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Pre-service Integration Guide

A step-by-step guide to pre-service delivery of leadership, management & governance practices

Photo: Carmen Urdaneta/Management Sciences for Health

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About the LMG Project

Funded by the US Agency for International Development (USAID), the Leadership, Management, and Governance (LMG) Project (2011–2017) is collaborating with health leaders, managers, and policymakers 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 Amref Health Africa, International Planned Parenthood Federation (IPPF), Johns Hopkins University Bloomberg School of Public Health (JHSPH), Medic Mobile, and Yale University Global Health Leadership Institute (GHLI).

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List of Abbreviations and Acronyms

AIDS	Acquired Immune Deficiency Syndrome
CSO	Civil Society Organization
HIS	Health Information System
HIV	Human Immunodeficiency Virus
HR	Human Resource(s)
HRH	Human Resources for Health
HRM	Human Resource Management
HSS	Health System Strengthening
L+M+G	Leadership, Management, and Governance
LMG	The Leadership, Management, and Governance Project
MDG	Millennium Development Goal
MSH	Management Sciences for Health
NGO	Non-Governmental Organization
SMART	Specific, Measurable, Achievable, Realistic, Time-bound
TB	Tuberculosis
TOT	Training-of-trainers
USAID	US Agency for International Development
VLDP	Virtual Leadership Development Program
WHO	World Health Organization

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Pre-service Integration Guide

Guidelines for Using the Pre-service Integration Guide to Integrate Leadership, Management and Governance Practices into Curricula of Pre-service Medical Education Training Institutions

Guidelines for Using the Pre-service Integration Guide

Introduction

The biggest challenge most health systems in low and middle income countries face today is not a lack of medical knowledge. The medical and technical knowledge exists to save lives and significantly reduce illness. What is missing is the knowledge, skills, and competencies required to:

(a) Lead and manage resources such as people, money, drug and supplies, technologies, data, and information to provide better health services and achieve health outcomes;

(b) Create demand for health services in order to protect community health and promote universal health coverage.

To meet these goals, not only must awareness be raised that good health practice, at any level, requires more than clinical skills, but a distinct cadre of professional health managers whose primary responsibility is to lead, manage, and govern within the health sector must also be created, recognized, and supported.

Even at the level of pre-service medical training institutions, it is not enough to train a large number of health professionals and provide them with clinical skills and the basic tools they need to treat patients or implement prevention programs. Simply building new treatment facilities and labs will not be enough, either. Individuals, teams, and institutions need to be prepared and nurtured as health leaders and managers—leaders whose problem-solving skills and knowledge will be critical in guiding and sustaining the healthcare systems that are being reformed and developed.

These guidelines provide a quick summary of the steps necessary to adapt and apply the Pre-service Integration Guide in your context.

Purpose of the Pre-service Integration Guide

The Pre-service Integration Guide is designed to assist heads of departments and faculty in pre-service health training institutions that train medical, nursing, pharmacy, laboratory and other allied health professionals to successfully introduce practical and action-oriented leadership and management modules into pre-service curricula for their students. These courses will enable them to provide better health services in their future work as health professionals.

Audience

This guide is for deans, department heads, curriculum review committees, faculty, and other professionals in pre-service training institutions who train and prepare various cadres of health professionals. It can also be used by training consultants and curriculum specialists who are charged with reviewing, developing, and introducing leadership, management and governance modules into pre-service curriculum.

The Need for a Comprehensive Process

Managers from the public sector, the private for profit sector, and NGOs, as well as clinical and public health practitioners in developing countries have expressed a need to learn, before they graduate, how to effectively mobilize teams and lead and govern to achieve improvements in health, since that is what they will have to do once they enter the workforce.

Most pre-service training institutions have identified the gaps in leadership and management in their

curriculum and course offerings. In order to respond to this challenge, several schools have developed short modules that often focus on generic management and health care administration, and are offered as didactic, non-examinable electives just before students graduate.

In contrast, the Pre-service Integration Guide provides a comprehensive approach and a menu of modules covering critical subjects that Management Sciences for Health (MSH) has found are required to support the professionalization of leadership and management in the health sector, in different contexts.

Influence of Country and Institutional Context

While the Pre-service Integration Guide is applicable in most country and institutional settings, its application will likely be influenced by certain elements that are specific to the context of each country as well as individual training schools. For example, what is the attitude of college faculty toward experiential, action-based learning? How strong is the accountability environment both in the health sector and within government circles?

The absence of these factors should not inhibit a college or a country from implementing an integration plan, but may limit its ability to achieve all of the stated goals. Even in a context where some health system components are weak, improvements in leadership, management and governance can increase the quality of services, help teams to achieve results and improve health outcomes.

Integration: A Phased Approach

Note that there are many ways to use the Pre-service Integration Guide. We have included some country examples to illustrate this.

Getting Started

- *Gain agreement at the highest level of decision-makers.* Our experience has shown that it is not feasible to move forward without the full support of key university decision makers.
- *Identify and orient key stakeholders and members of an integration team.* Our experience has shown that having a champion who leads a cross functional team, made up of representatives from different departments is key. Suggestions on how to create such a team will follow below.

Leading the change

Suit what follows to your specific context. The steps are suggested but can be adapted or skipped altogether as you can see in the country examples on pages 9-11.

