Objectives:

- Describe the basic gender concepts
- Explain the effects of gender on leadership approaches
- Identify gender issues that affect delivery and/or access to MNCH services
- Integrate gender diversity into working teams
- Select and initiate interventions that promote gender equity

Training Methods and Learning Activities:

Participants discuss in three groups the meanings of the gender concepts below. They report back in plenary. Facilitator fills in gaps.

- Sex and gender
- Gender equity and equality
- Gender mainstreaming
- Gender and sex stereotypes in communities
- Gender based violence

Participants are divided into two groups according to gender to discuss following:

- Power relations and dynamics in gender stereotyping and how this affects leadership
- Evolution of gender roles in society and its impact on governance and leadership
- How to manage gender issues in developing effective working teams

Each group reports back in plenary with their findings

Facilitator will ask participants to divide themselves into female and male groups and to discuss gender issues in leadership and management, each group will report in plenary. Facilitator allows for reactions, particularly from the opposite gender and fills in gaps with illustrated lecture. Facilitator also initiates a discussion about gender issues and the uptake of MNCH services, participants are invited to discuss how these barriers can be overcome to increase uptake of services by both genders.

Module 2: Strategic Problem Solving



Module 2 Purpose: To develop and implement plans to solve identified organizational challenges using strategic problem solving skills.

Unit 1: Creating a Mission and Vision



Time: 45 minutes



Content:

Definition of terms and concepts; vision vs. mission; creating organizational vision and mission; steps & models; the power of a vision; creating a personal vision statement; barriers to implementing a vision for success; strategic problem solving process.



Learning Resources and Materials:

PowerPoint Slides
Group work
Buzz in pairs
Flipchart paper
Marker

Specific Objectives:

- Define organizational vision and mission concepts
- Explain the steps of strategic problem solving
- Apply the strategic problem solving process to address identified organizational challenges

Training Methods and Learning Activities:

Ask participants to buzz in pairs on the following:

- What is a vision?
- What is a mission?
- What is the difference between the two concepts?
- What are the steps in strategic problem solving?
- How can we implement this process in our own organizations/institutions?
- What are some of the barriers to implementing a vision of success?

Ask each pair to record and report responses on flip chart paper and then fill in gaps using lecture. Participants are invited to form groups and develop a vision and mission for each of their facilities.

Unit 2: The Challenge Model



Time: 1 hour



Content:

Definition of terms; identifying organizational challenges in relation to their own mission and vision; Differences between challenges and problems; problem solving vs. challenge model; Steps of the challenge model; using challenge model to resolve leadership challenges



Learning Resources and Materials:

PowerPoint Slides
Handout: Challenge Model
Flipchart Paper
Markers

Specific Objectives:

- Differentiate between a problem and a challenge
- Describe the Challenge Model
- Describe the steps of the Challenge Model
- Apply the challenge model in addressing workplace challenges

Training Methods and Learning Activities:

Facilitator describes the steps of the challenge model by providing the example in the Facilitator Background section.

Divide participants into groups; allow each group to think through challenges experienced at work and use the challenge model to resolve them. Participants will then report back in plenary and fill in the sections of the challenge model by identifying a measurable result for their selected project.



Facilitator Background

Challenge Model Example

Mission

To deliver the best MNCH services in our county.

Vision

Our health center is known for consistently producing excellent service results and people come from all around to receive our high-quality services. We have reduced the spread of communicable diseases, and the people in our area are healthier and happier.

Measurable result

Decrease the proportion of neonatal deaths due to prematurity by 25% (from 40% to 15%) in 6 months.

Current situation

- Each month, approximately 40% of premature infants die from complications.
- Many mothers need early treatment to prevent premature births, but do not seek timely ANC.

Obstacles and root causes

- Mothers do not regularly attend ANC
- Community members do not understand the importance of ANC
- Many community members use traditional birth attendants
- There is no incubator for premature infants
- Midwives are not trained to instruct mothers to use Kangaroo Mother Care

Challenge

How will we decrease the proportion of neonatal deaths due to prematurity in light of community and resource challenges?

