

Pre-service Leadership, Management and Governance Syllabus



For Training Health Professionals to Master Practices and Competencies
of those who Lead, Manage, and Govern

February 2016



USAID
FROM THE AMERICAN PEOPLE



**LEADERSHIP, MANAGEMENT
& GOVERNANCE PROJECT** 
Inspired Leadership. Sound Management. Transparent Governance

Funding for this guide was provided by the United States Agency for International Development (USAID) under Cooperative Agreement AID-OAA-A-11-00015. The contents are the responsibility of the Leadership, Management, and Governance Project and do not necessarily reflect the views of USAID or the United States Government.

Contents

Acknowledgements.....	5
Abbreviations and Acronyms	7
Definition of Key Terms.....	9
Foreword: Why Leadership, Management, and Governance Training?.....	11
Introduction.....	13
Background and Context	15
Goal and Objectives	21
Syllabus Design, Guiding Principles, and Training Participants.....	23
Overview of the Generic Pre-service Syllabus	27
Integration Approaches.....	29
Course Methodology and Delivery	31
Facilitators	33
Key Success Factors	35
Coaching and Supporting Students.....	37
Detailed Syllabus	39
Module 1: Understanding the Health Care Environment (7 Hours).....	41
Understanding the Health Care Environment	42
Introduction to Health Systems.....	44
Principles of Quality Management	46
Module 2: Introduction to Leadership, Management, and Governance (10 Hours).....	49
Understanding your Personal Purpose	50
Creating an Inspiring Personal Vision.....	52
Giving Effective Feedback.....	56
Introduction to Leading and Managing Practices	58
Introduction to Governance	60
Linking Leading, Managing and Governing Practices to Results	62
Module 3: Optimizing Individual and Organizational Performance (7 Hours).....	65
Reviewing the Concept of Organizational Mission	66
Creating a Shared and Empowering Organizational Vision	68
Introduction to the Important and Urgent Matrix.....	70
Growing Influence	72
Making Effective Requests and Reducing Complaints.....	74
Gender Dimensions in the Health Sector.....	76
Module 4: Moving from Vision to Action (10 Hours)	79
Understanding and Using the Challenge Model.....	80
Analyzing and Mapping Stakeholders.....	82
Root Cause Analysis	84
Prioritizing Actions.....	86
Introduction to Monitoring and Evaluation.....	88

Developing Action Plans for Results.....	90
Module 5: Aligning, Mobilizing, and Inspiring the Workforce for Results (9 Hours)	93
Coaching to Support Others	94
Gaining Commitment Not Just Compliance	96
Creating High Performance Teams	98
Inspiring through Building Trust.....	100
Inspiring by Acknowledgment.....	102
Managing Change	104
Leading through Breakdowns	106
Module 6: Strengthening Health Systems (15 Hours)	109
Introduction to Human Resources for Health	110
Introduction to Health Care Financing	112
Introduction to Accounting and Financial Management	114
Introduction to Health Information Systems and Use of Data for Decision Making.....	116
Module 7: Leadership, Management, and Governance Team Project (30 Hours)	119
Designing and Implementing the Leadership, Management and Governance Project	120
Preparing to Present Results.....	122
Presenting Results	123
Certification.....	125
Annexes	127
Annex A. The NHS Competency Framework.....	127
Annex B. Comparing NHS Competencies Model to LMG Practices, Pre-service Modules.....	128
Annex C. Assessing Institutional Preparedness Guideline.....	130
Annex D. Key Stakeholders in Curriculum Integration and Rollout	132
Annex E. Course Structure and Timelines	133
Annex F. Leading, Managing, and Governing Model	134
Annex G. The Challenge Model.....	136

Acknowledgements

This syllabus was prepared for the United States Agency for International Development (USAID) by the Leadership, Management, and Governance (LMG) Project. The LMG Project team thanks the USAID Global Health Bureau, Office of Population and Reproductive Health for their generous support and technical guidance—in particular, Brenda Doe and Heather Smith for their constant encouragement and support.

William Kiarie, MBA, Morsi Mansour MD, Hector Colindres MD, Josephine Mbiyu, MPH, Joseph Dwyer, MS, and James A. Rice, PhD, served as the main contributors to this publication. Amy Damsker BA, the National Health Service Leadership Academy of the United Kingdom, Sasha Grenier, MPH, and Ummuro Adano, MSc, worked as additional technical contributors. The authors wish to thank colleagues within the LMG Project, as well as many staff members within the broader Management Sciences for Health (MSH) family—without their support the creation of this syllabus would not have been possible. Amber Pitts designed and Marilyn K. Nelson copy-edited this syllabus, with support from Corinna Banda.

Additionally, the LMG Project team appreciates the invaluable support and influence of the following institutions: College of Health Sciences at Makerere University (Uganda); Mbarara University of Science and Technology (Uganda); Faculty of Medicine at National Autonomous University of Nicaragua (UNAN–Nicaragua); Center for Health Research (CIES), UNAN (Nicaragua); Faculty of Medicine at Mariano Galvez University (Guatemala); Medical Education Department at Suez Canal University (Egypt); Kenya Medical Training College (KMTC–Kenya); University of Nairobi-School of Public Health, Moi University (Kenya); and Strathmore College School of Business in Nairobi (Kenya) for their help in shaping this syllabus. We wish all institutions and organizations that use this resource success in their efforts to strengthen the competencies of future health leaders, managers, and policy-makers, and to enable them to successfully carry out their jobs and serve their populations.

Abbreviations and Acronyms

AIDS	acquired immune deficiency syndrome
HAF	HRH Action Framework
HIS	health information systems
HIV	human immunodeficiency virus
HRH	human resources for health
HRM	human resource management
IPPF	International Planned Parenthood Federation
L+M+G	[the concepts of] leadership, management, and governance
LDP	Leadership Development Program
LDP Plus	LDP plus, including governance
LMG	Leadership, Management, and Governance
LMIC	low- and middle-income countries
MDG	Millennium Development Goal
MOH	Ministry of Health
MSH	Management Sciences for Health
NHS	The UK's National Health Service
TB	tuberculosis
TOT	training of trainers
USAID	US Agency for International Development
WHO	World Health Organization

Definition of Key Terms

Challenge model	A graphic analytical tool that helps users to determine in a systematic fashion how to get from a present undesirable situation to a desired and measurable result that contributes to achieving their vision and realizing their mission (see annex G)
Coaching	Enabling others to reflect on their commitments and find new ways to achieve their intended results
Decentralization	Within national health systems, the transfer of political, financial, and administrative power from central control to regional and local authorities
Effective governance in civil society organizations	A transparent decision-making process in which the leadership of a nonprofit organization, in an effective and accountable way, directs resources and exercises power according to the demonstrated needs and values of the constituents represented
Effective governance in the public sector	Competent oversight of health system resources, performance, and stakeholder participation that is open, transparent, accountable, equitable, and responsive to the needs of the governed
Evaluate	To assess the extent to which desired results are achieved and to understand why the results were or were not achieved; usually based on information from routine monitoring (see monitor)
Gender	The characteristics, roles, and responsibilities that society expects of women and men, girls and boys, based on social attitudes rather than biological differences (compare sex)
Gender-responsive	Creating an environment that reflects an understanding of the realities of women's lives and addresses the issues with better outcomes for women.
Governance	The actions and means adopted by a society to promote collective action and deliver collective solutions in pursuit of common goals
Governance for health	The actions and means adopted by a society to organize itself in the promotion and protection of the health of its population
Health system	The expertise, structure, and organization that make possible the delivery of health services nationwide; comprising leadership and governance, human resources for health, financial management, health information, management of medicines, and health service delivery
Human resource management (HRM)	The integrated use of policies, systems, and management and leadership practices to plan for necessary staff and to

	recruit, motivate, develop, and maintain employees so an institution or organization can meet its goals
Leader shift	Changes in how participants think about leading, managing, and governing.
Leading	Mobilizing others to envision and realize a better future
Managing	Planning and using resources efficiently to produce intended results
Mission	The statement that describes in a clear and concise manner why the organization exists—its purpose
Monitor	To regularly track changes in indicators over time in order to manage the implementation of an action plan; to measure progress toward results by collecting information on inputs, processes, and outputs
Performance management	The policies, systems, and procedures used by an organization to define and monitor the work that people do and to make sure that the tasks and priorities of employees support the mission and goals of the organization
Performance review or appraisal	An examination of the employee's performance by the supervisor and employee based on jointly established work plans and performance objectives
Quality assurance	A planned, systematic approach with standards, protocols, and procedures that enable health managers and providers to continuously bring high-quality health services to their clients, using available resources
Sex	The biological differences between females and males (compare gender)
Strategic planning	Medium- to long-term planning that involves all of the organization's management areas; its content is relatively general and includes goals, strategic objectives, strategies, and measurable results; it focuses on broad and long-lasting issues that will foster the organization's long-term effectiveness and survival
Vision	The organization's desired future state that a team, organization, project, or program can move toward by taking action

Foreword: Why Leadership, Management, and Governance Training?

Scenario 1

A recent physician graduate of a respected medical school in a low-income country was posted to be manager of a District Hospital. Uncertain of his job responsibilities, he also faced shortages of health workers, supplies, and medications. He did not know how to develop or use a budget or business plan or how to supervise and develop the workers employed within the center.

Women seeking maternal health services and care for communicable diseases at his center were frustrated that they could not secure good care. Morale of the workers slipped. Collection of patient user fees was confusing and inadequate.

The physician manager left discouraged, and the quality of and access to needed health services became worse. Politicians and community leaders were frustrated.

Scenario 2

The dean of a major school of public health met over lunch with the dean of the school of medicine. They acknowledged a shared need to incorporate modern case studies and management training curricula into their educational programs.

Their faculty, however, was not sure how best to build more learning experiences and materials into an already busy, clinically oriented curriculum. They also did not have much money or time with which to enhance their curricula. They did not want to depend on banking or manufacturing case studies that did not connect with the community health and patient care challenges their graduates would face.

How This Training Can Help

These scenarios represent some of the challenges that result when health professional schools do not adequately integrate basic learning experiences about health sector management, leadership, and governance into their curricula before the clinicians are graduated and deployed into different parts of the health system. As such, enhanced pre-service training on these topics is urgently needed in many countries' schools of medicine, nursing, pharmacy, and public health.

The syllabus described in the following pages has proven to be of practical value in these challenging circumstances. The practices and competencies that drive the modules of study have been forged from field experiences in more than 40 countries over the past 20 years.

The ultimate goal of this syllabus is to ensure that all current and future health managers are well prepared to lead and manage to achieve results. With adequate pre-service training and support, they will be able to develop and manage the kind of health services that reduce illness, save lives, and achieve health goals. How might your faculty best adapt these modules to enhance the capabilities of your future graduates so they can build stronger health systems that can generate more significant and sustainable health gains for their populations?

Introduction

Adapting to a Changing Health Services Environment

Because health managers operate in an increasingly complex health environment that is characterized by epidemiological, economic, social, demographic, political, and technological turbulence in the midst of rising consumer expectations, they must regularly update their technical and managerial skills to perform optimally and contribute to national and global health targets. The skill set and competencies that health managers need in this kind of environment are vastly different from what their counterparts needed a decade ago. In particular, health managers must have deeper and broader leadership, management, and governance skills to meet the evolving challenges of their jobs. The situation is further compounded by the fact that current health managers in most low- and middle-income countries (LMICs) were not equipped with leadership, management, and governance skills as part of their pre-service training.

The Leadership, Management, and Governance (LMG) Project developed this generic syllabus to guide the design and rollout of pre-service leadership, management, and governance (L+M+G) training in both the public and private sector. The syllabus aims to ensure that pre-service L+M+G training leads to the development of health management competencies that are required by institutional, national, and subnational health programs. The syllabus has also been designed for flexibility in the delivery of such training.

The development of this syllabus has been informed by other L+M+G assessments and surveys conducted in several countries and experience gained in the design and implementation of leadership and management training in diverse settings mainly in Africa and Latin America. Its users are expected to customize it and to take different factors, such as the following into consideration:

- Institutional and national health challenges, targets, and priorities
- Type of participants—for example, educational backgrounds, roles and responsibilities, levels of seniority, and experience
- Resources available for the training
- Training delivery approaches—for example, face-to-face, virtual, or distance
- Time available to carry out the training
- Specific training objectives

About the LMG Project

Funded by the US Agency for International Development, the LMG Project (2011–16) collaborates with health leaders, managers, and policy makers at all levels to show that investments in leadership, management, and governance lead to stronger health systems and improved health. The LMG Project embraces the principles of country ownership, gender equity, and evidence-driven approaches. Emphasis is also placed on good governance in the health sector—the ultimate commitment to improving service delivery and fostering sustainability through accountability, engagement, transparency, and stewardship. Led by Management Sciences for Health (MSH), the

LMG consortium includes the African Medical and Research Foundation, International Planned Parenthood Federation (IPPF), Johns Hopkins University Bloomberg School of Public Health, Medic Mobile, and Yale University Global Health Leadership Institute.

Background and Context

Addressing L+M+G Gaps

The fact that health managers often lack the necessary leadership, management, and governance skills to address the numerous challenges associated with delivery of health services has been widely recognized for several years including by WHO country studies, which found that the lack of management preparation is a “binding constraint” to meeting the Millennium Development Goals (MDGs).¹

Approaches for addressing these identified gaps, however, have begun to emerge only in recent years. Unfortunately, the implementation of these approaches, which includes scaling up pre-service and in-service L+M+G training, fall short of the need and are largely limited to pilot initiatives.

A seminal report in *The Lancet* published in December 2010 recommends major reform of health professionals’ education including, “...adoption of competency-based curricula that are responsive to rapidly changing needs rather than being dominated by static coursework. Competencies should be adapted to local contexts and be determined by national stakeholders, while harnessing global knowledge and experience.”² The introduction to the report states that, “Frenk, Chen, and their colleagues argue that global dimensions of health—including leadership, management, policy analysis, and communication skills—are not only essential but also neglected elements of the health curriculum to deliver value for money.”³ The report itself goes on to state that, “professionals are falling short on appropriate competencies for effective teamwork and they are not exercising effective leadership to transform health systems.”

WHO lists “leadership and governance” as one of the six interrelated health systems building blocks. The other health systems building blocks are service delivery; health workforce; health information systems (HIS); medical products, vaccines, and technologies; and health systems financing. Certainly, leadership and governance are essential for the realization of the other five. According to WHO, leadership and governance involve ensuring that strategic policy frameworks exist and are combined with effective oversight, coalition-building, regulation, attention to system design, and accountability.

Many LMICs are, therefore, now working toward the professionalization of health management, including identification of key competencies to support recruitment and development of health managers. Out of 27 competencies listed, health managers and health trainers interviewed in an assessment carried out in Kenya in 2011, ranked those shown in table 1 as the top 10 competencies required for effective management of health services and programs.

1 WHO. 2007. “Managing the Health Millennium Development Goals—The Challenge of Management Strengthening: Lessons from Three Countries” (working paper no. 8, WHO/HSS/2007.1). Making Health Systems Work. Geneva: WHO.

2 Frenk, Julio, Lincoln Chen, Zulfigar A. Bhutta et al. 2010. “Health Professionals for a New Century: Transforming Education to Strengthen Health Systems in an Interdependent World” *The Lancet* 376(9756): 1923–58.

3 Horton, Richard (ed. *The Lancet*). 2010. “A New Epoch for Health Professionals’ Education.” *The Lancet* 376(9756): 1875–77.