Needs Assessment

Conduct a survey to better understand perceptions of current students and the reality of the leadership, management and governance practices amongst health workers in the country, and an assessment focusing on competency gaps.

Competency Framework

Develop a competency framework using the findings of the survey and assessment.

Planning

Make sure you have all of this information ready when the next cycle of curriculum reviews takes place at your institution. The key is to discuss, agree and implement a step-by-step process that keeps the

team on track within your institution's mechanisms. The process needs to be efficient, inclusive, and produce specific, time-bound, tangible follow-up actions.

It is important to start with a clear agreement that integration of leadership, management and governance into an existing academic calendar is an ongoing process requiring firm commitment. Keep in mind a properly designed and facilitated planning process that generates an integration action plan will efficiently guide your team to specific objectives and actions without overburdening the team. That leads to better preparation and performance, and a stronger team culture when it comes to successfully managing any change effort.

Faculty Preparation

Prepare your faculty to deliver the modules you selected. Since the teaching methodology is based on adult education principles, they need to be comfortable with experiential learning techniques, helping students learn by doing, develop critical thinking, problem solving, and decision-making skills.

Implementation

Run a first test series with students. If possible, include an observer and hold feedback sessions with both students and faculty to see where you can improve the delivery and content.

Monitoring and Evaluation

Monitor to make sure the students are learning, using existing test procedures or develop new ones. If possible, look for ways to evaluate what difference the addition of this course or program made after students join the workforce. You can mobilize your students or students in other sections to help with this.

Integrating Leadership, Management and Governance into Pre-service Medical Education: Country Experiences

Ethiopia

In Ethiopia, eight high-volume public universities that train the vast majority of health professionals managed to integrate leadership, management and governance practices into the pre-service training curriculum for doctors, nurses, health officers, and pharmacists. Ethiopia is also the only country context that followed all the phases of the integration process described above with considerable depth, ownership, and intensity. Complete descriptions of their integration process pathway, lessons, and results have been captured in this technical brief for your information and future reference.


LMG- Ethiopia Technical Brief.pdf

Click to open. Available online at http://www.lmgforhealth.org/content/scale-and-institutionalization-leadership-management-and-governance-practices-health-sector

Rwanda

Kibogora: In 2014, Kibogora Polytechnic School of Health Sciences in western Rwanda revised their curriculum to adequately and innovatively prepare their student body for the leadership, management and governance (L+M+G) challenges they will face in their workplaces. The new institution, which is run by the Free-Methodist church, admitted their first class for advanced nursing in 2012. After participating in the 2013 Virtual Leadership Development Program (VLDP) for pre-service institutions, a team from

Kibogora expressed interest in improving the L+M+G competences of their students, as well as enhancing the overall quality and delivery of its training program.

The LMG Project facilitators conducted a three day skill building workshop – working with a small group of Kibogora faculty to develop their skills in the curriculum review process, adult learning and facilitation approaches, coaching and team dynamics. To ensure application of these skills, the facilitators supported lecturers from multiple departments (including health sciences, business, and education) to improve their curricula and integrate L+M+G content. After completing the review process, the department presented the curricula to the College Board for approval. The first cohort of students who have taken the leadership, management and governance course at Kibogora graduated in July 2015.

The Kibogora team adopted a fast-tracked planning and implementation process – without following the phased approach in a sequential manner.

University of Rwanda: The Principal of the College of Medicine and Health Sciences, University of Rwanda – a Scottish physician with many years of health management experience, and an ardent believer in efforts to strengthen health systems through improved leadership and management skills of health leaders and managers, also expressed interest in the leadership and management program.

In October 2015, the team received technical assistance through the LMG Project that delivered a three day Training of Trainers (TOT). Participants included deans and their deputies, department heads and senior lecturers from the School of Medicine; School of Dentistry; School of Nursing; School of Pharmacy; School of Public Health and School of Health Sciences. The team developed a joint integration plan that included a rapid needs assessment as one of the activities that should inform the final content of the course, while using the Pre-service Integration Guide as a resource document. However, implementation of the action plan has lagged due to a variety of factors including staff and leadership transitions, major structural reorganization of the university itself and the team's inability to find the time to remain adequately coordinated and aligned.

Zambia

University of Zambia (UNZA), School of Medicine: The UNZA team had also participated in a previous VLDP that helped to serve as a catalyst for the integration effort and also created a number of champions who believed in the value of leadership and management in health service delivery.

The UNZA team, with representatives drawn from all six departments of the College of Medicine, developed a simple survey protocol and conducted a needs assessment funded by the college. Although the survey sample was small, they used the survey findings to develop a set of core competencies they felt should be addressed by any new leadership and management course they were going to offer. The team also benefitted from the standard TOT to prepare the faculty and also co-create an integration action plan – and implementation is still underway.