Priority actions to address the challenge

- Sensitize the community about the importance of ANC
- Submit a funding proposal to a local NGO to procure an incubator
- Train midwives on how to instruct mothers to use Kangaroo Mother Care

Unit 3: Situation Analysis



Time: 1 hour



Content:

Definition of terms; scanning of external & internal environments; steps for conducting a situation analysis; tools for carrying out a situation analysis e.g. SWOT analysis tool; identifying opportunities and obstacles.



Learning Resources and Materials:

PowerPoint Slides
Flipchart Paper
Markers

Specific Objectives:

- Define the situation analysis concepts
- Describe the tools and techniques used in situation analysis
- Describe the steps for carrying out a situation analysis
- Apply situation analysis knowledge to identify LMG gaps in your own working context

Training Methods and Learning Activities:

Participants separated into groups of three should discuss the following:

- What do scanning external and internal environments mean?
- What factors do you consider when scanning an environment?
- What are the steps for conducting a situation analysis?
- What are the tools for carrying out a situation analysis?

Facilitator fills in gaps to the questions above through presentation, mentioning tools like SWOT.

Participants are divided into groups; each group discusses how they can apply situation analysis to identify LMG gaps in their workplace. Reference is made to the specific action plan chosen and this process is applied to it. Participants will report back in plenary.

Unit 4: Defining Measurable Results



Time: 1 hour



Content:

Definition of concepts; guidelines to setting measurable results; setting SMART goals, outputs and outcomes; relationship between a problem, results and solution; practicum to set own project measurable results; case study/scenario



Learning Resources and Materials:

PowerPoint Slides
Handout: SMART Results
Handout: SMART Knowledge Quiz
Flipchart Paper
Markers

Specific Objectives:

- Understand and develop SMART objectives
- Explain results measurement concepts; output, outcome and impact
- Set measurable outputs, outcomes, and goals
- Apply knowledge acquired to set measurable results in your own designed project

Training Methods and Learning Activities:

Participants discuss in groups of three the following questions:

- What is the meaning of the terms: output, outcomes, and impact?
- What is the difference between these terms?
- What is the difference between goals and objectives?

Facilitator fills in gaps to the questions above with informational PowerPoint.

Participants are divided into groups; each participant develops a SMART objective for their selected plan from the unit on The Challenge Model. Groups support each other to develop strong SMART objectives, even though each participant has an individual objective for their plan.

Unit 5: Root Cause Analysis



Time: 1.5 hours



Content:

Definition of concepts; obstacles to achieving organizational goals; RCA tools and techniques; steps for conducting a RCA, approaches for conducting a RCA e.g. 5Ys approach; benefits of conducting a root cause analysis (RCA); practicum on RCA for an identified own working context problem



Learning Resources and Materials:

PowerPoint Slides
Handout: The Five “Why’s”
Flipchart Paper
Markers

Specific Objectives:

- Define root cause analysis (RCA) concepts, methods, and tools
- Apply root cause analysis to identify the root causes of a workplace problem

Training Methods and Learning Activities:

Facilitator gives an illustrated lecture on:

- Root cause analysis as tool in LMG
- Steps in conducting a root cause analysis
- Root cause analysis approaches, tools, and techniques

Facilitator fills in gaps on the questions above through presentation.

Participants are divided into groups; they work together to identify the root causes of each participants' selected challenge (from the Challenge Model) in their workplace.

Unit 6: Selecting Interventions and Making an Action Plan



Time: 1.5 hours



Content:

Definition of concepts; prioritizing of interventions; the planning process; health planning; types of health planning; critical success factors in health planning; application of priority setting & planning process in own working context.



Learning Resources and Materials:

PowerPoint Slides
Handout: Situation Analysis
Handout: Priority Matrix
Reporting Form: Action Plan
Flipchart Paper
Markers

Specific Objectives:

- Prioritize selection of interventions/actions to address an identified problem
- Describe the process of developing an action plan to implement an intervention
- Apply the knowledge acquired to select an intervention and design an action plan for a problem identified in your own workplace.

Training Methods and Learning Activities:

Participants discuss in groups the planning concepts below:

- The planning process
- How to prioritize in planning
- Developing an action plan
- Ensuring implementation success

Facilitator fills in gaps to the questions above.