Table 1. Example: The Top 10 Competencies for Kenyan Health Managers

Competency Area	Description of the Competency
Strategic planning	Identifies short- and long-term organizational development issues, challenges, and opportunities and develops appropriate responses and goals to effectively serve the organization as the environment changes
Trust building	Demonstrates professional behavior to gain the trust and confidence of others
Integrity	Operates with transparency, accountability, and honesty
Teamwork	Works effectively as a team leader or as a team member
Resource mobilization	Secures needed resources from inside and outside the organization
Creative thinking	Thinks outside the box; creates and presents new approaches to dealing with challenges
Leading change	Creates ownership for new directions and ways of working with people who are changing their behaviors and approaches
Use of information and communication technologies	Understands modern information technology concepts and processes well enough to effectively use them to improve organizational efficiency and effectiveness
Organizational awareness	Understands the purpose of the organization, including its statutory mandate, its customers and their needs, its products and services, and its measures of mission effectiveness
Use of data	Understands approaches of creating and maintaining critical and valid information and making use of the data to make good and timely decisions that enhance good practices and outcomes

The LMG Project staff studied international competency models that reflect these priority competencies. After examining the array and complexity of challenges facing leaders in LMICs, this global inquiry also recognized that a more comprehensive set of competencies was needed. These competencies should not be drawn from commercial business sectors, but rather should be unique to the health sector, and they must have been tested within government and nongovernmental systems in Africa, Europe, and North America. The most extensively researched and tested system of leadership competencies judged most appropriate for the realities of LMICs is the system developed and used over the past decade in the National Health Service (NHS) of the United Kingdom. (See annex A.) This pre-service syllabus is designed to enable mastery of these competencies. (Annex B shows the mapping of the competencies in relation to the seven modules of the NHS curriculum.)

Rationale for L+M+G Training

Strong evidence supports major investment in the capacity building of health managers in L+M+G, especially in LMICs.⁴ The strong interrelationship between leadership, management, and governance, and also the fact that many health sector assessments in LMICs have shown deficiencies in all three components, support an approach that brings together the three areas in one training program. Justification for L+M+G training includes the following specific elements:

- **Poor and inequitable health indicators**

Health indicators in many developing countries, especially in Sub-Saharan Africa, remain poor and in some cases have deteriorated despite increased funding from governments and development partners. A United Nations Development Program report found that Africa was unlikely to meet the

⁴ See for example: http://www.who.int/healthsystems/strategy/everybodys_business.pdf

targets of reducing both under-five and maternal mortality.⁵ The report further added that Africa, excluding North Africa, still accounts for half of all deaths worldwide of children under the age of five. Major inequalities in health indicators across and within countries persist.

- **Health workforce challenges**

Many developing countries continue to suffer acute human resources for health (HRH) crises characterized by health workforce shortages, inequitable distribution, and skill imbalances. It will take many years to address these health workforce challenges and therefore efforts such as leadership and management development that contribute to better utilization and enhanced productivity of the existing workforce are essential.

- **Program implementation challenges**

Many health programs and plans in LMICs face major implementation hurdles due to limited L+M+G capacities. Building the leadership, management, and governance capacity of health managers should lead to a significant improvement in program implementation.

- **Increased decentralization**

Health services are increasingly being decentralized due to health sector reforms and also in response to greater political devolution. Decentralization significantly increases the leadership, management, and governance capacity building needs.

- **Limited capacity to mobilize and absorb funds**

Despite the urgent need to mobilize greater resources for the health sector and to ensure available resources are used effectively and efficiently, the capacity to mobilize and absorb funds remains low. Many recipients of Global Fund to Fight AIDS, Tuberculosis and Malaria funding in Sub-Saharan Africa have faced the challenges of absorbing disbursed funds, using them transparently, or both.

- **Rising consumer expectations**

Expectations of consumers of private and public health services have risen with respect to the quality of service, ease of access, customer orientation, and value for money. In Africa, these changes have been driven by rising literacy levels, greater democratization, free media, higher penetration and use of mobile phones, and the presence of better organized and resourced civil society players, including health advocacy groups.

- **Epidemiological challenges**

New and emerging diseases continue to pose challenges for the health sector, especially in Sub-Saharan Africa, because they increase demands on the health workforce and stretch available resources. Although HIV prevalence in most African countries has fallen from its peak in the 1980s and 1990s, it has leveled off at fairly high levels, and as a result, HIV will continue to challenge health systems for many years to come. In addition, the pool of patients on life-long antiretroviral therapy is large and growing, and this group will continue to require complex care. Rising numbers of cases of TB, including multidrug-resistant TB and extremely drug resistant TB, are an emerging challenge that health managers must face.

- **Evidence that leadership development works**

Evidence is growing at both the national and institutional levels that investment in L+M+G capacity building pays off in terms of improvements in service delivery and health outcomes.

With support from USAID's Office of Population and Reproductive Health, MSH conducted a collaborative programmatic assessment in Kenya in 2009–10 to evaluate the impact of MSH's

⁵ United Nations Development Programme. 2009. *Assessing Progress in Africa towards the Millennium Development Goals MDG Report, 2009*. Brussels: UNDP.

Leadership Development Program (LDP) on service delivery outcomes using comparison groups. The LDP is a four- to six-month program in which teams apply leadership and management skills to real workplace challenges to achieve specific measurable results. The program aims to improve organizational performance and to ultimately improve health outcomes.

The main objective of the Kenya assessment was to assess whether the LDP intervention produced changes in health outcomes that did not occur in comparison areas where the LDP was not implemented. The analysis of the study focused on the achievements of teams of health managers, doctors, and nurses who received the LDP intervention in Kenya. The results showed that the LDP intervention did improve the health service delivery outcomes as defined for the assessment (i.e., coverage rates are a combination of three indicators 1) fully immunized children under one year of age, 2) women who delivered with a skilled birth attendant, 3) pregnant women who had four or more prenatal care visits), and that these improvements were sustained six months after the LDPs ended. These results, which can be plausibly attributed to the intervention since the same changes were not observed in the comparison groups, contributed to a growing body of evidence on the effects of leadership and management development interventions on health outcomes.

Figure 1 illustrates the results of the assessment.

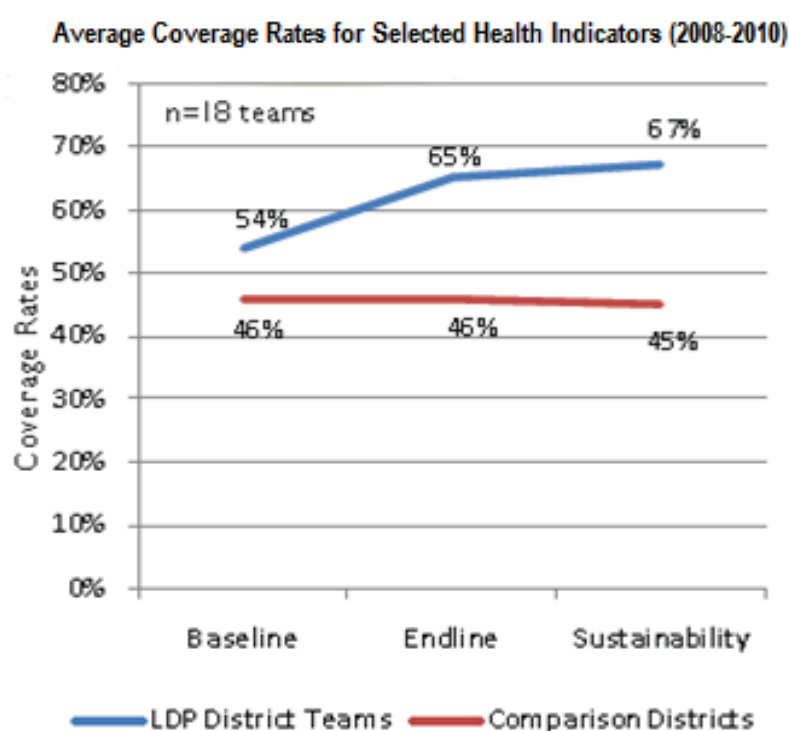


Figure1. Results from LDP teams and comparison at district level

The LMG Project has developed a conceptual model describing the relationship between leadership, management, and governance practices and improved health outcomes. The conceptual model is shown in figure 2.

People and teams empowered to lead, manage and govern

12 Practices that Require 24 Competencies*

Leading

- Scan
- Focus
- Align/Mobilize
- Inspire

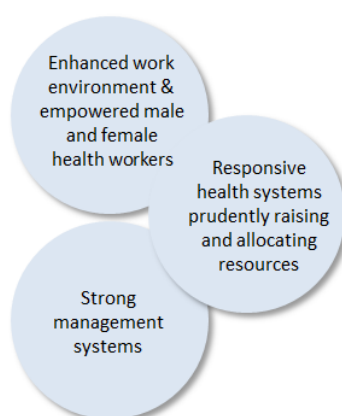
Managing

- Plan
- Organize
- Implement
- Monitor/Evaluate

Governing

- Cultivate Accountability
- Engage Stakeholders
- Set Shared Direction
- Steward Resources

Improved health system performance



Results

- Increased Service Access
- Expanded Service Utilization
- Better Quality
- Lower Cost

Sustainable health outcomes and impact aligned with national health goals and MDGs 3, 4, 5, and 6

*See annex B

Figure 2. Conceptual Model: Leading, Managing, and Governing for Results

Experience with Leadership, Management, and Governance Training

A number of in-service and pre-service programs and initiatives have been aimed at building the capacity of health managers in LMICs. Many of these programs are supported by development partners, but governments have also supported L+M+G training programs. Table 2 gives a summary of some of the leadership and management training programs conducted by MSH.

Table 2. MSH Leadership and Management Training Programs

Program Name/Location	Pre-service or In-Service	Country	Participants	Duration
Leadership Development Program (LDP)	In-service	Several countries in Africa, Latin America, and Asia	Health managers, supervisors, and administrators	60 hours over a 6-month period ^a
LDP Plus	In-service	Newly developed	Health managers, supervisors, and administrators	60 hours over a 6- to 8-month period*
Leading Organizations to Achieve the Millennium Development Goals for Health/Boston University	Pre-service	United States	Public health students	120 hours
Integrated LDP and Community-Based Education and Service/Makerere University	Pre-service	Uganda	Medical students	47 hours
Health Management and Leadership Program	Pre-service	Nicaragua	Medical students	90 hours
Leading High-Performing Health Care Organizations/Strathmore University	In-service	Kenya	Senior health managers	120 hours

^a Excludes alignment, shared learning, and coaching sessions

The Need for Good Governance

According to *Health Systems in Action: An eHandbook for Leaders and Managers* (MSH 2010), the following factors highlight the need for good governance in the health sector:

- The growth of large new multisectoral bodies with responsibility for the oversight of complex host country and global partnerships
- An unprecedented level of funding for health in developing countries
- The trend toward decentralizing health systems and transferring governance functions to lower levels of government
- The urgent need to support and stabilize countries coming out of conflict

Respondents to the LMG Project's 2012 "Governing for Better Health" survey identified enablers of and impediments to effective governance.⁶ (See table 3.) Respondents included 477 health leaders, managers, and those who governed in the health sector in 80 LMICs.

Table3. Enablers and Impediments of Effective Governance

Enablers of Effective Governance	Impediments to Effective Governance
<ul style="list-style-type: none">• Governing in the health sector—<ul style="list-style-type: none">○ With ethical and moral integrity○ With a definite policy on measurement○ In an open and transparent manner○ With client and community participation in the decision-making process○ With accountability to citizens or clients○ Based on scientific evidence• Competent leaders governing in health sector• Data gathering, analysis, and use of information for policy making• Sound management of the health sector• Adequate financial resources available for governing in the health sector• Good governance in sectors other than health	<ul style="list-style-type: none">• Ineffective leadership• Corruption• Adverse political context• Ineffective management• Inadequate—<ul style="list-style-type: none">○ Transparency○ Accountability○ Systems to collect, manage, analyze, and use data○ Participation of community, citizens, clients, consumers, and patients○ Checks and balances○ Financial resources for governance

Leadership, management, and governance are highly interrelated. The *Governing for Better Health: 2012 Survey* report summarized:

Leadership is largely viewed by respondents as being one of the most important enablers of effective governance and management in health, and ineffective leadership the biggest impediment. Since many people lead while governing and managing on day-to-day basis, the findings support the idea that training and consulting support that is designed to strengthen governance practices should consider how leadership can enhance governing activities and management roles. It appears the effective integration and application of all three roles—leading, managing, and governing—has a positive influence on the other building blocks of a health system (i.e., information, human resources, medicines, vaccines and technologies, financing and service delivery), enabling it to produce desired health outcomes (p. 7).

⁶ Shukla, M., and K. Johnson Lassner. 2012. *Governing for Better Health: 2012 Survey*. Arlington, VA: Management Sciences for Health.

Goal and Objectives

Goal

The goal of this syllabus is to assist pre-service health training institutions produce health cadres with the requisite L+M+G competencies that will help LMICs sustainably improve the health status of their populations and achieve national and global health targets.

Objectives

The objectives of this syllabus include the following:

- Assist pre-service training institutions to effectively and efficiently integrate L+M+G training into existing curricula
- Expose health students to L+M+G challenges facing the health sector and to proven approaches of successfully dealing with these challenges
- Improve L+M+G competencies of students of pre-service health training institutions
- Equip health sciences students with reliable tools and processes for addressing health sector challenges, especially those related to L+M+G

Syllabus Design, Guiding Principles, and Training Participants

The training syllabus has been designed so that it is flexible and can be adapted for integration into existing pre-service health training curricula for different cadres of health professions and different levels of training including diploma, undergraduate, and graduate.

Following a leadership framework developed by the UK's National Health Service (NHS) Institute for Innovation and Improvement,⁷ this syllabus includes sections to address the 28 L+M+G competencies shown in table 4, grouped into seven clusters (see also Annex A). The mapping of the NHS competencies to the L+M+G practices, modules, and sessions is shown in annex B.

★Table 4. The 28 NHS Competencies Addressed by This Syllabus

1. Demonstrating Personal Qualities	1.1 Developing Self-Awareness 1.2 Managing Yourself 1.3 Continuing Personal Development 1.4 Acting with Integrity
2. Working with Others	2.1 Developing Networks 2.2 Building and Maintaining Relationships 2.3 Encouraging Contribution 2.4 Working within Teams
3. Managing Services	3.1 Planning 3.2 Managing Resources 3.3 Managing People 3.4 Managing Performance
4. Improving Services	4.1 Ensuring Patient Safety 4.2 Critically Evaluating 4.3 Encouraging Improvement and Innovation 4.4 Facilitating Transformation
5. Setting Direction	5.1 Identifying the Contexts for Change 5.2 Applying Knowledge and Evidence 5.3 Making Decisions 5.4 Evaluating Impact
6. Creating the Vision	6.1 Developing the Vision for the Organization 6.2 Influencing the Vision of the Wider Health Care System 6.3 Communicating the Vision 6.4 Embodying the Vision
7. Delivering the Strategy	7.1 Framing the Strategy 7.2 Developing the Strategy 7.3 Implementing the Strategy 7.4 Embedding the Strategy

⁷NHS Leadership Academy. 2011. Leadership Framework. Coventry, England: NSH Institute for Innovation and Improvement. <http://www.leadershipacademy.nhs.uk/wp-content/uploads/2012/11/NHSLeadership-Framework-LeadershipFramework.pdf>

Leader Shifts

The syllabus has been designed to bring about professional development, or “leader shifts”, among participants to improve their effectiveness as individuals and teams. Table 5 illustrates the five leader shifts that participants are expected to undergo during the training.

Table 5. The Five Leader Shifts

Leader Shifts	
Shift perspective from—	To—
Individual heroics	Collaborative actions
Despair and cynicism	Hope and possibility
Blaming others for problems	Taking responsibility for challenges
Scattered, disconnected activities	Purposeful, interconnected actions
Focus on individual needs	Concern for the common good

Syllabus Flexibility

This syllabus has been organized around modules and sessions to allow easy integration into preexisting health curricula. Other features that make the syllabus flexible include the following:

- The syllabus lends itself to easy adaptation for different delivery approaches, including face-to-face, distance learning, or a combination of these that can include virtual resources.
- The course content is suitable for diverse health cadres undertaking different levels of training including diploma, undergraduate, and graduate levels.
- The syllabus provides for modification of course duration and structure without compromising the effectiveness of the training. For example, the course can be compressed into a short period or staggered over several years. It is usually most effective when incorporated into the last two years of the health professional’s education.
- The syllabus is built around real work-related challenges that participants are expected to face on completion of their studies and focuses on empowering participants as opposed to merely conferring additional knowledge. These features allow this syllabus to be relevant to audiences in different countries, regions, cultures, and areas whose health programs may be at different stages of development.

Guiding Principles

The following principles should be considered in the adaptation and implementation of this syllabus:

- **Evidence-informed:** The syllabus and its implementation should be informed by evidence with respect to course content and delivery. The curriculum should be subjected to regular and rigorous evaluation.
- **Gender responsive:** The curriculum and associated training should be gender responsive in terms of language, content, and selection of participants.
- **Focus on health outcomes:** The curriculum should orient students toward the achievement of priority health outcomes.