Kenya

Regina Pacis University College: After completing their VLDP action plans, and still energized and inspired by the VLDP experience, the team at Regis Pacis, aimed to expand the L+M+G training to other faculty and institutional leaders and to review their current curricula and teaching approaches. The team faced many challenges. Although the VLDP team had recognized the need to include L+M+G content and approaches in Regina Pacis' programs and methods, the rest of the University staff and faculty did not yet share their understanding of the importance of new L+M+G curricula content and teaching styles. Additionally, the University did not clearly understand what was needed to navigate the curriculum review and approval process in the Kenyan context, and had not yet developed a plan to revise and integrate L+M+G into the existing curriculum. Over several months, the team began the

process of advocating for the course, engaging the Nursing Council of Kenya and the University Senate, reviewing and updating the nursing curriculum to include L+M+G content, incorporating experiential learning methodologies, and adding strategic problem solving training, all to better equip students in their eventual field placements and worksites.

The case study below provides a detailed description of the process, lessons and results of Regina Pacis' curriculum review and integration effort. The team welcomed the periodic technical assistance they received, hoping the L+M+G material would not only equip their students with needed practical skills, but serve as yet another way in which Regina Pacis, a private faith based college, could distinguish itself as an institution whose curricula was relevant, unique, and therefore highly marketable.

Regina Pacis Case Study.pdf

Click to open. Available online at http://www.lmgforhealth.org/content/equipping-future-health-professionals-leadership-management-governance-competencies

Pre-service Integration Guide

Module 1:

Health System Context

(5 Units)

Module 1: Health System Context

Competencies Addressed

After completion of the module, learners will be expected to demonstrate the following competencies:

1. Knowledge about the principles and components of a **strong and responsive** health system
2. Ability to apply a system and people-centred approach to analyse challenges and emerging issues and generate solutions to strengthen their health system

Performance Objectives

At the end of the module, learners should be able to:

1. Apply systems thinking in rationalizing Health Systems Strengthening (HSS) Interventions
2. Analyze their own health system using characteristics of a strong health system
3. Analyze their own health system for challenges and emerging issues using examples and research

Timeline

6 hours, 5 minutes

Contents

Units	Learning Objectives At the end of the unit, learners should be able to:	Contents
Unit 1: Concepts of the Health System (1 hour, 45 minutes)	• Define various concepts of a health system • Outline the principles of a health system	• Definition of a system, health system, health care system, systems thinking, HSS • Principles of a health system
Unit 2: Components of a Health System (40 minutes)	• Describe the components of a health system • Describe the dynamic architecture and interconnectedness of the health system building blocks for health outcomes • Describe the gender dimensions of the 6 health systems building blocks	• The 6 health system building blocks: leadership, management, and governance; service delivery; Human Resources for Health (HRH); health financing; health information; medical products (including blood), vaccines, and technologies (including infrastructure) • Dynamic architecture and interconnectedness of the health system building blocks, framework, inter-linkages, coordination and collaboration, and health outcomes

Units	Learning Objectives	Contents
Unit 3: Systems Thinking for Health Systems Strengthening (50 minutes)	• Explain the rationale for systems thinking • Describe the elements of systems thinking • Describe the principles of systems thinking • Appraise their own health system using principles of systems thinking	• Rationale for using systems thinking • Elements of systems thinking • Principles, paradigm shifts, and skills for systems thinking • Country level examples on interventions that are systems-based in approach
Unit 4: Characteristics of a Functioning Health System (50 minutes)	• Describe the 9 characteristics of a functional health system • Outline the characteristics of a responsive health system	• Characteristics of the health system, including availability and access to services, quality of care and service delivery, patient safety, coverage with services, equity in outcomes, efficiency of service delivery, effectiveness of health care delivery, ethics and rights-based approach in delivery of services, sustainability of services; clear objectives, and indicators of health system performance; • Characteristics of responsiveness of a health system
Unit 5: Challenges and Emerging Health System Issues (2 hours)	• Outline key health system challenges facing their own country's health systems • List 5 key emerging issues in their own country's health systems • Demonstrate ability to prioritize what one considers the most significant challenges and emerging issues in their own country • Suggest context-specific proposals to address and mitigate the effects of these challenges and emerging issues in health systems	• Challenges and effects of issues such as social determinants, double burden of disease, natural factors and forces, and globalization • Sharing of participants' country-level experiences • Use of the root-cause analysis approach • Gender issues that are common challenges within health systems • The rationale and importance of addressing contextual health systems issues

Unit 1: Concepts of the Health System

Purpose of this Session

This session will guide students through the introductory concepts of a health system, with a particular focus on systems thinking. This is critical to the understanding of a health system. The following units and modules will use a systems-based approach to identify and address common health system challenges.

Learning Objectives

At the end of the session, learners should be able to:

1. Define various concepts of a health system
2. Outline the principles of a health system

Duration

1 hour, 45 minutes

Session Description

	ACTIVITY	TIME
1	Discussion: Health System and the Systems Thinking Approach	20 minutes
2	Video and Discussion: Health Systems Strengthening	15 minutes
3	Discussion: Centralized vs. Decentralized Health Systems	20 minutes
4	Exercise: Levels of the Health System	15 minutes
5	Discussion: Health System Factors	35 minutes

Preparation Required

- Read over activity steps and adapt discussion to country context
- Read Chapter 1 of *Health Systems in Action: an eHandbook for Health Leaders and Managers, by Management Sciences for Health* https://www.msh.org/resources/health-systems-in-action-an-ehandbook-for-leaders-and-managers
- Prepare flipchart paper with the different levels of the health system
- Prepare pieces of paper with types of health facilities for use in the matching activities

Materials/Equipment

- Tape
- Flipchart
- Flipchart markers
- Scrap paper for Activity 3
- Pieces of paper prewritten with types of health facilities for Activity 4

Resources/Handouts

- Video: "Meet Maya" https://www.youtube.com/watch?v=PFVCNUOM5Us
- Assignment: Chapter 1 of *Health Systems in Action: an eHandbook for Health Leaders and Managers* https://www.msh.org/resources/health-systems-in-action-an-ehandbook-for-leaders-and-managers

Step-By-Step Process

Activity 1 (20 minutes)

Discussion: Health System and the Systems Thinking Approach

Step 1. *"What is a system?"* Accept answers, write them on flipcharts, and then provide the answer.