Participants apply the planning and priority setting processes to develop an Action Plan for their facility's project reflected from the Challenge Model. Plenary reports are made and facilitator gives feedback. An example of the Priority Matrix is provided in the Facilitator Background section. Each participant should undertake this exercise to decide upon the actions that should be included in their Action Plan.



Facilitator Background

Setting Priorities using the Priority Matrix

The Priority Matrix helps rank actions based on the time it takes to complete them, cost, potential for improving quality, and availability of resources. This tool can be used for prioritizing strategies and actions as part of developing an action plan.

Step 1: List priority actions

Choose three actions that address the obstacles that are preventing you from reaching your SMART objective, which we call a Desired Measurable Result (DMR). List them in the boxes under “Priority actions.” *(It is important to complete a root cause analysis first, so the actions you choose will address the root causes of the problem and not just the symptoms.)*

Step 2: Rank each priority action on a scale of 1 to 3

On a scale of 1 to 3 (with 1 providing the least benefit and 3 the most benefit), rank each priority action according to the time needed, cost, potential for improving quality, and availability of resources.

Step 3: Calculate the total points for each priority action

Add the numbers in each column to see the total score for each action. The higher the score, the higher the priority of the action based on the criteria listed.

Sample of completed Priority Matrix

Criteria Rank from 1 to 3	Train Midwives to Deliver KMC Instruction	Conduct community education seminars on the importance of ANC	Develop a funding proposal to procure an incubator
Time to implement 1=the most time 3=the least time	2	2	1
Cost to implement 1=the highest cost 3=the lowest cost	2	3	1
Potential for improving quality in the long term 1=the least potential 3=the most potential	3	2	2
Availability or resources 1=the least available 3=the most available	1	3	1
Total	8	10	5

Module 3: Leading People



Module 3 Purpose: To effectively lead the available human resources using appropriate practices

Unit 1: Interpersonal Communication



Time: 1 hour



Content:
Interpersonal communication;
conversation skills,
communication skills, listening
skills, habit change process and
conversational circles, giving
feedback



**Learning Resources and
Materials:**
PowerPoint Slides
Handout: Interpersonal
Communication
Group work
Buzz in pairs
Flipchart paper
Markers

Specific Objectives:

- Describe the interpersonal communication process
- Explain factors affecting organizational communication
- Describe channels of communication
- Apply interpersonal communication skills to build trustful workplace relationships
- Describe components of a balanced team, including roles and characteristics

Training Methods and Learning Activities:

Ask participants to discuss in pairs the following:

- What is interpersonal communication?
- What factors effect organizational communication?
- Individuals write on cards the channels of communication used in their organizations

Ask each pair to report and record responses on flip chart paper and report back in plenary with their responses.

Unit 2: Assertiveness and Conflict Management



Time: 1 hours



Content:

Assertiveness and conflict management; assertive communication skills, assertive communication model, causes of conflicts, approaches of conflict resolution (ORID) method, types of conflicts, negotiation skills



Learning Resources and Materials:

PowerPoint Slides
Handout: Assertive Communication and Conflict Styles
Group work
Buzz in pairs
Flipchart paper
Markers

Specific Objectives:

- Describe assertiveness communication model
- Explain assertiveness communication skills
- Describe the approaches to conflict management
- Apply knowledge and skills gained to manage workforce conflicts

Training Methods and Learning Activities:

Ask 4 participants to role play assertive communication and nonassertive communication in handling an office issue. Others observe and take notes on what has been observed.

Facilitator fills in the gaps by discussing assertive communication and discusses how to improve on assertiveness without being aggressive.

In groups, participants discuss the types of conflicts in their places of work and provide approaches to manage. Record participant's responses on flip charts for plenary discussion.



Facilitator Background

Assertiveness and conflict resolution

Assertive communication can strengthen your relationships, reducing stress from conflict and providing you with social support when facing difficult times. A polite but assertive [‘no’](#) to excessive requests from others will enable you to avoid overloading your schedule and promote balance in your life. Assertive communication can also help you handle difficult family, friends, and co-workers more easily, reducing drama and stress.