- **Team focus:** The curriculum should focus on individual *and* group empowerment to achieve enhanced teamwork, because large-scale changes in health service delivery call for team approaches. Students should therefore be encouraged to work in teams, especially in carrying out projects.
- **Relevance to local context and needs:** The curriculum should be designed to address the identified needs within the local context.
- **Value for money and sustainability:** The curriculum and associated training should include a focus on value for money and on sustainability.
- **Stakeholder engagement and alignment:** The curriculum and associated training should leverage the input of relevant stakeholders. Stakeholders should be appropriately aligned to get their support and ownership.
- **Application of L+M+G to priority health challenges:** The curriculum should be designed and offered in a way that prepares participants to apply what they learn in addressing priority health challenges including family planning and reproductive health; maternal, newborn, and child health; HIV and AIDS; nutrition; malaria; and TB as well as for people with disabilities. Application can be achieved through the use of appropriate examples, and by encouraging participants to select projects focusing on these priority health areas as well as other components of health systems strengthening.

Curriculum Structure

The training should be conducted over several semesters, preferably in the last two years of education. The curriculum should provide for time for students to work on a project, preferably one linked to a real health care or health system challenge. Project work is best accomplished by incorporating field attachment. Where it is not possible to have field attachment, students should be linked virtually with field-based health programs and staff. Experienced field managers should also be invited to the training as guest lecturers.

Training Participants and Scope

This syllabus targets diverse health cadres undertaking different levels of training including diploma, undergraduate, and graduate levels. It is focused primarily on those who work in LMICs. The cadres targeted include doctors, nurses, midwives, pharmacists, and a wide range of paramedical health staff and also public health students.

Overview of the Generic Pre-service Syllabus

Table 6 provides an overview of the syllabus. It shows the titles of the training modules, sessions and their durations. Users are expected to review and adapt this syllabus as necessary for the unique situation within each country and training institution before integrating it into existing pre-service health training curricula. (See also annex E for suggested course structure and timelines.)

Table6. Syllabus Overview

Module	Session	Time (Hours)
Module 1: Understanding the Health Care Environment (9 hours)	Session 1.1: Understanding the Health Care Environment	3.5
	Session 1.2: Introduction to Health Systems	3.5
	Session 1.3: Principles of Quality Management	2
Module 2: Introduction to Leadership, Management, and Governance (10 hours)	Session 2.1: Understanding Your Personal Purpose	1
	Session 2.2: Creating an Inspiring Personal Vision	1
	Session 2.3: Introduction to Effective Communication and Negotiation	2
	Session 2.4: Giving Effective Feedback	1
	Session 2.5: What Leaders Do (Introduction to Leading and Managing Practices)	1
	Session 2.6: Introduction to Governance and Governance Practices and Historical Perspectives	3
	Session 2.7: Linking Leading, Managing, and Governing Practices to Results (An Integrated Results Model)	1
Module 3: Optimizing Individual and Organizational Performance (7 hours)	Session 3.1: Reviewing the Concept of Organizational Mission	1
	Session 3.2: Creating a Shared and Empowering Organizational Vision	2
	Session 3.3: Putting First Things First—Introduction to the Important and Urgent Matrix	1
	Session 3.4: Growing Influence	1
	Session 3.5: Making Effective Requests and Reducing Complaints	1
	Session 3.6: Gender Dimensions in the Health Sector	1
Module 4: Moving from Vision to Action (10 hours)	Session 4.1: Understanding and Using the Challenge Model	2
	Session 4.2: Analyzing and Mapping Stakeholders	1
	Session 4.3: Root Cause Analysis	1
	Session 4.4: Prioritizing Actions	2
	Session 4.5: Introduction to Monitoring and Evaluation	2
	Session 4.6: Developing Action Plans for Results	2

Module	Session	Time (Hours)
Module 5: Aligning, Mobilizing, and Inspiring the Workforce for Results (9 hours)	Session 5.1: Coaching to Support Others	1
	Session 5.2: Gaining Commitment Not Just Compliance	1
	Session 5.3: Creating High-Performance Teams	2
	Session 5.4: Inspiring through Building Trust	1
	Session 5.5: Inspiring by Acknowledgment	1
	Session 5.6: Managing Change	2
	Session 5.7: Leading through Breakdowns	1
Module 6: Health Systems (15 hours)	Session 6.1: Introduction to Human Resources for Health	5
	Session 6.2: Introduction to Health Care Financing	2
	Session 6.3: Introduction to Accounting and Financial Management	3
	Session 6.4: Introduction to Health Information Systems and Use of Data for Decision Making	5
Module 7: Leadership, Management, and Governance Team Project (30 hours)	Session 7.1: Designing and Implementing the Leadership, Management, and Governance Project	24
	Session 7.2: Preparing to Present Results	2
	Session 7.3: Presenting Results	4
<i>Note: Some elements of the LMG Project will be infused and integrated within the core modules.</i>		
Total course duration		90 ^a

^a About 15 days distributed within the last two years of pre-service training

Integration Approaches

The L+M+G courses should be integrated into existing health training curricula of pre-service training institutions, such as medical and nursing schools or schools of public health. Integration is important to ensure that the course is built into the health worker training in a sustainable way and that the institution has ownership of the program. Integration also ensures that the training contributes to the students' academic credits needed for graduation and is therefore taken seriously by both students and faculty. Inclusion of the training into existing curricula also increases the chances of resources being committed to the L+M+G modules.

Integration of L+M+G curricula should be informed by the following considerations:

- How is the institution currently teaching L+M+G? What courses are offered?
- What are the options for integration? For example, is it by integration into the existing modules and courses, or through the addition of a separate module or course?
- In which year should L+M+G training be introduced?
- Do students have access to field work or practicum in the pre-service program?
- What resources are available to provide students with real-life challenges and for them to receive feedback and support?
- How open is the institution to experiment and try out new ways of teaching?
- Who are the champions to lead this initiative, and how influential are they?

Table 7 outlines the key steps of integrating the L+M+G training into existing pre-service health training programs. These steps are based on MSH's experience in integrating leadership and management programs in different pre-service training institutions.

Table 7. Integrating LMG Training into Pre-service Training

Step No.	Integration Phase	Integration Activities
1	Assess institutional readiness.	<ul style="list-style-type: none">• Review the respective country health goals, priorities, and challenges.^a• Review the country status with respect to L+M+G training needs.• Review the current curricula and alignment with the country needs and challenges identified above.
2	Identify key stakeholders.	<ul style="list-style-type: none">• Identify key stakeholders, including the curriculum integration team, which is usually made up of faculty and teaching staff.^b

Step No.	Integration Phase	Integration Activities
3	Engage leadership dialogue and senior alignment.	<ul style="list-style-type: none"> Establish relationships with key stakeholders. Identify stakeholder needs and interests. Align key stakeholders, especially the senior faculty, around the L+M+G curriculum to secure the institution's commitment to the integration process. Formalize relations with organizations providing technical or financial support (or both) through development of a Letter of Agreement or a Memorandum of Understanding.
4	Integrate L+M+G into the curriculum, and roll out training.	<ul style="list-style-type: none"> With the support of the facilitator, adapt and integrate the L+M+G curriculum. Build the capacity of faculty and tutors to provide L+M+G training. Roll out the L+M+G training.
5	Institutionalize L+M+G training.	<ul style="list-style-type: none"> Institutionalize the L+M+G integrated curriculum into the institution's standard program, including curriculum approval and accreditation.
6	Follow up, and review.	<ul style="list-style-type: none"> Provide follow-up training. Evaluate and document successes, challenges, and lessons learned.

^a Refer to annex C for the detailed "Assessing institutional Preparedness Guideline."

^b Refer to annex D for a complete list of potential stakeholders and their roles during and after the curriculum integration phase.

Before beginning the curriculum integration, key stakeholders must be identified. Table 8 provides descriptions of the key stakeholders and their roles during the integration phase. Clarifying each role and assigning an individual or individuals to roles are important tasks. Some individuals could play more than one role.

Table 8. Stakeholder Roles and Responsibilities

Stakeholder	Roles and Responsibilities
Facilitator	<ul style="list-style-type: none"> Responsible for facilitating and guiding the integration process and providing technical assistance to the institution Can be from outside or inside the institution Responsible for coaching of students
Champion	<ul style="list-style-type: none"> Responsible for day-to-day activities toward the integration of L+M+G Works to overcome any obstacles the integration process will face Ideally, comes from within the institution with significant senior status or has full support from senior leaders
Curriculum integration team	<ul style="list-style-type: none"> Responsible for leading the process of curriculum adaptation, approval, and implementation Made up of faculty and teaching staff <i>Note:</i> It is important that some members of the team are from the curriculum review committee. Also responsible for the teaching of the integrated L+M+G curriculum and to develop the capacity of the new staff and tutors to facilitate the L+M+G training
Administrative or field coordinator	<ul style="list-style-type: none"> Responsible for managing the administrative and logistical efforts—for example, budgets, materials and supplies, and meetings management

Course Methodology and Delivery

The syllabus applies a number of proven learning methodologies and makes use of several L+M+G models. These models and learning methodologies are not intended to make students specialists in L+M+G, but rather to provide them with the essential competencies, skills, and tools needed for playing a leadership role in their work environments on completion of their studies. They will learn to identify the main health challenges within their areas of influence and lead their teams to focus on priority areas for intervention, implement proven public health activities, align and mobilize resources from multiple sources, and inspire people to produce significant and sustainable results.

It is also anticipated that students who want to pursue careers and become specialists in health service management may choose to enroll in other specific professional courses of study in the disciplines of leadership, management and governance.

Methodologies

The three methodologies used in the training are experiential learning; action-based learning; and challenge, feedback, and support.

Experiential Learning

In leadership workshops and team meetings, participants learn by doing and then reflecting on their experiences in leading and managing. In the workshops, they learn leading and managing practices that validate their own experiences. They apply these practices to real work challenges and engage in continuous reflection and improvement in their teams. This continuous cycle of application and reflection moves teams through the experiential learning cycle. The curriculum emphasizes experiential learning as shown in figure 3.



Figure3. The experiential learning cycle

Action-Based Learning

The syllabus emphasizes learning by providing opportunities for participants to apply what they learn to real work challenges especially by designing and implementing their team project. The curriculum should be delivered in a way that prepares participants to apply what they learn in addressing priority health challenges, including family planning and reproductive health; maternal, newborn, and child health; HIV and AIDS; nutrition; malaria; TB; as well as for people with disabilities.

Challenge, Feedback, and Support

The syllabus provides opportunities to take up challenges and to receive feedback and support to enable participants to develop their leadership and management capabilities through a natural learning process. This is the reason participants are given challenging assignments and projects, and also why they are provided with coaching and support by the facilitator.

Facilitation Skills

Facilitators are encouraged to use the following four facilitation skills to minimize their reliance on a lecture format:

- Questioning
- Paraphrasing
- Summarizing
- Encouraging

Some of the specific training methods that can be applied include the following:

- Small-group discussions
- Plenary discussions
- Role playing
- Case studies
- Team presentations
- Learning by doing through a team project
- Lectures
- Coaching

Facilitators

Facilitator Beliefs and Attitudes

Effective delivery of this syllabus or its adapted version requires skilled, committed, and passionate trainers who hold the right beliefs and attitudes. All trainers should participate in structured training on this syllabus or its adapted version to ensure that they are familiar with both the course content and delivery methodologies—and that they demonstrate the requisite beliefs and attitudes for successful learning by talented health professionals. Trainers should also update their training skills regularly.

Below are some of the beliefs that an L+M+G trainer or facilitator is expected to have. Facilitators must believe—

- **In the value of all participants**, regardless of their organizational level or status. We facilitate in a way that respects and values the intelligence, styles, experience, skills, and wisdom of our participants. We care about our participants and their development.
- **That people will learn what they need to.** When participants are clear about their intentions and have access to the knowledge and skills they need to achieve their desired results, they willingly learn. Having clarity of purpose helps people put knowledge to use and helps groups to be aligned. We support the participants as they clarify their purposes. We give them feedback about their progress so they can learn and develop.
- **That knowledge must be linked to action.** Knowledge is demonstrated by results, and action is guided by knowledge. When we apply knowledge and reflect on our results, we increase our knowledge. A good L+M+G training program draws on the real challenges that participants are facing and provides knowledge that helps them move toward their desired results.
- **In the power of shared learning and discovery.** By sharing our perceptions with others, we test our assumptions and arrive at a deeper level of understanding. We believe it is important that participants reflect on their own experiences and deepen their understanding of them. Training creates many opportunities for participants to reflect and share their knowledge.
- **In the creative spirit of every human being.** Each of us has the capacity to be creative. We encourage participants to imagine, dream, and create the future that they desire.

Key Success Factors

All of the available evidence seems to suggest the importance of the following factors as key to successful delivery of L+M+G training programs:

- **Participant needs and interests:** Ensure the content of the program responds to an expressed need and uses an engagement approach that engenders participants' ownership of the process. Ownership also includes support from senior leadership for the initiative as evidenced by resource allocation.
- **A champion:** A person from within the institution or program who is fully committed to the idea and able to identify and overcome obstacles along the way is a necessary element for success.
- **A supportive leadership and environment:** The institutional leadership should be fully supportive of the program and selected champion.
- **A curriculum integration team:** Faculty and tutors who will adapt and implement the new curriculum and work with the champion toward the formal adoption of the curriculum form a crucial team.
- **A facilitator:** A staff person or consultant on the ground provides a local presence to supply ongoing support and direction to the curriculum integration team and keeps things moving.
- **Passionate and committed facilitators with right beliefs:** To ensure participants gain the requisite skills and are empowered to put into practice what they have learned, effective L+M+G training needs facilitators who are fully committed to the training and have both the skills and passion to deliver good training.
- **Training of trainers (TOT):** Adequate preparation of facilitators ensures that they are committed, competent, and prepared to teach the new curriculum.
- **Flexibility:** The curriculum needs to be flexible to fit the institution's context.
- **Build on what is already there:** Building on the successes of the existing program is important. For example, building on an existing practicum or field component can strengthen the program. If no field component is in place, this is an opportunity to explore that option. How can we incorporate field-based learning into this integration? If not now, can this be revisited in another year?
- **Keep it simple.** As far as possible, the training should be kept simple in terms of language used, concepts and tools introduced, and technologies employed during the workshops.
- **Key stakeholders are committed:** Senior managers and other key stakeholders must be committed to and actively support the program. These individuals include departmental heads and administrators. Alignment meetings before training begins are therefore critical to gain the full support of the organization's decision makers.

- **Team project:** Students must identify and work on a challenge with potential to bring about an important and measurable improvement. They can do this during their practicum, or they could work virtually with a field team. A team project allows them to apply what they learn. (See the module 7 description in section 11 “Detailed Syllabus.”)
- **Coaching and support for teams:** Coaching is an important success factor. Trainers should follow up with students and provide any needed support especially in relation to their project.
- **Presentation of projects and results:** Participants should be given opportunities to present their projects and results during and after the training. This step helps them improve their skills in preparing and presenting logical, persuasive, and compelling presentations.

Coaching and Supporting Students

Coaching is a key part of the leadership, management, and governance training and should take place between training sessions and ideally at practicum sites. (See annex E.) The fruits of coaching are many. Coaching:

- Greatly enhances the students' ability to apply what they learned during training and to make their new understanding part of the way they work every day. During coaching, the coach is able to review the teams' projects, understand their challenges, assess progress made, and provide technical support and encouragement.
- Gives teams the feedback and support necessary to apply the leading, managing, and governing practices.
- Presents a great opportunity for facilitators to learn more about their students and the health care environment, making them better able to relate the training to real work issues. They can then use these real work problems in the examples they use during the training.
- Enables students to work together to achieve results, and present these results effectively.