Step 2. *"A system is a group of interacting, interrelated, or interdependent elements forming a complex whole."*

Step 3. *"Now, can we extend this definition to a health system? What is a health system?"* Accept answers, write them on flipcharts, and then provide the answer.

Step 4. *"WHO has written that a health system includes 'all organizations, institutions, people, and actions whose primary intent is to promote, restore, or maintain health.'"*

Step 5. *"In our country, what are parts of the health system? Can you name some organizations, institutions, or people who are involved in health here? A health system is more than the pyramid of publicly owned facilities that deliver personal health services. It includes, for example, a mother caring for a sick child at home; private service providers; behavior change programs; health insurance organizations; occupational health and safety legislation; and even the promotion of girls' education and eradication of extreme poverty — both which are related to a population's health. What are some players in our country?"* Write examples on the flipchart.

Step 6. *"Similarly, a **health care system** is a means of organized social response to the health conditions of the population."*

Step 7. *"How is this different from the health system?"* Accept some answers, and then explain.

Step 8. *"It is narrower than a health system and is often described in terms of the levels of health care and organizational structure of the Ministry responsible for health in most countries."*

Step 9. **Discuss**: "*What does the health care system look like in our country?*"
Discuss: "*Why is it important to think about health and health care as systems?*"

Step 10. *"Systems thinking emphasizes a deeper understanding of dynamism, linkages, relationships, interactions, and behaviors among the elements that characterize the entire system. It focuses on a holistic approach to designing, implementing, and evaluating health interventions. It is an approach to problem-solving that views problems and solutions as part of the wider dynamic system."*

Activity 2 (15 minutes)

Video and Discussion: Health Systems Strengthening

Step 1. *"HSS is defined as building capacity in critical components of health systems to achieve more equitable and sustained improvements across health services and health outcomes. Now we will watch a fun and illustrative example of health systems and how they work to affect individual health outcomes."*

Step 2. "Meet Maya" video. https://www.youtube.com/watch?v=PFVCNUOM5Us

Step 3. *"Did you learn anything new from the video?"* Share.

Step 4. *"Within the broader health system, where do you fit in? With whom do you find yourself mainly interacting?"* Share.

Step 5. *"Can anyone give me an example of a project in our country that addresses HSS?"* Solicit answers.

Activity 3 (20 minutes)

Discussion: Centralized vs. Decentralized Health Systems

Step 1. *"Each country and region has its own health system context to consider. Health systems usually include legislative, economic, sociocultural and political, and structural contexts. Main actors and health systems structures differ from country to country and need to be taken into account."*

Step 2. *"Centralized health systems and decentralized health systems vary in where authority and funding lies. In centralized systems, a top-down approach usually concentrates authority and decision making in 1 location, or office, or even a person. Vertical programming is a similar concept."*

Step 3. *"Can anyone share an example of a centralized system?"*

Step 4. *"In decentralized systems, a bottom-up approach usually allows the active participation of communities in prioritizing and decision making. This approach aims at spreading ownership among many groups, leading to organizations at the district or community levels having authority over programming. A term often used*

in conjunction with decentralized health systems is **horizontal**, *or* **primary care programming**."

Step 5. *"Together let's draw the actors in our national health system and their linkages."* You can have participants write "actors" on pieces of paper. With tape, add them to a flipchart, drawing linkages and hierarchical connections.

Activity 4 (15 minutes)

Exercise: Levels of the Health System

Step 1. *"The service delivery levels vary across countries. The following are generic levels: Tertiary, Secondary, Primary, Community, Household."* Have each level on a separate flipchart.

Step 2. *"Match the following health facilities with the service delivery levels that they belong to: Central or national health organizations/facilities; Regional, provincial, or county health facilities; District, sub-district, or sub-county health facilities; Dispensaries, clinics, villages or groups; and Individuals or families."*

Step 3. Hand out pieces of paper with above service delivery levels written out, and tape. Ask participants to move around, taping the corresponding health facilities/organizations to the correct flipchart. You may adapt this activity, depending on country context.

Step 4. Make sure participants matched correctly. Discuss the different levels of the health system and what falls into each level.

Activity 5 (35 minutes)

Discussion: Health System Factors

Step 1. *"Thinking about all of these different levels, let's reflect on what sort of environmental contexts could affect this system. Usually, when we try to make these sorts of analyses, we think about how the economic context, the sociocultural context, the political context, and the legislative context affect the health system. The economic context refers to the community or country's state of wealth or poverty. The sociocultural context refers to cultural norms, including religious and historical factors. The political context refers to the political climate."*

Step 2. *"What sort of* ***economic factors*** *contribute to health systems? What kind of economic issues affect the overall health system?"*

Step 3. Add participants' answers to the flipchart. Write down answers including poverty levels, amount of investment in health at all levels, sustainability and consistency of donor support, uneven progress in health, disparities in rural/urban development, changing costs of living, changing costs of health care and user fees, etc.