- When approaching someone about behavior you’d like to see changed, stick to factual descriptions of what they’ve done that has upset you, rather than labels or judgments. Here’s an example:
Situation:
Your friend, who habitually arrives late for your plans, has shown up twenty minutes late for a lunch date.
Inappropriate: "You’re so rude! You’re always late."
Assertive Communication: "We were supposed to meet at 11:30, but it’s now 11:50."
- The same should be done if describing the effects of their behavior. Don’t exaggerate, label, or judge; just describe:
Inappropriate: "Now lunch is ruined."
Assertive Communication: "Now I have less time to spend eating because I still need to be back to work by 1pm."
- Use "I Messages". Simply put, if you start a sentence off with "You", it comes off as more of a judgment or attack, and puts people on the defensive. If you start with "I", the focus is more on how you are feeling and how you are affected by their behavior. Also, it shows more ownership of your reactions and less blame.
For example:
'You Message': "You need to stop that!"
'I Message': "I'd like it if you'd stop that."
- Here’s a great formula that puts it all together:
"When you [their behavior], I feel [your feelings]."
When used with factual statements, rather than judgments or labels, this formula provides a direct, non-attacking, more responsible way of letting people know how their behavior affects you. For example:
"When you yell, I feel attacked."

- A more advanced variation of this formula includes the results of their behavior (again, put into factual terms), and looks like this:

“When you [their behavior], then [results of their behavior], and I feel [how you feel].”

Here are some examples:

“When you arrive late, I have to wait, and I feel frustrated.”

“When you tell the kids they can do something that I’ve already forbidden, some of my authority as a parent is taken away, and I feel undermined.”

Tips:

- Make sure your body reflects confidence: stand up straight, look people in the eye, and relax.
- Use a firm, but pleasant tone.
- Don’t assume you know what the other person’s motives are, especially if you think they’re negative.
- When in a discussion, don’t forget to listen and ask questions. It’s important to understand the other person’s point of view as well.
- Try to think win-win: see if you can find a compromise or a way for you both to get your needs met.

Unit 3: Team work, Recognition, and Motivation



Time: 1 hour



Content:

Motivation theories, work climate, knowing your staff, staff motivation approaches, building and maintaining trust, members of a team (roles and characteristics)



Learning Resources and Materials:

PowerPoint Slides
Handout: Team Motivation Strategies
Group work
Buzz in pairs
Flipchart paper
Markers

Specific Objectives:

- Describe motivational theories
- Identify factors that demotivate human resources for health
- Explain how to create a motivating work climate for staff
- Describe individual vs. collective staff
- Apply skills acquired to motivate staff in MNCH service delivery

Training Methods and Learning Activities:

Participants in groups discuss what motivates them in their workplace and record answers on flip charts.

Facilitator fills in the gaps using the PowerPoint to assist in discussing the theories, their relevance, ideal workplaces for MNCH services, and what managers can do to ensure compliance and commitment.



Facilitator Background

Effective communication and teamwork is essential for the delivery of high quality, safe patient care. Communication failures are an extremely common cause of inadvertent patient harm. The complexity of medical care, coupled with the inherent limitations of human performance, make it critically important that clinicians have standard communication tools, create an environment in which individuals can speak up and express concerns, and share common "critical language" to alert team members to unsafe situations. All too frequently, effective communication is situation or personality dependent. Other high reliability domains, such as commercial aviation, have shown that the adoption of standardized tools and behaviors is a very effective strategy in enhancing teamwork and reducing risk. Additionally, lessons learned to be effective techniques in achieving cultural change, evidence of improving the quality of the work environment, practice transfer strategies, critical success factors, and the evolving methods of demonstrating the benefit of such work are described.