Below are some important coaching principles to guide the coaching sessions:

- A coach helps the other person:
 - Clarify his or her commitments and intended results
 - See new possibilities and actions, and expand his or her range of behavior choices
 - Understand his or her own contribution to recurrent problems and see the consequences of choices made
 - Think more clearly and see new ways of achieving his or her intended results
- A coach does not:
 - Evaluate or judge
 - Blame, criticize, or scold
 - Give solutions
- An effective coach:
 - Builds a relationship of trust and support
 - Cares about the person being coached and has the other's growth in mind
 - Listens well
 - Asks questions to clarify and illuminate a goal or challenge
- To be coached, a student must:
 - Want to learn and change
 - Be open to feedback from others
 - Take responsibility for his or her own actions

Detailed Syllabus

This section presents the generic syllabus that should guide the design of a detailed pre-service L+M+G training targeting a specific group of students based on identified training needs and measurable training goals and objectives. Once the curriculum content is agreed on, training materials, including a facilitator guide, student manuals, and slides or handouts designed to support the training, should be developed and tested.

The generic syllabus outline incorporates the following:

- Module and session titles
- Duration of modules and sessions
- Session objectives and purpose
- Key NHS competencies addressed
- Training materials required for each session
- Outline of the training session
- Session delivery
- Reference materials

For those sessions that are derived from the MSH LDP or LDP Plus programs, reference is made to the relevant MSH training guides and manuals. (See also table 4 and annex B for the corresponding UK NHS competencies.)

Module 1

Module 1: Understanding the Health Care Environment (9 Hours)

Session 1.1

Understanding the Health Care Environment

Duration: 3.5 Hours

★ **Competencies Addressed:**

5.1 Identifying the Contexts for Change

At the end of the session, participants will be able to:

- Discuss emerging national and global health challenges, opportunities, and trends
- Identify implications of key health care issues and trends on health programs and institutions

Purpose

The purpose of this session is to give participants an appreciation of the health care environment and trends and the implications for the health sector.



Session Outline

- Evolution of Health service delivery models
- Approaches of delivering health services at different levels including at the community level
- Exploration of trends in patient centered care
- Public-Private partnership approaches in health service delivery
- National context: levels of care, health service networks, emerging trends



Training Materials

- PowerPoint presentation
- Case Study
- Flip charts
- LCD Projector



Session Delivery

- Group discussions
- Lecture based on PowerPoint presentation
- Country Case Study



Reading Materials

1. Management Sciences for Health. 2010. *Health Systems in Action: An eHandbook for Leaders and Managers*. Cambridge, MA: MSH.
2. Patient & Community Centered Care: <http://www.patient-centeredcare.org/>
3. World Bank PPP Units: http://rru.worldbank.org/documents/publicpolicyjournal/311Dutz_Harris_Dhingra_Shugart.pdf
4. EngenderHealth. 2002. *Community COPE: Building Partnerships with the Community to Improve Health Services*. New York: EngenderHealth.
5. Patients Like Me (<http://www.patientslikeme.com/all/patients>)

Relevant websites, such as:

- World Health Organization (WHO) <http://www.who.int/en/>
- Leadership, Management, and Governance (LMG) Project web portal <http://www.lmgforhealth.org/>

*Note: If unable to access these websites, please search for the information on Google (www.google.com)

Session 1.2

Introduction to Health Systems

Duration: 3.5 Hours

★ Competencies Addressed:

5.1 Identifying the Contexts for Change

At the end of the session, participants will be able to:

- Describe the rationale for a health system approach as opposed to the traditional disease and health program approaches
- Identify key health systems and their components
- Describe broad parameters of health system strengthening

Purpose

The purpose of the session is to have the participants understand the rationale for a health system approach in health care design and management and also the health system building blocks and their components.



Session Outline

- Historical development of health systems
- WHO health systems building blocks
- National and regional health systems context
- Health system strengthening approaches



Training Materials

- PowerPoint presentation
- Case study
- Flip charts
- LCD projector



Session Delivery

- Group discussions
- Lecture based on PowerPoint presentation
- Country case study



Reading Materials

1. Management Sciences for Health. 2010. *Health Systems in Action: An eHandbook for Leaders and Managers*. Cambridge, MA: MSH. Chapter 1: “Achieving Results by Strengthening Health Systems.”
http://www.msh.org/Documents/upload/msh_eHandbook_complete.pdf
2. World Health Organization. 2005. “What Is a Health System?” Geneva: WHO.
<http://www.who.int/features/qa/28/en/index.html>
3. World Health Organization. 2007. *Everybody’s Business: Strengthening Health Systems to Improve Health Outcomes: WHO’s Framework for Action*. Geneva: WHO.
http://www.searo.who.int/LinkFiles/Health_Systems_EverybodyBusinessHSS.pdf
4. Relevant websites, such as—
 - WHO: <http://www.who.int/en/>
 - LMG Project web portal: <http://www.lmgforhealth.org/>

Note: If unable to access these websites, please search for the information on Google (www.google.com).

Session 1.3

Principles of Quality Management

Duration: 2 Hours

★ Competencies Addressed:

4.1 Ensuring Patient Safety

4.2 Critically Evaluating

At the end of the session, participants will be able to:

- Explain the concept of quality in the health care context
- Describe some of the approaches used to improve the quality of health care programs and interventions

Purpose

The purpose of this session is to introduce participants to the quality assurance and quality control aspects of health care.



Session Outline

- Introduction to quality assurance: definitions, principles, and concepts
- Setting and measuring quality standards
- Universal measures of quality: certification process, documentation, post-certification, choosing an accredited service, cost of certification, and implementing the systems



Training Materials

- PowerPoint presentation
- Flip charts
- Case study
- LCD projector



Session Delivery

- Group discussions
- Lecture based on PowerPoint presentation
- Case study



Reading Materials

1. Management Sciences for Health. 2010. *Health Systems in Action: An eHandbook for Leaders and Managers*. Cambridge, MA: MSH.
http://www.msh.org/Documents/upload/msh_eHandbook_complete.pdf
2. Staff of the Institute of Medicine. 2001. *Crossing the Quality Chasm: A New Health System for the 21st Century*. Washington, DC: National Academy Press.
3. Stamatis, Dean H. 1995. *Total Quality Service: Principles, Practices, and Implementation*. Boca Raton, FL: CRC Press.
4. Massoud, R., K. Askov, J. Reinke, et al. 2001. *A Modern Paradigm for Improving Healthcare Quality*. Bethesda, MD: USAID and Quality Assurance Project/URC.
5. Regional Centre for Quality Health Care. 2012. *Catalyzing and Institutionalizing Quality Improvement*. Washington, DC: USAID.
6. Marquez, Lani. 2011. *Helping Healthcare Providers Perform According to Standards*. Bethesda: Quality Assurance Project.
7. Parker, Victoria A. 1999. "Implementing Quality Improvement in Hospitals: The Role of Leadership and Culture." *American Journal of Medical Quality* 14(1): 64–69.
8. Galer, Joan Bragar, Sylvia Vriesendorp, and Alison Ellis. 2005. *Managers Who Lead: A Handbook for Improving Health Services*. Chapter 3: "Improving Work Climate to Strengthen Performance." Cambridge, MA: MSH, p. 66.
<http://www.msh.org/resource-center/managers-who-lead.cfm>
9. Galer, Joan Bragar, Sylvia Vriesendorp, and Alison Ellis. 2005. *Managers Who Lead: A Handbook for Improving Health Services*. Chapter 3: "Improving Work Climate to Strengthen Performance." Cambridge, MA: MSH, p. 66.
<http://www.msh.org/resource-center/managers-who-lead.cfm>

Module 2



**Module 2: Introduction to Leadership,
Management, and Governance (10 Hours)**

Session 2.1

Understanding your Personal Purpose

Duration: 1 Hour

★Competencies Addressed:

- 1.1 Developing Self-Awareness
- 1.2 Managing Yourself
- 6.4 Embodying the Vision

At the end of the session, participants will be able to:

- Describe elements of their personal purpose
- Give reasons why it is important for one to understand his or her personal purpose

Purpose

The purpose of this session is for participants to understand how identifying a personal purpose is important in developing leadership and management skills.



Session Outline

- These elements will be based on the MSH's *LDP Facilitators Guide* and accompanying handouts: "Workshop 1, Session 4: Vision and Mission"
- Activity: Personal Purpose: Why Are We Here?
- Discussion of the *LDP Facilitators Guide* session on personal purpose
- The definition of personal purpose
- Explore participants' personal contributions and missions



Training Materials

- Flip charts
- Note cards
- MSH's *LDP Facilitators Guide*



Session Delivery

- Group discussion



Reading Materials

1. Galer, Joan Bragar, Sylvia Vriesendorp, and Alison Ellis. 2005. *Managers Who Lead: A Handbook for Improving Health Services*. Cambridge, MA: MSH.
<http://www.msh.org/resource-center/managers-who-lead.cfm>
2. Covey, Stephen R. 2004. *The Seven Habits of Highly Effective People: Powerful Lessons in Personal Change*. New York: Simon & Schuster.

Session 2.2

Creating an Inspiring Personal Vision

Duration: 1 Hour

★Competencies Addressed:

- 1.3 Continuing Personal Development
- 1.4 Acting with Integrity
- 6.4 Embodying the Vision

At the end of the session, participants will be able to:

- Describe elements of their personal visions

Purpose

The purpose of this session is for participants to familiarize themselves with their personal vision.



Session Outline

- These elements will be based on the MSH's *LDP Facilitators Guide* (April 2010 or later versions) and accompanying handouts: "Workshop 1, Session 4: Vision and Mission"
- Activity: Personal Vision
- Explore the concept of mission and vision
- Application of these concepts to participants' personal lives



Training Materials

- Flip charts
- Note cards
- MSH's *LDP Facilitators Guide*



Session Delivery

- Group discussion



Reading Materials

1. Galer, Joan Bragar, Sylvia Vriesendorp, and Alison Ellis. 2005. *Managers Who Lead: A Handbook for Improving Health Services*. Cambridge, MA: MSH.
<http://www.msh.org/resource-center/managers-who-lead.cfm>
2. Rice, James A., and Frankie Perry. 2012. *Healthcare Leadership Excellence: Creating a Career of Impact*. Health Administration Press.

Session 2.3

Introduction to Effective Communication

Duration: 2 Hours

★ **Competencies Addressed:**

4.4 Facilitating Transformation

6.3 Communicating the Vision

At the end of the session, participants will be able to:

- Describe the communication model and its implication for communication in the health care sector
- Identify key principles of oral and written communication
- Identify the characteristics of a good presentation
- Describe good negotiation practices

Purpose

The purpose of the training is to improve the written and oral communication skills of participants in all business and work-related communication.



Session Outline

- The communication model
- Principles and practices of internal communication
- Principles and practices of corporate communication—identity, image and reputation, communicating to stakeholders, managing communication in crisis
- Nonverbal communication
- Listening skills to learn from patients and communities
- Making compelling presentations—techniques of successful presentations from planning to delivery, managing time, and captivating the audience
- Use of the Internet and social media as communication tools in the health sector
- Negotiation skills



Training Materials

- PowerPoint presentation
- Flip charts
- LCD projector



Session Delivery

- Group discussions
- Lecture based on PowerPoint presentation
- Role plays



Reading Materials

1. Parsons, Patricia J. 2001. *Beyond Persuasion: The Healthcare Manager's Guide to Strategic Communication*. Health Administration Press.
2. Montgomery, Susan, and Nick Masi. 2007. *Patient- and Family-Centered Care Toolkit*. IPPF.
http://www.ipfcc.org/pdf/conf_present_064.pdf.
3. Guffey, Mary Ellen, and Dana Loewy. 2010. *Essentials of Business Communication*. Mason: South-Western College Publication.
4. Luecke, Richard. 2003. *Harvard Business Essentials: Negotiation*. Boston, MA: Harvard Business Press.
5. Tannen, Deborah. 1990. *You Just Don't Understand: Women and Men in Conversation*. New York: Ballantine Books.

Session 2.4

Giving Effective Feedback

Duration: 1 Hour

★ **Competencies Addressed:**
3.3 Managing People

At the end of the session, participants will be able to:

- Describe the structure of an effective feedback message

Purpose

The purpose of this session is for participants to understand how to give effective feedback. Participants will also learn the importance of effective feedback in team work.



Session Outline

- These elements will be based on the MSH's *LDP Facilitators Guide* (April 2010 or later versions) and accompanying handouts: "Workshop 3, Session 12: Working Effectively in Teams"
- Activity: Giving Useful Feedback
- Exploration of ways to improve team members' actions and interactions
- Understanding helpful and not helpful feedback
- Practice giving effective feedback



Training Materials

- Flip charts
- *MSH's LDP Facilitators Guide*
- Handout *Giving Useful Feedback* from the *LDP Facilitators Guide*



Session Delivery

- Group discussion



Reading Materials

1. Harvard Business Review, 2011: *Guide to Giving Effective Feedback* by Cynthia Morrison Phoel, Sharon Grady, Amy Gallo, Christina Bielaszka-DuVernay, Jean-Francois Manzoni, Timothy Butler, Jean-Louis Barsoux, Tammy Erickson, Peter Bregman, Tom Krattenmaker
2. Galer, Joan Bragar, Sylvia Vriesendorp, and Alison Ellis. 2005. *Managers Who Lead: A Handbook for Improving Health Services*. Cambridge, MA: MSH.
<http://www.msh.org/resource-center/managers-who-lead.cfm>
3. Management Sciences for Health. 2010. *Health Systems in Action: An eHandbook for Leaders and Managers*. Cambridge, MA: Management Sciences for Health. Chapter 5: "Managing Human Resources."
http://www.msh.org/Documents/upload/msh_eHandbook_complete.pdf

Session 2.5

Introduction to Leading and Managing Practices

Duration: 1 Hour

★ **Competencies Addressed:**
3.2 Managing Resources

At the end of the session, participants will be able to:

- Identify the different practices of leading and managing
- Describe the relationship between leading and managing practices and health outcomes

Purpose

The purpose of this session is for participants to identify the differences between leadership and management practices. Participants will make this differentiation as well as identify how leading and managing effectively leads to improved health service delivery and improved health outcomes.



Session Outline

- These elements will be based on the *MSH LDP Facilitators Guide* (April 2010 or later versions) and accompanying handouts: “Workshop 1, Session 2: Overview of Leadership Development”
- Activities: What Leaders Do and Understanding Leading and Managing Practices
- Introduction of leadership and management
- Exploration of meanings of leadership



Training Materials,

- MSH’s *LDP Facilitators Guide*
- Handout *Leading & Managing Framework*
- Flipcharts
- Sticky note cards
- Paper



Session Delivery

- Group discussions



Reading Materials

1. Galer, Joan Bragar, Sylvia Vriesendorp, and Alison Ellis. 2005. *Managers Who Lead: A Handbook for Improving Health Services*. Cambridge, MA: MSH.
<http://www.msh.org/resource-center/managers-who-lead.cfm>
2. Kotter, J. P. 1990. "What Leaders Really Do." *Harvard Business Review* 68(3): 103–11. (Reprinted by *Harvard Business Review* December 2001.)
3. Covey, Stephen R. 2004. *The Seven Habits of Highly Effective People: Powerful Lessons in Personal Change*. New York: Simon & Schuster.
4. Management Sciences for Health. 2010. *Health Systems in Action: an eHandbook for Leaders and Managers*. Cambridge, MA: MSH.
http://www.msh.org/Documents/upload/msh_eHandbook_complete.pdf.
5. Daloz Parks, Sharon. 2005. *Leadership Can Be Taught: A Bold Approach for a Complex World*. Boston, MA: Harvard Business Press.

Session 2.6

Introduction to Governance

Duration: 3 Hours

★ **Competencies Addressed:**

7.1–7.4 Delivering the Strategy

At the end of the session, participants will be able to:

- Describe the rationale and historical dimensions of governance in the health sector
- Identify key governance practices

Purpose

The purpose of this session is to introduce participants to the concepts and historical perspectives of governance in the health context.