Step 4. *"What sort of **sociocultural factors** affect health systems? Can you think of expectations or pressures from society or culture that affect the overall health system? What kind of norms or traditions can you think of?"*

Step 5. Add participants' answers to the flipchart. Write down answers including cultural values, traditional health practices, religious beliefs, and cultural norms related to gender.

Step 6. *"What sort of **political factors** affect health systems? What kinds of political issues can you think of that can affect health and health systems?"*

Step 7. Add participants' answers to the flipchart. Write down answers including poor stewardship of resources, corruption, new challenges to health and health systems, changes in government, etc.

Step 8. *"What sort of **legislative factors** affect health systems? What sorts of laws can you think of that can affect health and health systems?"*

Step 9. Add participants' answers to the flipchart. Write down answers including international laws, commitments, regional laws, national laws, and legislative procedures. Discuss some examples, such as the International Conference on Population and Development (ICPD), Convention for the Elimination of Discrimination Against Women (CEDAW), and the Millennium Development Goals, Ouagadougou Declaration, and others.

Step 10. In plenary, participants list 5 regional and international declarations and/or commitments in health. Groups then form around each one listed and do 5 minutes' worth of research or discussion to identify the major tenets and purpose of the law/declaration. After 5 minutes, groups briefly present on the declaration.

Points to Remember/Notes to Facilitator

Adapt the content according to the national/local context.

Assignments

Explore: Research the national health system and find out who the major players are in your country's context. Write 1 paragraph on drawing the linkages between the different groups.

Read: Chapter 1 of *Health Systems in Action: An eHandbook for Health Leaders and Managers* https://www.msh.org/resources/health-systems-in-action-an-ehandbook-for-leaders-and-managers

Session Closure

"To summarize, let's discuss some of the main actors in the health system. As we know, it isn't just the health providers and the health professionals. Other players include the government, private sector organizations, non-profit organizations, faith-based organizations, civil society organizations, development partners, foundations, international organizations, and the media."

References

Management Sciences for Health. *Health Systems in Action: an eHandbook for Health Leaders and Managers*. Cambridge, MA: Management Sciences for Health; 2010. Available at: https://www.msh.org/resources/health-systems-in-action-an-ehandbook-for-leaders-and-managers

World Health Organization. *Everybody's Business: Strengthening Health Systems to Improve Health Outcomes: WHO's Framework For Action*. Geneva, Switzerland: World Health Organization; 2007. Available at: http://www.who.int/healthsystems/strategy/everybodys_business.pdf?ua=1

World Health Organization. *Key Components of a Well-Functioning Health System.* Geneva, Switzerland: World Health Organization; 2010. Available at: http://www.who.int/healthsystems/publications/hss_key/en/

Newman C, CapacityPlus, IntraHealth International. *Gender and Health Systems Strengthening.* Washington, DC: USAID: Global Health Learning Center; 2014.

Unit 2: Components of a Health System

Purpose of this Session

This session will introduce students to the six health system building blocks and their dynamic architecture and interconnectedness. It will also explain how gender-related factors affect these building blocks. Keeping these building blocks in mind will help enable students to keep a systems-centered approach when tackling health system challenges.

Learning Objectives

At the end of the session, learners should be able to:

1. Describe the components of a health system
2. Describe the dynamic architecture and interconnectedness of the health system building blocks for health outcomes
3. Describe the gender-related factors that affect different components of a health system

Duration

40 minutes

Session Description

	ACTIVITY	TIME
1	Activity: Building Blocks of a Health System Brainstorm	20 minutes
2	Activity: Building Blocks Matching	20 minutes

Preparation Required

- Prepare 15 note cards for Activity 2 with some of the suggested health items (provided in a list for the facilitator)
- Prepare flipchart with 6 health systems building blocks for Activity 2; leave room for 15 note cards to be taped to the page with corresponding blocks

Materials/Equipment

- Flipchart
- Flipchart markers
- 15 note cards
- 3 tape dispensers (1 for each group in Activity 2)

Resources/Handouts

- Assignment: Chapter 3 pages 4:15- 4:24 of *Health Systems in Action: an eHandbook for Health Leaders and Managers*, section titled, "*A gender lens for viewing the health systems building blocks*" https://www.msh.org/resources/health-systems-in-action-an-ehandbook-for-leaders-and-managers

Step-By-Step Process

Activity 1 (20 minutes)

Activity: Building Blocks of a Health System Brainstorm

Collect homework assignments and give feedback.

Step 1. *"HSS is not a new concept; it started in the 1990s and became an increasingly important issue on the global health agenda in 2001 with WHO's publication of its* World Health Report 2000—Health Systems: Improving Performance. *During the last decade, many global conferences, publications, and strategies have contributed to HSS assuming a central place in meeting global health goals.*

Now we're going to discuss the different elements that make up a health system. We call them the building blocks of a health system. Before I reveal them to you, let's see what you think the possible building blocks can be. In other words, what are the essential parts that make a health system strong?"