Unit 4: Coaching and Mentoring



Time: 1.5 hours



Content:

Concepts, principals, approaches/techniques, qualities of a good coach and mentor, mentorship and coaching models, enablers and barriers



Learning Resources and Materials:

PowerPoint Slides
Handout: Keys to Mentoring
Handout: Martha and Mary Case Study
Handout: ORID Method
Handout: ORID Practice Worksheet
Group work
Buzz in pairs
Flipchart paper
Markers

Specific objectives

- Define various concepts and principles used in mentoring
- Describe coaching and mentoring techniques
- Apply mentorship and coaching skills to provide learner support to upcoming midwives in the clinical area

Training Methods and Learning Activities:

- Ask participants to define the following terms: coaching and mentoring
- Facilitator shares some definitions and fills in gaps with the notes
- Facilitator reads the Martha and Mary Case Study in the Facilitator Background section and solicits feedback from participants on the listed questions
- Facilitator introduces participants to the ORID method of coaching, as explained in the Facilitator Background
- Facilitator calls upon two pairs from participants to role play a good coach and a bad coach as the others observe and report on the skills noted



Facilitator Background

Martha and Mary Mentoring Case Study

Martha calls her mentor Mary with an urgent problem she is facing. When Martha calls, the mentor tells her very abruptly that she is on another line and cannot talk to her. She asks her to hold the line and after about ten minutes Mary gets back on the line.

Ten minutes later, Mary finishes her conversation on the phone and asks Martha to explain what was so urgent. While Martha is talking, the phone rings on Mary's phone three times and each time, Mary interrupts Martha's conversation for at least two minutes while she talks to the caller on the telephone.

While Mary is on the phone, Martha is visibly frustrated and thinks "Mary is not interested in the urgent need that I have. She is not even trying to give me the time to tell her my problem." After the third interruption, Mary says to Martha "I am very busy right now, please just call me later and perhaps we can discuss." Martha hangs up the phone.

In the corridor, Martha runs into a friend who knew that Martha was reaching out to Mary for help and asks her;

"How did it go?"

Martha answers

"Terrible! Mary told me many times to call her if I had an urgent problem. When I called her right now she did not even bother to take time and talk to me. I even told her that it was urgent. Can you imagine, she doesn't even bother to at least give me five minutes of attention? I was holding the phone while she took other calls and I felt like an absolute idiot. Now I realize she has never respected me. This is not the first time. I have talked to her many times about the different challenges I have and the solutions I have come up with and she does not even acknowledge that. It's not worth making an effort. Next time she volunteers to help me with a problem, I will just ignore it and will not call her. I will deal with the problem myself."

What interpretations does Martha make based on what she observed?

Martha says Mary considers her an inferior person that she has decided to ignore; she says that she has always been treated by Mary that way, that she has many times discussed situations where she presented situations and that she has never gotten an acknowledgement from Mary. She concludes that it is not worth reaching out to Mary in the future and that she is not happy with having to work with her.

People tend to confuse what they observe with reality; people consider their interpretations of any given situation as the actual facts. The problem, however, does not reside in our interpretations themselves, because all of us interpret information since this is the way we make decisions. The real problem is that we swiftly move from a few observable facts to one or more interpretations. We then tend to consider our interpretations, which are subjective and biased, as the absolute facts.

Is it a fact that Mary sees Martha as an inferior person and does not value her perspective?

No, the only thing that Martha can assert as fact is she was made to hold the phone and wait while Mary was being interrupted by other calls and that Mary was abrupt in her conversation. Based on these facts, there could be many interpretations. It is possible that Mary was under a lot of pressure at the time, which prevented her from paying more attention to Martha? Perhaps that is why she asked her to call back at another time, in order to discuss it with her when she was under less pressure. Martha cannot actually know the facts unless she initiates a conversation with Mary.

We see now that Martha created a story based on her interpretations. This story produced a series of emotions within her that angered her and made her conclude that it was not worth it to do her best, or to continue seeking Mary's help in the future. When Martha considers her interpretations as facts, she does not take into account the need to verify her assumptions, or explore other possible interpretations with Mary herself. Much like Martha, we continuously interpret facts based on select information we observe from actual situations, and then we react emotionally to these interpretations, and consequently make decisions based on incomplete or inadequate information.