Session Outline

- Definition of governance in the health context
- Historical perspectives of governance in health and non-health sectors
- Examples of the positive impact of governance on health system outcomes
- Introduction to ethics in the health sector
- LMG Project governance framework and its application to the public and private health sectors



Training Materials

- PowerPoint presentation
- Governance Assessment Tool
- Flip charts
- Case study
- LCD projector



Session Delivery

- Group discussions
- Lecture based on PowerPoint presentation
- Case study
- Governance assessment activity



Reading Materials

1. Management Sciences for Health. 2010. *Health Systems in Action: An eHandbook for Leaders and Managers*. Cambridge, MA: MSH. Chapter 3: "Promoting Good Governance."
http://www.msh.org/Documents/upload/msh_eHandbook_complete.pdf.
2. LMG Studies on Governance Practices:
<http://www.msh.org/global-presence/lmg-project.cfm>
3. Nash, David, William Oetgen, and Valerie Pracilio. 2008. *Governance for Healthcare Providers: The Call to Leadership*. New York: Productivity Press
4. Dambach, Charles F., Melissa Davis, and Robert L. Gale. 2009. *Structures and Practices of Non-Profit Boards* (2nd ed.). Washington, DC: BoardSource, 2009.
5. Delivering good governance: Preparing for turbulent times, *NHS Governance Review 2012*. Grant Thornton
6. Governance Guides and Handbooks, LMG Project, MSH

Session 2.7

Linking Leading, Managing and Governing Practices to Results

Duration: 1 Hour

★Competencies Addressed:

3.4 Managing Performance

4.2 Critically Evaluating

4.3 Encouraging Improvement and Innovation

7.1–7.4 Delivering the Strategy

At the end of the session, participants will be able to:

- Describe the interrelationship between leadership, management, and governance
- Identify the ways in which leadership, management, and governance contribute to health outcome improvements

Purpose

The purpose of this session is to get participants to see how good L+M+G practices contribute to improved results and sustainable health outcomes.



Session Outline

- Group discussion on how L+M+G practices contribute to results and health outcomes
- Review of the Leading, Managing, and Governing for Results Model (see annex F)



Training Materials

- Chart of the Leading, Managing, and Governing for Results Model (see annex F)
- Flip charts



Session Delivery

- Group discussions and facilitation



Reading Materials

1. Galer, Joan Bragar, Sylvia Vriesendorp, and Alison Ellis. 2005. *Managers Who Lead: A Handbook for Improving Health Services*. Cambridge, MA: MSH.
<http://www.msh.org/resource-center/managers-who-lead.cfm>
2. Management Sciences for Health. 2010. *Health Systems in Action: An eHandbook for Leaders and Managers*. Cambridge, MA: MSH.
http://www.msh.org/Documents/upload/msh_eHandbook_complete.pdf
3. World Health Organization. 2011. *WHO Governance for Health in 21st Century: A Study Conducted for the WHO Regional Office for Europe*. Copenhagen, Denmark: WHO Regional Office for Europe.
http://www.euro.who.int/_data/assets/pdf_file/0010/148951/RC61_InfDoc6.pdf
4. Management Sciences for Health. 2010. *Health Systems in Action: An eHandbook for Leaders and Managers*. Cambridge, MA: MSH. "Chapter 2: Leading and Managing: Critical Competencies for Health Systems Strengthening."
http://www.msh.org/Documents/upload/msh_eHandbook_complete.pdf.
5. World Health Organization. 2013. The Health Manager's Website.
<http://www.who.int/management/en/>

Module 3

**Module 3: Optimizing Individual and
Organizational Performance (7 Hours)**

Session 3.1

Reviewing the Concept of Organizational Mission

Duration: 1 Hour

★Competencies Addressed:

6.1 Developing the Vision for the Organization

At the end of the session, participants will be able to:

- Define the term *organizational mission*
- Give reasons why organizations need to develop an organizational mission

Purpose

The purpose of this session is for participants to acquaint themselves with an organizational mission and its importance to strong organizations.



Session Outline

- These elements will be based on the *MSH LDP Facilitators Guide* (April 2010 or later versions) and accompanying handouts: “Workshop 1, Session 4: Vision and Mission”
- Activities: Personal Purpose—Why Are We Here?, Step 2, and Vision vs. Mission
- Understanding the difference between a vision and mission



Training Materials

- MSH’s *LDP Facilitators Guide*
- Handout
- Flipcharts
- Paper



Session Delivery

- Group discussions



Reading Materials

1. Galer, Joan Bragar, Sylvia Vriesendorp, and Alison Ellis. 2005. *Managers Who Lead: A Handbook for Improving Health Services*. Cambridge, MA: MSH.
<http://www.msh.org/resource-center/managers-who-lead.cfm>
2. Management Sciences for Health. 2010. *Health Systems in Action: An eHandbook for Leaders and Managers*. Cambridge, MA: MSH. Chapter 4: "Planning the Work and Working the Plan."
http://www.msh.org/Documents/upload/msh_eHandbook_complete.pdf

Session 3.2

Creating a Shared and Empowering Organizational Vision

Duration: 2 Hours

★Competencies Addressed:

3.1 Planning

6.2 Influencing the Vision of the Wider Health Care System

At the end of the session, participants will be able to:

- Define the term *organizational vision*
- Differentiate between a vision and a mission

Purpose

The purpose of this session is for participants to feel comfortable creating a powerful organizational vision that is clearly distinguishable from an organizational mission.



Session Outline

- These elements will be based on the MSH *LDP Facilitators Guide* (April 2010 or later versions) and accompanying handouts: “Workshop 1, Session 4: Vision and Mission”
- Activity: Shared Vision—In a Picture
- Writing an inspirational vision statement



Training Materials

- MSH’s *LDP Facilitators Guide*
- Flipcharts
- Crayons or markers



Session Delivery

- Group work
- Discussions



Reading Materials

1. Galer, Joan Bragar, Sylvia Vriesendorp, and Alison Ellis. 2005. *Managers Who Lead: A Handbook for Improving Health Services*. Cambridge, MA: MSH.
<http://www.msh.org/resource-center/managers-who-lead.cfm>
2. Management Sciences for Health. 2010. *Health Systems in Action: An eHandbook for Leaders and Managers*. Cambridge, MA: MSH. Chapter 4: "Planning the Work and Working the Plan."
http://www.msh.org/Documents/upload/msh_eHandbook_complete.pdf

Session 3.3

Introduction to the Important and Urgent Matrix

Duration: 1 Hour

★Competencies Addressed:

5.2 Applying Knowledge and Evidence

5.3 Making Decisions

At the end of the session, participants will be able to:

- Describe the four quadrants of the Important and Urgent Matrix
- Describe Quadrant 2 practices

Purpose

The purpose of this session is for participants to learn how to use the Important and Urgent Matrix in their decision-making and planning.



Session Outline

- These elements will be based on the MSH *LDP Facilitators Guide* (April 2010 or later versions) and accompanying handouts: “Workshop 2, Session 8: Focusing the Plan”
- Activity: Putting First Things First, the Important and Urgent Matrix”
- Exploration of ways of setting priorities
- Establishing criteria for decision-making



Training Materials

- MSH’s *LDP Facilitators Guide*
- Handouts *Sample Priority Matrix*, *Priority Matrix Worksheet*, the *Important and Urgent Matrix*, and the *Challenge Model*
- Flipchart



Session Delivery

- Group discussions



Reading Materials

1. Galer, Joan Bragar, Sylvia Vriesendorp, and Alison Ellis. 2005. *Managers Who Lead: A Handbook for Improving Health Services*. Cambridge, MA: MSH.
<http://www.msh.org/resource-center/managers-who-lead.cfm>
2. Covey, Stephen R. 2004. *The Seven Habits of Highly Effective People: Powerful Lessons in Personal Change*. New York: Simon & Schuster.

Session 3.4

Growing Influence

Duration: 1 Hour

★Competencies Addressed:

2.2 Building and Maintaining Relationships

6.2 Influencing the Vision of the Wider Health Care System

At the end of the session, participants will be able to:

- Describe practices that grow influence

Purpose

The purpose of this session is for participants to recognize their sphere of influence and to gain familiarity with practices that could enhance it.



Session Outline

- These elements will be based on the MSH *LDP Facilitators Guide* (April 2010 or later versions) and accompanying handouts: “Workshop 1, Session 5: The Challenge Model”
- Activity: Recognizing Your Sphere of Influence (See also annex G.)
- Understanding what is within one’s control



Training Materials

- MSH’s *LDP Facilitators Guide*
- Flip chart



Session Delivery

- Group discussions



Reading Materials

1. Galer, Joan Bragar, Sylvia Vriesendorp, and Alison Ellis. 2005. *Managers Who Lead: A Handbook for Improving Health Services*. Cambridge, MA: MSH.
<http://www.msh.org/resource-center/managers-who-lead.cfm>
2. Neck, Christopher P., and Charles Manz. 2009. *Mastering Self-Leadership: Empowering Yourself for Personal Excellence*. Saddle River, NJ: Prentice Hall.
3. Dent, Fiona, and Mike Brent. 2006. *Influencing: Skills and Techniques for Business Success*. New York: Palgrave Macmillan.

Session 3.5

Making Effective Requests and Reducing Complaints

Duration: 1 Hour

★ **Competencies Addressed:**
2.3 Encouraging Contribution

At the end of the session, participants will be able to:

- Describe how to construct an effective request message

Purpose

The purpose of this session is to familiarize participants with basics of working in high performing teams. Participants are able to learn how to make requests effectively while reducing complaints.



Session Outline

- These elements will be based on the MSH *LDP Facilitators Guide* (April 2010 or later versions) and accompanying handouts: “Workshop 3, Session 12: Working Effectively in Teams”
- Activity: Making Effective Requests and Reducing Complaints
- Approaches to communicating with others to align and mobilize them around desired results



Training Materials

- MSH’s *LDP Facilitators Guide*
- Handouts *Understanding Roles in Teamwork, Requests instead of Complaints*
- Flip charts



Session Delivery

- Group discussions



Reading Materials

1. Galer, Joan Bragar, Sylvia Vriesendorp, and Alison Ellis. 2005. *Managers Who Lead. A Handbook for Improving Health Services*. Cambridge, MA: MSH.
<http://www.msh.org/resource-center/managers-who-lead.cfm>
2. Management Sciences for Health. 2010. *Health Systems in Action: An eHandbook for Leaders and Managers*. Cambridge, MA: MSH.
http://www.msh.org/Documents/upload/msh_eHandbook_complete.pdf

Session 3.6

Gender Dimensions in the Health Sector

Duration: 1 Hour

★Competencies Addressed:

- 2.1 Developing Networks
- 2.2 Building and Maintaining Relationships
- 2.4 Working within Teams

At the end of the session, participants will be able to:

- Define the term gender and explain ways in which it affects leadership, management, and governance in the health sector
- Describe ways of undertaking gender analysis
- Explain possible initiatives for improving organizational gender responsiveness, including nurturing organizational cultures that avoid sexual harassment; encouraging equal opportunities for advancement, pay, and career development; and determining how gender is addressed in different ethnic communities

Purpose

The purpose of this session is for participants to understand how gender dimensions play a crucial role in the health sector.



Session Outline

- These elements will be based on the MSH *LDP/Plus: A Country-Led Process for Focusing Health Teams on Priority Health Results, A Guide for Facilitators* (June 27, 2012 or later versions) and accompanying handouts: “Workshop 3, Session: Gender and Leadership”
- Gender analysis and gender transformative strategies in the health sector – based on materials and guides by the CapacityPlus project



Training Materials

- MSH’s *LDP Plus*
- Handouts



Session Delivery

- Group discussions



Reading Materials

1. Management Sciences for Health. 2012. *LDP/Plus: A Country-Led Process for Focusing Health Teams on Priority Health Results, A Guide for Facilitators* (June 27, 2012 – in development). Cambridge, MA: MSH.
2. Management Sciences for Health. 2010. *Health Systems in Action: An eHandbook for Leaders and Managers*. Cambridge, MA: MSH..
http://www.msh.org/Documents/upload/msh_eHandbook_complete.pdf
3. Gender Insights from IPPF. No date.
<http://www.ippf.org/our-work/what-we-do/gender/what-gender-equality>
4. Gender and Health Group, Liverpool School of Tropical Medicine. No date. *Guidelines for the Analysis of Gender and Health*.
http://www.lstmliverpool.ac.uk/groups/gender_health
5. Strengthening the Health Worker Pipeline through Gender-Transformative Strategies. December 2012
<http://www.capacityplus.org/technical-brief-7>

Module 4



**Module 4: Moving from Vision to Action
(10 Hours)**

Session 4.1

Understanding and Using the Challenge Model

Duration: 2 Hours

★ **Competencies Addressed:**

3.1 Planning

5.2 Applying Knowledge and Evidence

At the end of the session, participants will be able to:

- Describe the key steps and sequence of the Challenge Model (see annex G)
- Formulate a “SMART” (i.e., specific, measurable, achievable, realistic, time-bound) result

Purpose

The purpose of this session is to acquaint participants with the Challenge Model, including identifying a current situation and developing a measurable result.



Session Outline

- These elements will be based on the MSH *LDP Facilitators Guide* (April 2010 or later versions) and accompanying handouts: “Workshop 1, Session 5: The Challenge Model; Activities: Introduction to the Challenge Model, Developing a Measurable Result and Current Situation”
- Exploration of participants experiences facing challenges
- Write SMART results



Training Materials

- MSH’s *LDP Facilitators Guide*
- Handout *The Challenge Model, Using the Challenge Mode, Case-study-Using SMART Criteria*



Session Delivery

- Group discussions



Reading Materials

1. Galer, Joan Bragar, Sylvia Vriesendorp, and Alison Ellis. 2005. *Managers Who Lead: A Handbook for Improving Health Services*. Cambridge, MA: MSH.
<http://www.msh.org/resource-center/managers-who-lead.cfm>
2. MSH toolkits for the Challenge Model.
<http://erc.msh.org/toolkit/Tool.cfm?lang=1&CID=8&TID=212>

Session 4.2

Analyzing and Mapping Stakeholders

Duration: 1 Hour

★Competencies Addressed:

2.1 Developing Networks

3.1 Planning

At the end of the session, participants will be able to:

- Define the term stakeholders
- Describe approaches to stakeholder analysis
- Suggest practical ways of engaging stakeholders in existing decision-making activities

Purpose

The purpose of this session is to introduce participants to the leadership practice of scanning by analyzing and engaging with stakeholders.



Session Outline

- These elements will be based on the MSH *LDP Facilitators Guide* (April 2010 or later versions) and accompanying handouts: “Workshop 1, Session 6: The Leadership Practice of Scanning”
- Activity: Analyzing Stakeholder Needs and Interests



Training Materials

- MSH’s *LDP Facilitators Guide*
- Handout *Stakeholder Analysis Worksheet*
- Flipcharts
- Colored markers



Session Delivery

- Group discussion



Reading Materials

1. Galer, Joan Bragar, Sylvia Vriesendorp, and Alison Ellis. 2005. *Managers Who Lead: A Handbook for Improving Health Services*. Cambridge, MA: MSH.
<http://www.msh.org/resource-center/managers-who-lead.cfm>
2. Department for International Development (UK) insights into stakeholder analysis.
http://www.dfid.gov.uk/R4D/PDF/Outputs/FutureHealth_RPC/Hyder_etal_PublicHealth.pdf
3. Schmeer, Kammi. Guidelines for Conducting a Stakeholder Analysis. November 1999. Bethesda, MD: Partnerships for Health Reform, Abt Associates Inc.
<http://www.who.int/management/partnerships/overall/GuidelinesConductingStakeholderAnalysis.pdf>

Session 4.3

Root Cause Analysis

Duration: 1 Hour

★ **Competencies Addressed:**
4.2 Critically Evaluating

At the end of the session, participants will be able to:

- Explain the benefits of root cause analysis
- Describe different approaches of carrying out root cause analysis

Purpose

The purpose of this session is to introduce participants to the essential leadership practice of focusing, and how to diagnose root causes.



Session Outline

- These elements will be based on the MSH *LDP Facilitators Guide* (April 2010 or later versions) and accompanying handouts: “Workshop 2, Session 7: Focusing”
- Activities: Diagnosing Root Causes—The Fishbone and Five Whys Techniques



Training Materials

- MSH’s *LDP Facilitators Guide*
- Handout: *The Fishbone Technique, The Five Whys Technique*



Session Delivery

- Group discussion



Reading Materials

1. Galer, Joan Bragar, Sylvia Vriesendorp, and Alison Ellis. 2005. *Managers Who Lead: A Handbook for Improving Health Services*. Cambridge, MA: MSH.
<http://www.msh.org/resource-center/managers-who-lead.cfm>
2. Institute for Healthcare Improvement. 2013. *Insights into Root Cause Analysis for Quality*. Cambridge, MA: IHI.
<http://www.ihl.org/offerings/VirtualPrograms/OnDemand/RootCause/Pages/default.aspx>

Session 4.4

Prioritizing Actions

Duration: 2 Hours

★ **Competencies Addressed:**

3.4 Managing Performance

4.3 Encouraging Improvement and Innovation

At the end of the session, participants will be able to:

- Describe how one can prioritize actions using the Priority Matrix
- Apply prioritization techniques that consider burdens of disease to balance investments among health challenges, for maternal and child health, family planning and reproductive health, HIV and AIDS, malaria, and TB and for persons with disabilities

Purpose

The purpose of this session is for participants to become familiar with strategies of priority-setting.