Step 2. Solicit answers to the above question, and write them on a flipchart.

Step 3. *"Great. These are all very important components of a strong health system. The World Health Organization defines the 6 building blocks as (1) Service Delivery; (2) Health Workforce; (3) Information; (4) Medical Products, Vaccines, and Technologies; (5) Financing; and (6) Leadership/Governance."*

Step 4. Look at the brainstorm list on the flipchart, and note similarities and differences. Can some of the suggested blocks fit into WHO's 6 categories?

Step 5. Show slide on Health System Building Blocks/Components and how the building blocks are connected to health service delivery goals/outcomes.

Step 6. ***"Service delivery*** *includes delivery of effective, safe, quality personal and non-personal health interventions to those who need them, when and where needed, with minimum waste of resources. Demand for care, service delivery models, and integrated packages; leadership and management; and infrastructure and logistics.*

The ***health workforce*** *refers to a human resource that is responsive, fair, and efficient in order to achieve the best health outcomes possible, given available resources and circumstances. It also entails norms/standards that govern the production of sufficient staff and ensure fair distribution.*

Health information systems *ensure the production, analysis, dissemination, and use of reliable and timely information on health determinants, health system performance, and health status by decision-makers at all levels of the health system: This includes standardized and integrated systems, tools, and linkages at the local, national, regional, and global levels.*

Medical products and technologies *ensure equitable access to essential medical products and technologies that provide scientifically sound, quality, safe, efficacious, efficient, and cost-effective services. Medicines, technologies (such as x-rays, labs), norms/standards, and procurement processes are essential to any functioning health system.*

Health financing systems *include the processes of raising adequate funds for health, ensuring that people can use needed services, providing protection from bankruptcy from medical expenses, and the use of information for financial decision-making.*

Leadership and governance (or stewardship) *are procedures and practices — including planning — that engender commitment and accountability.*

If all 6 components function effectively and deliver their intended results, the assumption is that the entire health system — which includes the health care organization or program — is strong."

Activity 2 (20 minutes)

Activity: Building Blocks Matching

Step 1. Divide participants into 3 groups. Give each group tape and 5 note cards with a health term written on it.

Step 2. *"Now let's see how well we all understand the building blocks. With your group, take 5 minutes to decide which building block each note card belongs under. Then assign 1 group member to come to the front and tape their note cards where their group thinks it belongs."*

Step 3. With each building block in order, ask the group to share ideas about any blocks that may be misplaced.

Points to Remember/Notes to Facilitator

Prepare examples to connect content to participants' knowledge and experiences as health service users.

Assignments

Read: Chapter 3 pages 4:15- 4:24 of *Health Systems in Action: an eHandbook for Health Leaders and Managers*, section titled, "*A gender lens for viewing the health systems building blocks*" https://www.msh.org/resources/health-systems-in-action-an-ehandbook-for-leaders-and-managers

Explore: Write 1 paragraph answering the following questions:

1. What does people-centered HSS mean?
2. (What is your personal role as a **contributor** to and a **beneficiary** of your country's health system?

Session Closure

Make sure participants understand their assignments and summarize previous unit.

References

World Health Organization Western Pacific Region website. WHO Health Systems Framework. Available at: http://www.wpro.who.int/health_services/health_systems_framework/en/ Published 2015. Accessed May 21, 2015.

World Health Organization. *The World Health Report 2000 - Health Systems: Improving Performance.* Geneva, Switzerland; World Health Organization; 2000. Available at: http://www.who.int/whr/2000/en/

Newman C. CapacityPlus, IntraHealth International. *Gender and health systems strengthening.* Washington, DC: USAID: Global Health Learning Center; 2014.

Available at: http://www.globalhealthlearning.org/course/gender-and-health-systems-strengthening#sthash.VL3PGIc9.dpuf

Unit 3: Systems Thinking for Health Systems Strengthening

Purpose of this Session

This session will explore the rationale for using systems thinking, elements of systems thinking, and country-level examples on interventions that are systems-based in approach. This practical look at systems thinking will allow students to understand how the approach can be used to solve everyday health system challenges.

Learning Objectives

At the end of the session, learners should be able to:

1. Explain the rationale for systems thinking
2. Describe the elements of systems thinking
3. Describe the principles of systems thinking
4. Appraise their own health system using principles of systems thinking

Duration

50 minutes

Session Description

	ACTIVITY	TIME
1	Exercise: WHO Systems Thinking Video	20 minutes
2	Exercise: Interconnectivity	25 minutes
3	(Session Closure) Video: "Maya's Second Birthday"	5 minutes

Preparation Required

- Prepare the video on a projector
- Read the "Systems Thinking for Health Systems Strengthening" document under Resources, and integrate into the session as you see fit
- Brainstorm and design an interactive activity to teach students about interconnectedness for Activity 2

Materials/Equipment

- Activity 2 materials: puzzle pieces, JENGA®, etc.
- Video projection screen to view videos from online

Resources/Handouts

- Video: WHO Systems Thinking https://www.youtube.com/watch?v=ils6zQXUpAU
- Video: "Maya's Second Birthday" https://www.youtube.com/watch?v=5Jb6Ju3KQPE
- Assignment: "A Pay-for-Performance Intervention – An Illustrative Example", page 52 of "Systems Thinking for Health Systems Strengthening"

Step-By-Step Process

Activity 1 (20 minutes)

Exercise: WHO Systems Thinking Video

Collect homework assignments, and give feedback.