It is inevitable that we will have emotional reactions to actual facts in certain situations, and then make judgments and draw conclusions based on our interpretations. There are, however, ways we can improve our communication. We can:

- Become aware of the fact that our observations of reality are always limited and partial.
- Know that our previous experiences can color and distort our current perceptions of reality.
- Understand that our interpretations could be more accurate if we enrich them with the perceptions of other people.
- Recognize that we make better decisions when we initiate conversations with others. In doing so, we can clarify the facts, express emotions, better interpret things, and make decisions based on more accurate information.

The ORID Method

The ORID focused conversation method (Objective, Reactive, Interpretative and Decisional), included in the reading of this module, allows people to analyze the facts that actually occurred in a situation, express the emotions that these facts provoke, question the interpretations, and make decisions based

The four steps of the ORID focused conversation are the same as the steps of critical thought: **O**bjective, **R**eflective, **I**nterpretive and **D**ecisional. The process helps us make better and more informed judgments and adopt better decisions. Used by the coach, the focused conversation can help lead the coached person to a better analysis of how the results produced by his actions are the consequence of interpretations that are influenced triggered by emotions.



The ORID process of strategic questioning

Steps	Questions
Objective Collecting the factual information	<ul style="list-style-type: none"> • What do you remember? • What happened? • What did you discover?
Reflective Identifying emotions and feeling associated with the experience or event. For example:	<ul style="list-style-type: none"> • Describe your response. • How did you feel about that? • How do you think the others felt?
Interpretive	<ul style="list-style-type: none"> • What does this mean for your work? Learning? Practice?

Identifying what was significant or meaningful.	<ul style="list-style-type: none"> • How was this important for you/others? • How will this affect the project/leadership practice?
<p>Decisional</p> <p>Identifying decisions and actions that will be taken as a result of the experience.</p>	<ul style="list-style-type: none"> • How does this affect what you do immediately? • What are you going to do now? • What changes are needed? • What will you do and when? • How will you do things differently next time? • What actions or action plan can you now establish?

Adapted from the group facilitation methods of the Institute of Cultural Affairs outlined in R Brian Stanfield (ed) The Art of Focused Conversation 1997

<https://sites.google.com/site/leadershiptrmit/home/introduction/introduction-text/more/plans/how-to/more-again/mentoring>

If the mentee does not come up with alternatives, the mentor can suggest some. She/he can offer examples of what s/he or others have done in similar circumstances. However, it would be more helpful to first ask the mentee if he or she has previously experienced similar situations and has resolved them successfully.

Sample questions for the four steps of a mentoring conversation	
<ul style="list-style-type: none"> • Objective: 	<ul style="list-style-type: none"> • What results would you like to attain? What are you committed to? • What result are you actually getting? • What stands in your way? • Where are you staying on course and where are you derailing?
<ul style="list-style-type: none"> • Reflective: 	<ul style="list-style-type: none"> • What feelings are generated by what has happened (or is happening)? • What does this situation remind you of (when has this happened before)? • How do you feel about the degree to which you are on or off course?
<ul style="list-style-type: none"> • Interpretive: 	<ul style="list-style-type: none"> • What is the significance/importance/meaning of your current situation/predicament? • What is helping or hindering your success here? • What is within your control and what is not?

- **Decisional:**

- What would need to happen to get back on course?
- How is this affecting your life in other areas?
- What do you wish to do now?
- What should you do differently from now on?
- What actions can you take to overcome the obstacles?
- What support do you need to attain your desired results?
- Where or how can you obtain what you need?
- How can I help you?

The focused conversation method is a structure to guide the conversation. If we skip a level and change the order, we risk not coming to a good decision. If we skip the objective level, for example, our conversation is not anchored in the facts. If we skip the reflective level, we ignore the powerful feelings and emotions which can have an impact on our actions. If we skip the interpretive level, we fail to see the importance, impact and consequences of the issue, and if we skip the decisional level, it will be just a conversation without a plan of action to solve the issue.