Session Outline

- These elements will be based on the MSH *LDP Facilitators Guide* (April 2010 or later versions) and accompanying handouts: “Workshop 2, Session 8: Focusing the Plan”
- Activity: Setting Priorities Using the Priority Matrix



Training Materials

- MSH’s *LDP Facilitators Guide*
- Handout: *Sample Priority Matrix, Priority Matrix Worksheet*
- Flipchart
- Colored markers



Session Delivery

- Group discussion



Reading Materials

1. Galer, Joan Bragar, Sylvia Vriesendorp, and Alison Ellis. 2005. *Managers Who Lead: A Handbook for Improving Health Services*. Cambridge, MA: MSH.
<http://www.msh.org/resource-center/managers-who-lead.cfm>

Session 4.5

Introduction to Monitoring and Evaluation

Duration: 2 Hours

★ **Competencies Addressed:**
5.4 Evaluating Impact

At the end of the session, participants will be able to:

- Define key monitoring and evaluation terms
- Formulate appropriate indicators for their measurable results
- Identify key data sources for monitoring and evaluating health programs

Purpose

The purpose of this session is to introduce participants to fundamentals of monitoring and evaluation for health programs.



Session Outline

- These elements will be based on the *MSH LDP Facilitators Guide* (April 2010 or later versions) and accompanying handouts: “Workshop 2, Session 9: Mobilizing and Monitoring for Results; Activity: Monitoring and Evaluating your Leadership Project”



Training Materials

- MSH’s *LDP Facilitators Guide*
- Handout: *Characteristics of Good Indicators, Common Data Sources, What is Baseline?*, etc.
- Flipchart
- Tape
- Colored markers



Session Delivery

- Lecture
- Group discussions



Reading Materials

1. Galer, Joan Bragar, Sylvia Vriesendorp, and Alison Ellis. 2005. *Managers Who Lead: A Handbook for Improving Health Services*. Cambridge, MA: MSH.
<http://www.msh.org/resource-center/managers-who-lead.cfm>
2. World Health Organization. 2007. *Everybody's Business: Strengthening Health Systems to Improve Health Outcomes: WHO's Framework for Action*. Geneva: WHO.
http://www.searo.who.int/LinkFiles/HealthSystems_EverybodyBusinessHSS.pdf
3. Management Sciences for Health. 2010. *Health Systems in Action: An eHandbook for Leaders and Managers*. Cambridge, MA: MSH. Chapter 4: "Planning the Work and Working the Plan."
http://www.msh.org/Documents/upload/msh_eHandbook_complete.pdf
4. Management Sciences for Health. 2010. *Health Systems in Action: An eHandbook for Leaders and Managers*. Cambridge, MA: MSH. Chapter 8: "Managing Information: Monitoring and Evaluation."
http://www.msh.org/Documents/upload/msh_eHandbook_complete.pdf
5. Bertrand, Jane T., Robert J. Magnani, and Naomi Rutenberg. 1996. *Evaluating Family Planning Programs, with Adaptations for Reproductive Health*. Chapel Hill, NC: The EVALUATION Project.
<http://www.cpc.unc.edu/measure/publications/pdf/ms-96-03.pdf>
6. Management Sciences for Health. 1997. "Using Evaluation as a Management Tool." *The Manager* 6(1).
<http://erc.msh.org/mainpage.cfm?file=2.3.1.htm&module=info&language=English>
7. Management Sciences for Health. "Information for Health Management: The MSH Approach."
<http://erc.msh.org/mainpage.cfm?file=1.0.1.htm&module=info&language=English>
8. Patton, Michael Quinn. 1990. *Qualitative Evaluation and Research Methods*. Newbury Park, CA: Sage Publications.
9. Rossi, Peter H., Howard E. Freeman, and Mark Lipsey. 1999. *Evaluation: A Systematic Approach*. Thousand Oaks, CA: Sage Publications.
10. Shaw, Vincent. 2005. "Health Information System Reform in South Africa: Developing an Essential Data Set." *Bulletin of the World Health Organization* 83(8): 632–36.
http://www.scielo.org/scielo.php?script=sci_arttext&pid=S0042-96862005000800018&lng=en&nrm=iso
11. UNAIDS, World Health Organization, and MEASURE Evaluation. 2000. *National AIDS Programmes: A Guide to Monitoring and Evaluation*. Chapel Hill, NC: Carolina Population Center.
http://www.who.int/hiv/pub/epidemiology/en/JC427-Mon_Ev-Full_en.pdf
12. World Bank Group and Carleton University. 2007. "Data Collection Methods." Module 8 of the International Program for Development Evaluation Training. Ottawa: IPDET.
http://www.worldbank.org/oed/ipdet/modules/M_08-na.pdf

Session 4.6

Developing Action Plans for Results

Duration: 2 Hours

★ **Competencies Addressed:**

- 3.1 Planning
- 3.2 Managing Resources
- 3.3 Managing People

At the end of the session, participants will be able to:

- Describe key elements of an action plan
- Master techniques to successfully engage diverse stakeholders in planning process

Purpose

The purpose of this session is to acquaint participants with the process of developing an action plan through stakeholder engagement.



Session Outline

- These elements will be based on the *MSH LDP Facilitators Guide* (April 2010 or later versions) and accompanying handouts: “Workshop 2, Session 10: From Vision to Action”
- Activity: Developing an Action Plan that Leads to Results



Training Materials

- MSH’s *LDP Facilitators Guide*
- Handout: *Action Plan for Team, Quick Check on the Quality of an Action Plan*, etc.
- Flipchart
- Tape
- Colored markers



Session Delivery

- Lecture
- Group discussion



Reading Materials

1. Galer, Joan Bragar, Sylvia Vriesendorp, and Alison Ellis. 2005. *Managers Who Lead: A Handbook for Improving Health Services*. Cambridge, MA: MSH.
<http://www.msh.org/resource-center/managers-who-lead.cfm>
2. Management Sciences for Health. 2010. *Health Systems in Action: An eHandbook for Leaders and Managers*. Cambridge, MA: MSH. Chapter 4: "Planning the Work and Working the Plan."
http://www.msh.org/Documents/upload/msh_eHandbook_complete.pdf
3. Implementing Best Practices Consortium. 2007. *A Guide for Fostering Change to Scale up Effective Health Services*. Cambridge, MA: MSH.
http://www.who.int/reproductivehealth/publications/health_systems/fostering_change/en/index.html

Module 5

**Module 5: Aligning, Mobilizing, and Inspiring
the Workforce for Results (9 Hours)**

Session 5.1

Coaching to Support Others

Duration: 1 Hour

★ **Competencies Addressed:**
2.3 Encouraging Contribution

At the end of the session, participants will be able to:

- Describe the principles of coaching

Purpose

The purpose of this session is for participants to learn how to coach others in the process of aligning and mobilizing.



Session Outline

- These elements will be based on the *MSH LDP Facilitators Guide* (April 2010 or later versions) and accompanying handouts: “Workshop 3, Session 11: Aligning and Mobilizing”
- Activity: Coaching to Support Others



Training Materials

- MSH's *LDP Facilitators Guide*
- Handout *Coaching Principles, Three-Person Coaching Exercise*
- Flipchart
- Colored markers



Session Delivery

- Group discussion



Reading Materials

1. Galer, Joan Bragar, Sylvia Vriesendorp, and Alison Ellis. 2005. *Managers Who Lead: A Handbook for Improving Health Services*. Cambridge, MA: MSH.
<http://www.msh.org/resource-center/managers-who-lead.cfm>
2. Covey, Stephen M.R. 2006. *The Speed of Trust*. New York: Simon & Schuster.
<http://speedoftrust.com/new/>

Session 5.2

Gaining Commitment Not Just Compliance

Duration: 1 Hour

★Competencies Addressed:

2.4 Working within Teams

6.3 Communicating the Vision

At the end of the session, participants will be able to:

- Describe the concepts of commitment and compliance

Purpose

The purpose of this activity is for participants to understand the importance of aligning and mobilizing for shared commitment and teamwork.



Session Outline

- These elements will be based on the *MSH LDP Facilitators Guide* (April 2010 or later versions) and accompanying handouts: “Workshop 3, Session 11: Aligning and Mobilizing”
- Activity: Gaining Commitment, Not Just Compliance



Training Materials

- MSH’s *LDP Facilitators Guide*
- Handout *Commitment vs. Compliance*
- Flipchart
- Tape
- Colored markers



Session Delivery

- Lecture
- Group discussion



Reading Materials

1. Galer, Joan Bragar, Sylvia Vriesendorp, and Alison Ellis. 2005. *Managers Who Lead: A Handbook for Improving Health Services*. Cambridge, MA: MSH.
<http://www.msh.org/resource-center/managers-who-lead.cfm>

Session 5.3

Creating High Performance Teams

Duration: 2 Hours

★ **Competencies Addressed:**
2.4 Working within Teams

At the end of the session, participants will be able to:

- Describe different team roles

Purpose

The purpose of this activity is for participants to explore techniques for creating high performing teams through understanding team roles.



Session Outline

- These elements will be based on the MSH *LDP Facilitators Guide* (April 2010 or later versions) and accompanying handouts: “Workshop 3, Session 12: Working Effectively in Teams”
- Activity: Understanding Roles in Teams



Training Materials

- MSH’s *LDP Facilitators Guide*
- Handouts *Understanding Roles in Teamwork*



Session Delivery

- Lecture
- Group discussion



Reading Materials

1. Developing and sustaining effective teams. *Institute for Innovation and Improvement, NHS 2007*
http://www.rcn.org.uk/_data/assets/pdf_file/0003/78735/003115.pdf
2. Galer, Joan Bragar, Sylvia Vriesendorp, and Alison Ellis. 2005. *Managers Who Lead: A Handbook for Improving Health Services*. Cambridge, MA: MSH.
<http://www.msh.org/resource-center/managers-who-lead.cfm>
3. Harkins, Phil. 2006–08. *Ten Leadership Techniques for Building High-Performance Teams*. Burlington, MA: Linkage, Inc.
http://www.linkageinc.com/thinking/linkageleader/Documents/PhilHarkins_10_Leadership_Techniques_for_Building_High_Performing_Teams_0506.pdf

Session 5.4

Inspiring through Building Trust

Duration: 1 Hour

★Competencies Addressed:

1.4 Acting with Integrity
2.2 Building and Maintaining Relationships

At the end of the session, participants will be able to:

- Describe practices that build trust and inspire people
- Describe practices that erode trust
- Describe practices that reinforce integrity and accountability in the workplace

Purpose

The purpose of this activity is for participants to understand how trust can be built and how integrity can be reinforced for high performing teams.



Session Outline

- These elements will be based on the *MSH LDP Facilitators Guide* (April 2010 or later versions) and accompanying handouts: “Workshop 3, Session 13: Inspiring”
- Activity: Inspire Through Building Trust



Training Materials

- MSH's *LDP Facilitators Guide*
- Handout *Inspire through Building Trust*
- Flipchart



Session Delivery

- Group discussion



Reading Materials

1. Galer, Joan Bragar, Sylvia Vriesendorp, and Alison Ellis. 2005. *Managers Who Lead: A Handbook for Improving Health Services*. Cambridge, MA: MSH.
<http://www.msh.org/resource-center/managers-who-lead.cfm>
2. Covey, Stephen M.R. 2006. *The Speed of Trust*. New York: Simon & Schuster.
<http://speedoftrust.com/new/>
3. Reina, Dennis, and Michelle L. Reina. 2006. *Trust and Betrayal in the Workplace—Building Effective Relationships in Your Organization* (2nd ed.). San Francisco: Berrett-Kohler.

Session 5.5

Inspiring by Acknowledgment

Duration: 1 Hour

★Competencies Addressed:

2.2 Building and Maintaining Relationships

At the end of the session, participants will be able to:

- Describe elements of an acknowledgment message
- Identify ways of creating a culture of acknowledgment

Purpose

The purpose of this activity is to familiarize participants with ways of communicating acknowledgment for an inspirational workplace.



Session Outline

- These elements will be based on the *MSH LDP Facilitators Guide* (April 2010 or later versions) and accompanying handouts: “Workshop 3, Session 13: Inspiring”
- Activity: Inspire by Acknowledgment



Training Materials

- MSH’s *LDP Facilitators Guide*
- Handouts



Session Delivery

- Group discussions



Reading Materials

1. Galer, Joan Bragar, Sylvia Vriesendorp, and Alison Ellis. 2005. *Managers Who Lead: A Handbook for Improving Health Services*. Cambridge, MA: MSH.
<http://www.msh.org/resource-center/managers-who-lead.cfm>
2. McPheat, Sean. 2010. Blog: "Using praise to motivate staff." London: Management, Training, and Development, Ltd.
<http://www.m-t-d.co.uk/blog/using-praise-to-motivate-staff.htm>

Session 5.6

Managing Change

Duration: 2 Hours

★ **Competencies Addressed:**
3.4 Managing Performance

At the end of the session, participants will be able to:

- Describe the change process
- Identify practices that support the change process

Purpose

The purpose of this session is to acquaint participants with the change process and how to effectively lead teams through change.



Session Outline

- These elements will be based on the *MSH LDP Facilitators Guide* (April 2010 or later versions) and accompanying handouts: “Workshop 3, Session 14: Leading Change and Producing Results”
- Activities: The Change Process and Leading Change



Training Materials

- MSH’s *LDP Facilitators Guide*
- Handout *Checklist for Successful Change Initiatives*, etc.



Session Delivery

- Lecture
- Group discussion



Reading Materials

1. Galer, Joan Bragar, Sylvia Vriesendorp, and Alison Ellis. 2005. *Managers Who Lead: A Handbook for Improving Health Services*. Cambridge, MA: MSH.
<http://www.msh.org/resource-center/managers-who-lead.cfm>
2. Jick, Todd, and Maury Peiperl. 2000. *Managing Change: Cases and Concepts*. New York: McGraw-Hill Education
3. Kotter, John P. 2003. *Leading Change*. Boston, MA: Harvard Business School Press.

Session 5.7

Leading through Breakdowns

Duration: 1 Hour

★Competencies Addressed:
3.4 Managing Performance

At the end of the session, participants will be able to:

- Identify ways breakdowns within teams can lead to better results
- Identify practices that support the change process
- Understand the role of conflict resolution in governance

Purpose

The purpose of this session is for participants to learn how to lead change through team conflict and breakdowns.



Session Outline

- These elements will be based on the *MSH LDP Facilitators Guide* (April 2010 or later versions) and accompanying handouts: “Workshop 3, Session 14: Leading Change and Producing Results”
- Activity: The Good News about Breakdowns



Training Materials

- MSH’s *LDP Facilitators Guide*
- Handout *Leading through Breakdowns, Coaching through Breakdowns*, etc.



Session Delivery

- Lecture
- Group discussions



Reading Materials

1. Galer, Joan Bragar, Sylvia Vriesendorp, and Alison Ellis. 2005. *Managers Who Lead: A Handbook for Improving Health Services*. Cambridge, MA: MSH.
<http://www.msh.org/resource-center/managers-who-lead.cfm>
2. Thompson, J. M. 2010. "Understanding and Managing Organizational Change: Implications for Public Health Management." *Journal of Public Health Management Practicum* 16(2): 167–73.
<http://www.ncbi.nlm.nih.gov/pubmed/20150801>
3. State University of New York, Levin Institute. 2013. Blog "Breakdowns in public health systems."
<http://www.globalization101.org/breakdowns-in-public-health-systems/>

Module 6

A large teal arrow graphic pointing to the right, positioned behind the 'Module 6' text. The arrow is a darker shade of teal than the background bar.