Step 1. Show WHO Systems Thinking Video to all participants.

Step 2. Divide groups into pairs to discuss most important messages from the video. Ask each group to come up with 2 points that they learned. Bring pairs back into the plenary, and ask them to present on their 2 points.

Step 3. Write participants' answers on the flipcharts and discuss.

Step 4. *"Systems thinking works to reveal the underlying characteristics and relationships of systems. Every intervention, from the simplest to the most complex, has an effect on the overall system. The overall system also has an effect on every intervention.*

***Systems thinking** is a tool for diagnosing organizational issues and understanding change dynamics. Systems thinking works in all fields — from engineering to economics and ecology. It is the idea that systems are constantly changing, with components that are tightly connected and highly sensitive to changes elsewhere in the system."*

Systems thinking places high value on understanding context and looking for connections among the parts, actors, and processes of the system. They make deliberate attempts to anticipate, consequences of changes in the system. None of this is unfamiliar to those working in health systems, but what is different in systems thinking is the deliberate, continuous, and comprehensive way in which the approach is applied."

Step 5. Discuss the rationale for systems thinking in the group. Why is this sort of thinking difficult? Why is it important?

Activity 2 (25 minutes)

Exercise: Interconnectivity

Step 1. *"The responses of many health systems so far have been generally considered inadequate and naïve ... a system's failure requires a system's solution – not a temporary remedy."* — WHO World Health Report, 2008.

Step 2. *Health systems are:*

- ***Self-organizing**: System dynamics arise spontaneously from internal structure*
- ***Constantly changing**: Systems adjust and readjust at many interactive time scales*
- ***Tightly linked**: The high degree of connectivity means that change in one subsystem affects the others*
- ***Governed by feedback**: A positive or negative response that may alter the intervention or its expected effects*
- ***Nonlinear**: Relationships within a system cannot be arranged along a simple input/output line*
- ***History-dependent**: Short-term effects of intervening may differ from long-term effects*
- ***Counterintuitive**: Cause and effect are often distant in time and space, defying solutions that pit causes close to the effects they seek to address*
- ***Resistant to change**: Seemingly obvious solutions may fail or worsen the situation*

Step 3. As a facilitator, you will need to design some sort of hands-on activity that will get your students thinking about interconnectivity, change, and resiliency, given your local context and available materials. A few ideas include:

- Using puzzle pieces to show how a final picture (good health) cannot be achieved without all of the pieces (the different interacting elements of a health system) in place
- Playing the game IENGA to show how an entire system can collapse if too many of its elements are not functioning well

Points to Remember/Notes to Facilitator

Use these definitions as necessary:

- **Systems thinking:** Approach to problem-solving that views "problem" as part of the wider, dynamic system (WHO, 2009). It involves more than a reaction to present outcomes or events.
- **System-level interventions:** Interventions that target one health system building block or multiple building blocks directly or generically (e.g. human resources for health) rather than a health problem specifically (as in the case of disease specific programs). Given their effects on other building blocks, "systems-level interventions" strongly benefit from a systems thinking approach. Hence, "systems thinking" offers a more comprehensive way of anticipating synergies and mitigating negative emergent behaviors, with direct relevance for creating more system-responsive policies.

Elements of Systems Thinking

- **Systems organizing:** Managing and leading a system, including the types of rules that govern the system and set direction through vision and leadership; setting prohibitions through regulations and boundary setting and providing permissions through setting incentives or providing resources
- **Systems networks:** Understanding and managing system stakeholders; the web of all stakeholders and actors, individual and institutional, in the system, through understanding, including, and managing the networks
- **Systems dynamics:** Conceptually modeling and understanding dynamic change; attempting to conceptualize, model, and understand dynamic change through analyzing organizational structure and how that influences behavior of the system
- **Systems knowledge:** Managing content and infrastructure for explicit and tacit knowledge; the critical role of information flows in, driving the system towards change, and using the feedback chains of data, information and evidence for guiding decisions

Assignments

Explain: "*If a system is always changing, if its component parts are always acting, reacting, and interacting in an often counterintuitive process, how can we understand the ways an intervention might affect it? For homework, read the* 'A Pay-for-Performance Intervention – An Illustrative Example' *handout. Write 1 to 2 paragraphs about what sort of planning could have been done to consider the effects on the health system.*"

Session Closure (5 minutes)

Video: "Maya's Second Birthday"

Step 1. *"To close, let's check in on our friend Maya from Unit 1. While you're watching, think of everything we've learned about systems thinking and how the video takes a systems-based approach to understanding Maya's health."*

Step 2. Video: "Maya's Second Birthday"
https://www.youtube.com/watch?v=5Jb6Ju3KQPE

References

de Savigny D, Taghreed A. *Systems Thinking for Health Systems Strengthening.* Geneva, Switzerland: World Health Organization: Alliance for Health Policy and Systems Research; 2009. Available at: http://www.who.int/alliance-hpsr/alliancehpsr_overview_fr_eng.pdf?ua=1

Unit 4: Characteristics of a Functioning Health System

Purpose of this Session

This session covers characteristics of the health system, including availability and access to services; quality of care and service delivery; patient safety; coverage with services; equity in outcomes; efficiency of service delivery; effectiveness of health care delivery; ethics and rights-based approach in delivery of services; sustainability of services; clear objectives; and indicators of health system performance. It will emphasize the importance of management systems in health system performance.