Unit 5: Advocacy & Public Relations



Time: 1.5 hours



Content: Definition of concepts, approaches, tools, role of advocacy in MNCH services



Learning Resources and Materials:

PowerPoint Slides
Group work
Buzz in pairs
Flipchart paper
Markers

Specific objectives

- Define various advocacy and public relations concepts and terms
- Describe the role of advocacy and public relations in improvement of MNCH services delivery
- Plan and implement advocacy activities
- Develop advocacy tools
- Use the knowledge and skills acquired to advocate for improved MNCH services delivery

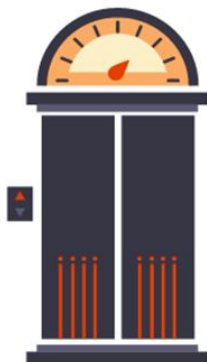
Training Methods and Learning Activities:

Participants discuss in groups concepts of advocacy and public relations as below:

- Advocacy vs. Public relations
- Behavior change communication
- Roles of advocacy and activities

Facilitator fills in gaps to the questions above with interactive presentation.

Participants will be encouraged to deliver an “elevator pitch” on an advocacy issue of their choice, preferably related to their action plan. Tell participants to imagine they just walked into an elevator with Bill Gates and have 2 minutes to convince him that he should fund their project. The components of an Elevator Pitch can be seen below.



Make sure to include:

- Your name/organization
- Your challenge
- Your proposed solution
- The key benefit to your solution
- A way to continue the conversation

Module 4: Managing Resources



Module 4 Purpose: To acquire knowledge, skills, and attitudes to manage Human Resources for Health

Unit 1: Human Resource Management



Time: 45 minutes



Content:

Challenges of HRH in SSA especially in MNCH services delivery; common HRH policies and planning; human resources for health action framework (HAF); pillars of effective HRM; staff recruitment, supervision and management to optimize performance ; staff retention; gender dimensions in the health sector



Learning Resources and

Materials:

PowerPoint Slides
Flipchart Paper
Markers

Specific Objectives:

- Explain HR policy essentials
- Describe the key components of an effective HRM system
- Explain the process of staff recruitment, orientation, supervision, and performance management

Training Methods and Learning Activities:

Facilitator asks participants to brainstorm on the situation of HRH globally, regionally, and nationally.

- What are the issues at each of these fronts?
- What is the situation, challenges and opportunities of HRH in MNCH services?

Participants are divided into two groups and requested to discuss the following questions:

- What are the key components of an effective human resource management system?
- Explain what happens during these key functions of human resource management:
 - Recruitment
 - Orientation
 - Supervision
 - Performance management

Participants brainstorm and facilitator records responses on the flip chart and fills in gaps with presentation.

Unit 2: Resource Mobilization



Time: 1 hour



Content:

Definition of terms and concepts for resource mobilization; fundraising; methods of fundraising; writing a fundraising concept and proposal; components of a funding proposal; developing and monitoring a budget.



Learning Resources and Materials:

PowerPoint Slides
Handout: Funding Proposal Template
Handout: Basic Budget Template
Flipchart Paper
Markers

Specific Objectives:

- Describe the process of resource mapping
- Describe how a resource mobilization strategy is developed (overview)
- Explain various resource mobilization methods
- Describe the process of developing a budget
- Apply knowledge and skills gained to mobilize resources for an identified project

Training Methods and Learning Activities:

Facilitator gives an illustrated lecture on the following:

- Definition of terms – resource mobilization, fundraising
- The process of resource mobilization
- Development of a Resource Inventory Table (explanation in PowerPoint slides)

Participants gather into groups to develop individual Resource Inventory Tables for each of their Action Plans. If participants are comfortable with this process and there is extra time, facilitators can also touch upon the sample funding proposal and project budget worksheets within the Participant Handbook.

Unit 3: Change Management



Time: 1 hour



Content:

Terms and concepts of change; the change process; types of change; change management; dealing with peoples' reaction to change process; critical success factors for change process.



Learning Resources and

Materials:

PowerPoint Slides
Handout: Change Management
Flipchart Paper
Markers

Specific Objectives:

- Define change concepts
- Describe the process of change
- Recognize types of change in an organization
- Deal with peoples' reaction to change process
- Incorporate critical success factors into a change process

Training Methods and Learning Activities:

Participants are asked to think of a time when their organization was experiencing a major change.

- What did they feel?
- What did they observe in people? In the leadership?
- What was useful to them in managing the change?