**Module 6: Strengthening Health Systems
(15 Hours)**

Session 6.1

Introduction to Human Resources for Health

Duration: 5 Hours

★Competencies Addressed:

2.4 Working within Teams

3.3 Managing People

At the end of the session, participants will be able to:

- Define HRH
- Describe the HRH Action Framework (HAF) and ways in which it can serve as a comprehensive tool to analyze and address HRH challenges
- Identify some key HRH issues that face their country and institutions and possible solutions
- Describe key HRM elements
- Identify approaches of improving HRH
- Describe the role of stewardship in governance as it relates to human resource management

Purpose

The purpose of the session is to introduce the HRH topic largely based on the HAF so that participants have an overarching framework for analyzing and planning sustainable HRH programs



Session Outline

- Global and national HRH status, key issues, and trends
- Introduction to the HAF and its application at the national level
- HRM definition
- HRM elements (based on the HAF)
- Interrelationships between HRM elements
- Approaches and tools for measuring and improving HRM practices including staff attraction, motivation, and retention



Training Materials

- PowerPoint presentation
- Flip charts
- Case study
- HAF handout
- LCD projector



Session Delivery

- Group discussions
- Lecture based on PowerPoint presentation
- Case study



Reading Materials

1. Management Sciences for Health. 2010., *Health Systems in Action: An eHandbook for Leaders and Managers*. Cambridge, MA: MSH..
http://www.msh.org/Documents/upload/msh_eHandbook_complete.pdf
2. Ummuro, Adano, Jim McCaffery, Paul Ruwoldt, and Barbara Stilwell. 2008. *Human Resources for Health: Tackling the Human Resource Management Piece of the Puzzle* (technical brief 14.) Chapel Hill, NC: IntraHealth International, The Capacity Project.
http://www.capacityproject.org/images/stories/files/techbrief_14.pdf
3. Management Sciences for Health. 2010. *Health Systems in Action: An eHandbook for Leaders and Managers*. Cambridge, MA: MSH. Chapter 5: "Managing Human Resources."
http://www.msh.org/Documents/upload/msh_eHandbook_complete.pdf
4. Global Health Workforce Alliance/World Health Organization. 2008. *Guidelines: Incentives for Health Professionals*. Geneva: Global Health Workforce Alliance.
http://www.who.int/workforcealliance/documents/Incentives_Guidelines%20EN.pdf
5. Management Sciences for Health. 1999. "Human Resources: Managing and Developing Your Most Important Asset." *The Manager* 8(1).
http://erc.msh.org/TheManager/English/V8_N1_En_Issue.pdf
6. Management Sciences for Health. 2001. "Developing Managers Who Lead." *The Manager* 10(3).
<http://www.msh.org/resource-center/developing-managers-who-lead.cfm>
7. Management Sciences for Health. 2002. "Creating a Climate that Motivates Staff and Improves Performance." *The Manager* 11(3).
http://erc.msh.org/newpages/english/leadership/work_climate.pdf
8. Management Sciences for Health. 2009. *Human Resource Management Rapid Assessment Tool for Health Organizations* (2nd ed.). Cambridge, MA: MSH.
http://erc.msh.org/toolkit/toolkitfiles/file/HRM%20tool%202009%20final_intranet.pdf
9. Management Sciences for Health. 2009. "Strengthening Human Resource Management to Improve Health Outcomes." *The eManager*.
http://www.msh.org/Documents/emanager/upload/eManager_2009No1_HRM_English.pdf
10. Management Sciences for Health and the World Health Organization. 2006. *Tools for Planning and Developing Human Resources for HIV/AIDS and Other Health Services*. Cambridge, MA: MSH. This book may be ordered from the MSH website: <http://www.msh.org/resource-center/ebookstore/product.cfm?p=225>
11. O'Neil, Mary L. 2008. "Human Resource Leadership: The Key to Improved Results in Health." *Human Resources for Health* 6(10). <http://www.human-resources-health.com/content/6/1/10>
12. World Health Organization. 2006. *The World Health Report 2006: Working Together for Health*. Geneva: WHO.
<http://www.who.int/whr/2006/en/>
13. Management Sciences for Health. 2009. *Human Resources Management Resource Kit*. Cambridge, MA: MSH.
<http://erc.msh.org/toolkit/Tool.cfm?lang=1&CID=5&TID=230> This online resource provides materials about the following HRM topics:
 - Organizing and Staffing the HRM Office
 - Developing a Job Classification System
 - Developing a Salary Policy
 - Guidelines on Recruitment and Hiring
 - Guidelines on Staff Orientation
 - Developing a Personnel Policy Manual
 - Developing a Workplace Prevention Program (HIV and AIDS)
 - Developing a Performance Planning and Review System
 - Supervisory Competency Self-Assessment Inventory
 - Supervision Manual
 - Conducting a Training Needs Assessment
 - Developing an Annual Training Plan
 - Assessing Trainer Competency
 - Contracting Out for Training

Session 6.2

Introduction to Health Care Financing

Duration: 2 Hours

★ **Competencies Addressed:**
3.2 Managing Resources

At the end of the session, participants will be able to:

- Explain the principal ways of funding and paying for health services
- Identify the factors that influence health care spending
- Explain the rationale for health insurance and how it works in health care
- Define the principles and describe the advantages and disadvantages of social insurance and contrast it with private insurance

Purpose

The purpose of this session is to introduce participants to the techniques and methods of health care financing and ways of harnessing this knowledge to the advantage of their institutions.



Session Outline

- Review advantages and disadvantages of different ways of financing health services
- Costing and pricing of health services
- Evolution of health service finance, analyzing the factors that influence health financing
- Health care financing: approaches; incentives, equity, and fairness; resource mobilization; sources; stakeholder analysis technique; provider payment mechanism; overview of financial planning; content, process, development, budgeting, and cost-effective analysis; financing tools; national health accounts, financial management, and public financial management
- Private and public/social health insurance—principles, desirability, feasibility, managing moral hazard and adverse selection, regulation; health management organizations



Training Materials

- PowerPoint presentation
- Flip charts
- LCD projector



Session Delivery

- Group discussions
- Lecture based on PowerPoint presentation



Reading Materials

1. Management Sciences for Health. 2010. *Health Systems in Action: An eHandbook for Leaders and Managers*. Cambridge, MA: MSH. Chapter 6: "Managing Finances."
http://www.msh.org/Documents/upload/msh_eHandbook_complete.pdf.
2. Catherine Connor, Laurel Hatt, Thierry Van Bastelaer. Abt Associates. 2011. HS 20/20 Project, Paying for a Healthier Future. Washington, DC.
<http://www.healthsystems2020.org/content/resource/detail/2905/>
3. Chris Atim, Lisa K. Fleisher, Laurel Hatt, Stephen Musau, Aneesa Arur. Abt Associates. 2008. HS 20/20 Project. Health Financing in Africa Today: Challenges and Opportunities.
<http://www.healthsystems2020.org/content/resource/detail/2362/>
4. Laurel E. Hatt and Lisa K. Fleisher. 2009. Abt Associates, HS 20/20 Project, Toward Solving Health Financing Challenges In Africa – A Way Forward. Washington D.C.
<http://www.healthsystems2020.org/content/resource/detail/2187/>

Session 6.3

Introduction to Accounting and Financial Management

Duration: 3 Hours

★ **Competencies Addressed:**
3.2 Managing Resources

At the end of the session, participants will be able to:

- Describe the basic concepts and terms of accounting and financial management
- Explain the basics of internal controls

Purpose

The purpose of this session is to introduce participants to the principles of accounting and financial management including approaches to strengthening internal financial controls.



Session Outline

- Overview of accounting and financial management
- Assessing financial systems
- Accounting and financial management basics
- Risk management and internal controls
- Conflict of interest



Training Materials

- PowerPoint presentation
- Flip charts
- Case study
- LCD projector



Session Delivery

- Group discussions
- Lecture based on PowerPoint presentation



Reading Materials

1. Management Sciences for Health. 2010. *Health Systems in Action: An eHandbook for Leaders and Managers*. Cambridge, MA: MSH..
http://www.msh.org/Documents/upload/msh_eHandbook_complete.pdf
2. Management Sciences for Health. 2006. *QuickStart: For Accountable Administrative and Financial Systems and Controls* (version 3.1). Cambridge, MA: Management Sciences for Health.
http://erc.msh.org/toolkit/toolkitfiles/file/MSH_QuickStart_November_20062.pdf
3. Shim, Jae K., and Joel G. Siegel. 1989. *The Encyclopedic Dictionary of Accounting and Finance*. Saddle River, NJ: Prentice-Hall.
4. Management Sciences for Health. 2010. *Health Systems in Action: An eHandbook for Leaders and Managers*. Cambridge, MA: MSH. Chapter 6. "Managing Finances and Related Systems."
http://www.msh.org/Documents/upload/msh_eHandbook_complete.pdf
5. Dropkin, Murray, and James Halpin. 2005. *Bookkeeping for Non-Profits*. San Francisco, CA: John Wiley and Sons.
6. Management Science for Health. 2004. *The Financial Management Assessment Tool*. Cambridge, MA: MSH.
<http://erc.msh.org/toolkit/Tool.cfm?lang=1&TID=134&CID=3>.
7. McMillan, Edward J. 2006. *Policies and Procedures to Prevent Fraud and Embezzlement: Guidance, Internal Controls and Investigation*. Hoboken, NJ: John Wiley and Sons.
8. Page, Stephen. 1998. *Establishing a System of Policies and Procedures; Seven Steps to Better Written Policies and Procedures; Best Practices in Policies and Procedures; and Achieving 100 Percent Compliance in Policies and Procedures* (four-part series). Westerville, OH: Process Improvement Publishing.
9. Pritchard, Carl L. 2005. *Risk Management: Concepts and Guidance* (3rd ed.). Arlington, VA: ESI International.
10. Ruegg, Debra L., and Lisa M. Venlathnam. 2003. *Bookkeeping Basics: What Every Non-Profit Bookkeeper Needs to Know*. St. Paul, MN: Amherst H. Wilder Foundation.

Session 6.4

Introduction to Health Information Systems and Use of Data for Decision Making

Duration: 5 Hours

★ **Competencies Addressed:**

- 4.2 Critically Evaluating
- 4.3 Encouraging Improvement and Innovation

At the end of the session, participants will be able to:

- Describe the concept and components of HIS
- Explain practical ways of using data for decision making
- Discuss how HIS contribute to improvements in health service delivery

Purpose

Introduce the concept of HIS and use of data for decision making and show their importance in delivery of quality health services and improvement of health outcomes.



Session Outline

- Introduction to HIS
- Use of data for decision making and action
- Types of information systems in health care
- Electronic medical/health records
- Application of information systems in health care
- Use of information and communication technologies in HIS
- Legal and ethical issues in HIS



Training Materials

- PowerPoint presentation
- Flip charts
- LCD projector



Session Delivery

- Group discussions
- Lecture based on PowerPoint presentation



Reading Materials

1. Management Sciences for Health. 2010. *Health Systems in Action: An eHandbook for Leaders and Managers*. Cambridge, MA: MSH.
http://www.msh.org/Documents/upload/msh_eHandbook_complete.pdf
2. Austin, Charles J., and Stuart B. Boxerman. 2003. *Information Systems for Healthcare Management* (6th ed.). Chicago: Health Administration Press.
3. Tan, Joseph. 2010. *Health Management Information Systems: Methods and Practical Applications* (2nd ed.). Sudbury, MA: Jones & Bartlett.
4. Management Sciences for Health. 2010. *Health Systems in Action: An eHandbook for Leaders and Managers*. Cambridge, MA: MSH. Chapter 8: "Managing Information: Monitoring & Evaluation."
http://www.msh.org/Documents/upload/msh_eHandbook_complete.pdf
5. World Health Organization. 2007. *Everybody's Business: Strengthening Health Systems to Improve Health Outcomes: WHO's Framework for Action*. Geneva: WHO.
http://www.searo.who.int/LinkFiles/Health_Systems_EverybodyBusinessHSS.pdf
6. Islam, Mursaleena (ed.) 2007. *Health Systems Assessment Approach: How-to Manual*. Arlington, VA: MSH.
7. Bertrand, Jane T., Robert J. Magnani, and Naomi Rutenberg. 1996. *Evaluating Family Planning Programs, with Adaptations for Reproductive Health*. Chapel Hill, NC: The EVALUATION Project.
<http://www.cpc.unc.edu/measure/publications/ms-96-03>
8. Management Sciences for Health. 1997. "Using Evaluation as a Management Tool." *The Manager* 6(1).
<http://erc.msh.org/mainpage.cfm?file=2.3.1.htm&module=info&language=English>
9. Management Sciences for Health. 2005. *Information for Health Management: The MSH Approach*.
<http://erc.msh.org/mainpage.cfm?file=1.0.1.htm&module=info&language=English>
10. Patton, Michael Quinn. 1990. *Qualitative Evaluation and Research Methods*. Newbury Park, CA: Sage Publications.
11. Rossi, Peter H., Howard E. Freeman, and Mark Lipsey. 1999. *Evaluation: A Systematic Approach*. Thousand Oaks, CA: Sage Publications.
12. Shaw, Vincent. 2005. "Health Information System Reform in South Africa: Developing an Essential Data Set." *Bulletin of the World Health Organization* 83(8): 632–36.
http://www.scielosp.org/scielo.php?script=sci_arttext&pid=S0042-96862005000800018&lng=en&nrm=iso
13. UNAIDS, World Health Organization, and MEASURE Evaluation. 2000. *National AIDS Programmes: A Guide to Monitoring and Evaluation*. Chapel Hill, NC: Carolina Population Center.
http://www.who.int/hiv/pub/epidemiology/en/JC427-Mon_Ev-Full_en.pdf
14. World Bank Group and Carleton University. 2007. "Data Collection Methods." Module 8 of the International Program for Development Evaluation Training. Ottawa: IPDET
http://www.worldbank.org/oed/ipdet/modules/M_08-na.pdf

Module 7



**Module 7: Leadership, Management, and
Governance Team Project (30 Hours)**

Session 7.1

Designing and Implementing the Leadership, Management and Governance Project

Duration: 24 Hours

(Part of the project will be designed during the training sessions, and the implementation will be carried out in between training sessions. See annex E.)

★Competencies Addressed:

3.1 Planning

4.4 Facilitating Transformation

At the end of the session, participants will be able to:

- Describe the components of a leadership, management, and governance project
- Describe key tools and templates used in developing a leadership, management, and governance project

Purpose

The purpose of the leadership, management, and governance project is to provide an opportunity for participants to learn by doing and also to make tangible improvements on health programs.



Session Outline

The leadership project will be integrated within the training sessions, but implementation will happen in between the sessions. (See annex E.) Participants will also be supported with the implementation of their project through coaching. Key elements of the project include the following:

- Project design
- Review of project by the facilitation team
- Project implementation
- Documentation of results
- Presentation of results

The project will make use of key LDP tools including the Challenge Model (see annex G), Stakeholder Analysis Worksheet, Action Plan, and Monitoring and Evaluation Plan.

Note: It is important for students to identify and work on a project with potential to bring about an important and measurable improvement. They can do this during their practicum, or they could work virtually with a field team. This effort allows them to apply what they learn.



Training Materials

- Various leadership tools and templates



Session Delivery

- Review of project design during workshops
- Coaching



Reading Materials

1. Galer, Joan Bragar, Sylvia Vriesendorp, and Alison Ellis. 2005. *Managers Who Lead: A Handbook for Improving Health Services*. Cambridge, MA: MSH.
<http://www.msh.org/resource-center/managers-who-lead.cfm>

Session 7.2

Preparing to Present Results

Duration: 2 Hours

★ **Competencies Addressed:**
4.4 Facilitating Transformation

At the end of the session, participants will be able to:

- Describe the content of their presentation

Purpose

The purpose of the session is to help participants prepare and refine their project presentation in form of a PowerPoint presentation, a poster presentation, or both and also to rehearse their presentations.



Session Outline

- Prepare presentations
- Conduct mock presentations
- Provide feedback
- Refine presentations



Training Materials

- Flip charts
- LCD projector



Session Delivery

- Group discussion

Session 7.3

Presenting Results

Duration: 4 Hours

★Competencies Addressed:
4.4 Facilitating Transformation

Purpose

The purpose of the presentation is to present the results of the projects implemented by participants to a wider audience. This should also help sell the power of leadership, management, and governance training and also influence policy and resource allocation.