Facilitator then gives an illustrated lecture on the following:

- Definition of change concepts
- The process of change
- The types of change in an organization
- Common reactions to the change process and how to manage these reactions

Module 5: Monitoring and Evaluation



Module 5 Purpose: To monitor and evaluate MNCH services

Unit 1: Introduction to Monitoring and Evaluation



Time: 1.5 hours



Content:

Basic Monitoring and evaluation concepts; Definition of terms; rationale for monitoring and evaluation; comparison of monitoring and evaluation; Setting results indicators; Developing a basic M&E plan



Learning Resources and

Materials:

PowerPoint Slides
Handout: Introduction to Monitoring and Evaluation
Handout: Monitoring and Evaluation Plan Definitions
Flipchart Paper
Markers

Specific Objectives:

- Describe basic monitoring and evaluation concepts
- Develop simple M&E Plan.
- Monitor and evaluate midwifery services.

Training Methods and Learning Activities:

Participants are divided into three groups to discuss the questions below. Facilitator then fills in gaps using an illustrated lecture

- What is monitoring?
- What is evaluation?
- What is the difference between monitoring and evaluation?
- Why do we engage in monitoring and evaluation?
- What is an indicator?

Facilitator gives an illustrated lecture on how to set results and write indicators to be monitored.

Participants will write an M&E Plan for their action plan.

Unit 2: Health Information for Decision-Making



Time: 1.5 hours



Content:

Definition-data, information systems, health management information systems, resources, indicators, data sources, data quality, role of the midwife manager in health information management.



Learning Resources and

Materials:

PowerPoint Slides
Flipchart Paper
Markers

Specific Objectives:

- Explain basic concepts in health information management
- Describe Health Management Information Systems (HMIS)
- Elaborate on different types of data sources
- Learn key questions to guide the dissemination and use of strategic information for decision-making

Training Methods and Learning Activities:

Participants are divided into groups according to their station of origin to discuss:

- How they manage their data and health information from the facility to other levels?
- How is the data analyzed?
- At what levels and how is the information utilized?

Facilitator gives an illustrated lecture on the following - HMIS and its components, determinants of an effective HMIS



Facilitator Background

Monitoring

This is the systematic and routine collection of information from projects and programs for four main purposes:

- To learn from experiences and to improve practices and activities in the future;
- To have internal and external accountability of the resources used and the results obtained;
- To take informed decisions on the future of the initiative;
- To promote empowerment of beneficiaries of the initiative.

Monitoring is a periodically recurring task already beginning in the planning stage of a project or program. Monitoring allows results, processes, and experiences to be documented and used as a basis to steer decision-making and learning processes. Monitoring is checking progress against plans. The data acquired through monitoring is used for evaluation.

Evaluation

Evaluation refers to assessing a completed project or program, as systematically and objectively as possible, (or a phase of an ongoing project or program that has been completed). Evaluations appraise data and information that inform strategic decisions, thus improving the project or program in the future.

Evaluations should help to draw conclusions about five main aspects of the intervention:

- Relevance
- Effectiveness
- Efficiency
- Impact
- Sustainability

Information gathered in relation to these aspects during the monitoring process provides the basis for the evaluative analysis.

Monitoring & Evaluation

M&E is an embedded concept and an essential part of every project or program design (“must be”). M&E is not an imposed control instrument by the donor or an optional accessory (“nice to have”) of any project or program. M&E is ideally understood as dialogue on development and its progress between all

stakeholders.

In general, monitoring is integral to evaluation. During an evaluation, information from previous monitoring processes is used to understand the ways in which the project or program developed and how it stimulated change. Monitoring focuses on the measurement of the following aspects of an intervention:

- On quantity and quality of the implemented activities (outputs: What do we do? How do we manage our activities?)
- On processes inherent to a project or program (outcomes: What were the effects /changes that occurred as a result of your intervention?)
- On processes external to an intervention (impact: Which broader, long-term effects were triggered by the implemented activities in combination with other environmental factors?)

The evaluation process is an analysis or interpretation of the collected data, which delves deeper into the relationships between the results of the project/program, the effects produced by the project/program and the overall impact of the project/program.

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