Session Outline

- Presentation of projects and results
- Question-and-answer session
- Presentation of certificates
- Address by invited guests



Training Materials

- Presentations



Session Delivery

- Group discussion

Certification

Certification will be made in line with the rules and regulations of the training institutions. Important considerations should include the following:

- Attendance of the training modules. Programs should agree on the level of attendance that will be required for a participant to qualify and communicate that level to participants at the beginning of the training.
- Successful implementation of the team project
- Performance in oral and written exams
- Quality of individual and team assignments and papers
- Quality of individual and team presentations

Annexes

Annex A. The NHS Competency Framework

The Leadership Academy of the UK's NHS developed seven groups of competencies needed to deliver health services. In its 2011 document *Leadership Framework*, the Leadership Academy expressed the interrelationship of those competencies visually using the illustration in figure A1.⁸ Table 4 in the text lists all 28 competencies, and annex B shows how the LMG practices and modules relate to the NHS competencies.



Source: NHS Leadership Academy. 2011. *Leadership Framework*. Coventry, England: NSH Institute for Innovation and Improvement. Reprinted with permission.

Figure A1. The Leadership Framework

⁸ NHS Leadership Academy. 2011. *Leadership Framework*. Coventry, England: NSH Institute for Innovation and Improvement. <http://www.leadershipacademy.nhs.uk/wp-content/uploads/2012/11/NHSLeadership-Framework-LeadershipFramework.pdf>

Annex B. Comparing NHS Competencies Model to LMG Practices, Pre-service Modules

NHS Competencies ^a	LMG Practices	L+M+G Session Numbers
1. Demonstrating Personal Qualities		
1.1 Developing Self-Awareness	Lead, scan	Session 2.1 Understanding Your Personal Purpose
1.2 Managing Yourself	Lead, scan Manage, plan	Session 2.1 Understanding Your Personal Purpose
1.3 Continuing Personal Development	Lead, focus Manage, monitor and evaluate	Session 2.2 Creating Inspiring Personal Vision
1.4 Acting with Integrity	Lead, inspire Manage, monitor and evaluate	Session 2.2 Creating Inspiring Personal Vision Session 5.4 Inspiring through Building Trust
2. Working with Others		
2.1 Developing Networks	Manage, implement	Session 3.6 Gender Dimensions in the Health Sector Session 4.2 Analyzing and Mapping Stakeholders
2.2 Building and Maintaining Relationships	Lead, inspire	Session 3.4 Growing Influence Session 3.6 Gender Dimensions in the Health Sector Session 5.4 Inspiring through Building Trust Session 5.5 Inspiring by Acknowledgment
2.3 Encouraging Contribution	Lead, inspire	Session 3.5 Making Effective Requests and Reducing Complaints Session 5.1 Coaching to Support Others
2.4 Working within Teams	Lead, align or mobilize	Session 3.6 Gender Dimensions in the Health Sector Session 5.2 Gaining Commitment Not Just Compliance Session 5.3 Creating High-Performance Teams Session 6.1 Introduction to Human Resources for Health
3. Managing Services		
3.1 Planning	Manage, plan	Session 3.2 Creating a Shared and Empowering Organizational Vision Session 4.1 Understanding and Using the Challenge Model Session 4.2 Analyzing and Mapping Stakeholders Session 4.6 Developing Action Plans for Results Session 7.1 Designing and Implementing the Leadership, Management, and Governance Project
3.2 Managing Resources	Manage, organize Manage, plan	Session 2.5 What Leaders Do (Introduction to Leading and Managing Practices) Session 4.6 Developing Action Plans for Results Session 6.2 Introduction to Health Care Financing Session 6.3 Introduction to Accounting and Financial Management
3.3 Managing People	Manage, organize	Session 2.4 Giving Effective Feedback Session 4.6 Developing Action Plans for Results Session 6.1 Introduction to Human Resources for Health

NHS Competencies ^a	LMG Practices	L+M+G Session Numbers
3.4 Managing Performance	Manage, implement	Session 2.7 Linking Leading, Managing, and Governing to Results (An Integrated Results Model) Session 4.4 Prioritizing Actions Session 5.6 Managing Change Session 5.7 Leading through Breakdowns
4. Improving Services		
4.1 Ensuring Patient Safety		Session 1.3 Principles of Quality Management
4.2 Critically Evaluating	All Practices	Session 1.3 Principles of Quality Management Session 2.7 Linking Leading, Managing, and Governing to Results (An Integrated Results Model) Session 4.3 Root Cause Analysis Session 6.3 Introduction to Health Information Systems and Use of Data for Decision Making
4.3 Encouraging Improvement and Innovation	All Practices	Session 2.7 Linking Leading, Managing, and Governing to Results (An Integrated Results Model) Session 4.4 Prioritizing Actions Session 6.3 Introduction to Health Information Systems and Use of Data for Decision Making
4.4 Facilitating Transformation	Manage, organize	Session 2.3 Introduction to Effective Communication and Negotiation Session 7.1–7.3 Group Project
5. Setting Direction		
5.1 Identifying the Contexts for Change	Manage, plan Lead, scan	Session 1.1 Current and Emerging Health Care Issues and Trends Session 1.2 Introduction to Health Systems
5.2 Applying Knowledge and Evidence	Lead, scan	Session 3.3 Putting First Things First—Introduction to the Important and Urgent Matrix Session 4.1 Understanding and Using the Challenge Model
5.3 Making Decisions	All Practices	Session 3.3 Putting First Things First—Introduction to the Important and Urgent Matrix
5.4 Evaluating Impact	Manage, monitor and evaluate	Session 4.5 Introduction to Monitoring and Evaluation
6. Creating the Vision		
6.1 Developing the Vision for the Organization	Lead, focus Manage, plan	Session 3.1 Reviewing the Concept of Organizational Mission
6.2 Influencing the Vision of the Wider Health Care System	Lead, align/mobilize	Session 3.2 Creating Shared and Empowering Vision Session 3.4 Growing Influence
6.3 Communicating the Vision	Lead, inspire	Session 2.3 Introduction to Effective Communication and Negotiation Session 5.2 Gaining Commitment Not Just Compliance
6.4 Embodying the Vision	Lead, inspire	Session 2.1 Understanding Your Personal Purpose Session 2.2 Creating an Inspiring Personal Vision
7. Delivering the Strategy		
7.1 Framing the Strategy	Governance	Session 2.6 Introduction to Governance and Governance Practices
7.2 Developing the Strategy	Practices	Session 2.7 Linking Leading, Managing, and Governing to Results (An Integrated Results Model)
7.3 Implementing the Strategy		
7.4 Embedding the Strategy		

Annex C. Assessing Institutional Preparedness

Guideline

This guideline addresses the work that needs to be done in preparation for the initial dialogues and client engagement. It is primarily a scanning activity aimed at understanding the context, current curriculum, and challenges to help determine if an L+M+G curriculum integration program is appropriate and feasible.

1. **Country context.** Scan the country's current health strategies and policies—determine if there is a gap that the L+M+G integration can fill. Try to answer these questions:
 - Are there mandates for change or reform in the Ministry of Health (MOH) systems where the integration program can contribute to the desired results?
 - Is a newly decentralized health system challenging the health managers?
 - What kinds of L+M+G challenges exist in the health care workplace?
 - What role do the pre-service institutions play in fulfilling the health strategies or policies of the country and MOH?
2. **Pre-service institution's current programs, including field components.** Scan the current pre-service curriculum design.
 - Are there courses that focus on leadership, management, and governance?
 - Is there a fieldwork component to the pre-service program? Does it incorporate any L+M+G skills beyond the traditional management planning, budget, and procurement courses?
 - Is there any interest in improving the L+M+G capacities of health professionals?
 - Are there any mandates for change at the curriculum level? What are the processes for approval and institutionalization?
 - Is there any buy-in or support from top management to make these changes?
 - What is their teaching style or methodology?
3. **Other existing academic or professional education programs in the country.** Scan to see who the key actors are in pre-service education.
 - What do they teach and to whom?
 - How do they teach?
 - Are they interested in improving the L+M+G capacities of health professionals?

4. **Existing nongovernmental programs or projects in the country.** Scan to see which agencies are working in the country and could act as a liaison with academic and training institutions because of their connections and established relationships.

- In which areas do they work (technically, geographically)?
- Do they have any experience working with the MOH or other health sector organizations?
- Are they interested in improving the L+M+G capacities of health professionals?

Scanning will give the facilitator a better understanding of the health challenges faced by the country and the current curriculum dynamics of the institution, but will also indicate the potential success of an integrated L+M+G curriculum.

Annex D. Key Stakeholders in Curriculum Integration and Rollout

There are four types of stakeholders in the integration process.

Type	What Do They Do?
<ul style="list-style-type: none"> • Senior leaders • Deans • Deputy deans • Heads of departments • Administration • Curriculum review and education committees or college boards 	<ul style="list-style-type: none"> • Authorize and support the integration process • Participate in the senior alignment dialogue and any results presentations • Receive regular updates on progress from champions • Lead the core team (e.g., the curriculum integration team) • Ensure the approval and institutionalization process
<ul style="list-style-type: none"> • Faculty and teachers • Faculty • Professors • Tutors • Student supervisors 	<ul style="list-style-type: none"> • Participate in the TOT workshops • Form the curriculum integration team • Facilitate the integrated curriculum • Facilitate additional TOT workshops • Supervise and coach student teams as they implement their action plans • Coach students throughout
<ul style="list-style-type: none"> • Practicum or site staff (if applicable) • Supervisors • Site tutors • District health officers or managers (MOH) • Health clinic staff 	<ul style="list-style-type: none"> • Participate in the TOT workshops (site tutors) • Facilitate and coach the student teams as they develop their leadership project (tutors) • Orient and align the district health team members (MOH) to the program so that they can understand what will happen in their clinics and commit to support it
<ul style="list-style-type: none"> • Students 	<ul style="list-style-type: none"> • Attend integrated curriculum class or course as part of their pre-service program • Work in teams and support one another to learn and apply leading and managing practices • Develop assignments, a leadership project, and action plans to achieve results • Continue to use the leading and managing practices after graduation

Annex E. Course Structure and Timelines

Table E1 presents a proposed structure for the pre-service training.

Table E1. Proposed Structure for Pre-service Training

Activity or Module	Planning Phase	Semester 1	Semester 2
Curriculum Integration Process			
Module 1: Understanding the Health Care Environment (7 hours)			
Module 2: Introduction to Leadership, Management, and Governance (10 hours)			
Module 3: Optimizing Individual and Organizational Performance (7 hours)			
Module 4: Moving from Vision to Action (10 hours)			
Coaching 1 ^a			
Module 7: Leadership, Management and Governance Team Project (Design Phase—10 hours) ^b			
Module 5: Aligning, Mobilizing, and Inspiring the Workforce for Results (9 hours)			
Module 6: Health Systems (15 hours)			
Coaching 2 ^a			
Module 7: Leadership, Management and Governance Team Project and Implementation and Results (Presentation Phase—30 Hours) ^b			

^aThe coaching should be done mainly to help the students with their project.

^b If the course is spread over more than one year, the L+M+G Project in semester 1 could be replaced with a term paper or a shorter team assignment.

Leading

SCAN



- Identify client and stakeholder needs and priorities
- Recognize trends, opportunities, and risks that affect the organization
- Look for best practices
- Identify staff capacities and constraints
- Know yourself, your staff, and your organization — values, strengths, and weaknesses

ORGANIZATIONAL OUTCOME: *Managers have up-to-date, valid knowledge of their clients, and the organization and its context; they know how their behavior affects others.*

FOCUS



- Articulate the organization's mission and strategy
- Identify critical challenges
- Link goals with the overall organizational strategy
- Determine key priorities for action
- Create a common picture of desired results

ORGANIZATIONAL OUTCOME: *The organization's work is directed by a well-defined mission and strategy, and priorities are clear.*

ALIGN/MOBILIZE



- Ensure congruence of values, mission, strategy, structure, systems, and daily actions
- Facilitate teamwork
- Unite key stakeholders around an inspiring vision
- Link goals with rewards and recognition
- Enlist stakeholders to commit resources

ORGANIZATIONAL OUTCOME: *Internal and external stakeholders understand and support the organization's goals and have mobilized resources to reach these goals.*

continued...

Managing

PLAN



- Set short-term organizational goals and performance objectives
- Develop multiyear and annual plans
- Allocate adequate resources (money, people, and materials)
- Anticipate and reduce risks

ORGANIZATIONAL OUTCOME: *The organization has defined results, assigned resources, and developed an operational plan.*

ORGANIZE



- Develop a structure that provides accountability and delineates authority
- Ensure that systems for human resource management, finance, logistics, quality assurance, operations, information, and marketing effectively support the plan
- Strengthen work processes to implement the plan
- Align staff capacities with planned activities

ORGANIZATIONAL OUTCOME: *The organization has functional structures, systems, and processes for efficient operations; staff are organized and aware of job responsibilities and expectations.*

IMPLEMENT



- Integrate systems and coordinate work flow
- Balance competing demands
- Routinely use data for decision-making
- Coordinate activities with other programs and sectors
- Adjust plans and resources as circumstances change

ORGANIZATIONAL OUTCOME: *Activities are carried out efficiently, effectively, and responsibly.*

continued...

Governing

CULTIVATE ACCOUNTABILITY



- Sustain a culture of integrity and openness that serves the public interest
- Establish, practice and enforce codes of conduct upholding ethical and moral integrity
- Embed accountability into the institution
- Make all reports on finances, activities, plans, and outcomes available to the public and the stakeholders
- Establish a formal consultation mechanism through which people may voice concerns and provide feedback.

ORGANIZATIONAL OUTCOME: *Those who govern are accountable to those who are governed. The decision making is open and transparent. The decisions serve public interest.*

ENGAGE STAKEHOLDERS



- Identify and invite participation from all parties affected by the governing process
- Empower marginalized voices, including women, by giving them a voice in formal decision-making structures and processes
- Create and maintain a safe space for the sharing of ideas
- Provide an independent conflict resolution mechanism
- Elicit and respond to all forms of feedback in a timely manner
- Establish alliances for joint action at whole-of-government and whole-of-society levels.

ORGANIZATIONAL OUTCOME: *The jurisdiction/sector/for the organization has an inclusive and collaborative process for making decisions to achieve the shared goals*

continued...

Integrated Practices for High Performing Health Systems, continued...

Leading...

INSPIRE



- Match deeds to words
- Demonstrate honesty in interactions
- Show trust and confidence in staff; acknowledge the contributions of others
- Provide staff with challenges, feedback, and support
- Be a model of creativity, innovation, and learning

ORGANIZATIONAL OUTCOME: *The organization's climate is one of continuous learning, and staff show commitment, even when setbacks occur.*

Managing...

MONITOR AND EVALUATE



- Monitor and reflect on progress against plans
- Provide feedback
- Identify needed changes
- Improve work processes, procedures, and tools

ORGANIZATIONAL OUTCOME: *The organization continuously updates information about the status of achievements and results, and applies ongoing learning and knowledge.*

Governing...

SET SHARED DIRECTION



- Prepare, document and implement a shared action plan to achieve the mission and vision of the organization
- Set up accountability mechanisms for achieving the mission and vision using measurable indicators
- Advocate on behalf of stakeholders' needs and concerns
- Oversee the realization of the shared goals and the desired outcomes

ORGANIZATIONAL OUTCOME: *The jurisdiction/sector or the organization has a shared action plan capable of achieving objectives and outcomes jointly defined by those who govern and those who are governed.*

STEWARD RESOURCES



- Ethically and efficiently raise and deploy the resources to accomplish the mission and the vision and to serve stakeholders and beneficiaries
- Collect, analyze and use information and evidence for making decisions
- Align resources in the health system and its design with the shared goals
- Build capacity to use resources in a way that maximizes the health and well-being of the public
- Inform and allow the public opportunities to monitor raising, allocation, and use of resources, and realization of the outcomes.

ORGANIZATIONAL OUTCOME: *The institution has adequate resources for achieving the shared goals and, the resources are raised and used ethically and efficiently to achieve the desired objectives and outcomes.*



USAID
FROM THE AMERICAN PEOPLE

**LEADERSHIP, MANAGEMENT
& GOVERNANCE PROJECT**
Inspired Leadership. Sound Management. Transparent Governance.

Annex G. The Challenge Model