Learning Objectives

At the end of the session, learners should be able to:

1. Describe the 9 characteristics of a functional health system
2. Outline the characteristics of a responsive health system

Duration

50 minutes

Session Description

	ACTIVITY	TIME
1	Activity: Elements of a Functioning Health System Brainstorming	10 minutes
2	Activity: Responses of a Functioning Health System	15 minutes
3	Case Study: Information Management Recommendations	25 minutes

Preparation Required

- Prepare flipchart with 5 Responses of a Functioning Health System, listed in Activity 2

Materials/Equipment

- Flipchart
- Flipchart markers

Resources/Handouts

- Handout: "Key Components of a Well-functioning Health System" http://www.who.int/healthsystems/EN_HSSkeycomponents.pdf
- Handout: "Case Study: Documentation of HIV Status in Rural Tanzania"

Step-By-Step Process

Activity 1 (10 minutes)

Activity: Elements of a Functioning Health System Brainstorming

Collect homework assignments, and give feedback.

Step 1. *"Now it's time for us to discuss what it takes for a system to work well. We've been discussing elements of this already, but now it's time for all of it to come together."*

Step 2. Guide participants to brainstorm all of the characteristics of a functioning health system.

Step 3. Write participants' answers on a flipchart. Guide participants to include:

- Access to services
- Quality of care and service delivery
- Safety
- Coverage
- Equity and gender sensitivity
- Efficiency
- Effectiveness of health care delivery
- Ethics and rights-based approaches in delivery of services
- Sustainability of services

Activity 2 (15 minutes)

Activity: Responses of a Functioning Health System

Step 1. Share flipchart with the 5 Responses of a Functioning Health System listed below.

Step 2. *"A well-functioning health system responds in a balanced way to a population's needs and expectations and is able to:*

- *Improve the health status of individuals, families and communities*
- *Defend the population against what threatens its health*
- *Protect people against the financial consequences of ill-health*
- *Provide equitable access to people-centered care for all women and men*
- *Make it possible for people to participate in decisions affecting their health and health system.*

Without strong leadership and management systems, health systems do not spontaneously provide balanced responses to these challenges, nor do they make the most efficient use of their resources. As most health leaders know, health systems are subject to powerful forces and influences that often override rational policymaking. These forces include disproportionate focus on specialist curative care, fragmentation in a multiplicity of competing programs, projects and institutions, and the pervasive commercialization of health care delivery in poorly

regulated systems. Keeping health systems on track requires a strong sense of leadership and an intact management system.

The WHO describes health systems as a core focus of the SDGs." (WHO, 2016)

Step 3. Ask participants to share which of the 5 health system responses they feel their country's health system does a good job of addressing. Which response is the most challenging within their country's health system?

Handout. "Key Components of a Well-functioning Health System"

Activity 3 (25 minutes)

Case Study: Information Management Recommendations

Step 1. ***"****Robust management systems make routine transactions systematic, replicable, consistent, and complete. Critical information is well-documented so that the system does not rely on the knowledge of individuals, who can come and go, and maintenance is continuous so that the system remains responsive and up to date."*

Handout: "Case Study: Documentation of HIV Status in Rural Tanzania"

Step 2. *"In groups of 4 or 5, please read the following case study, and brainstorm solutions about how an information management system could be implemented to improve health outcomes."*

Step 3. After about 10 minutes, call on each group to present their recommendations in plenary. Discuss similarities and differences between the recommendations.

Points to Remember/Notes to Facilitator

Focus participants on developing management-related health systems solutions, when possible. The next sessions in this guide focus on leadership, management, and governance improvements related to health systems performance.

Assignments

None.

Session Closure

Explain and summarize session, connecting to the next unit that will focus on context-specific responses to health systems challenges.

References

World Health Organization. *Key Components of a Well-Functioning Health System.* Geneva, Switzerland: World Health Organization; 2009. Available at: http://www.who.int/healthsystems/EN_HSSkeycomponents.pdf

World Health Organization. *World Health Statistics 2016: Monitoring the Sustainable Development Goals.* Geneva, Switzerland: World Health Organization; 2016. Available at: http://www.who.int/gho/publications/world_health_statistics/2016/en/

U.S. Agency for International Development website. Measure Evaluation: Family Planning and PRH Family Planning and Reproductive Health Indicators Database. http://www.cpc.unc.edu/measure/prh/rh_indicators/crosscutting/service-delivery-ii.h.4/gender-sensitivity-in-the-service-delivery Published 2015. Accessed May 21, 2015.

Unit 5: Challenges and Emerging Health System Issues

Purpose of this Session

This session will explore system challenges such as social determinants of health, burden of disease, and other issues specific to the host country. Students will learn how to perform a root cause analysis to determine the cause and effect of health system challenges they may encounter. This will enable them to tackle real-life health challenges using the lens of health determinants.

Learning Objectives

At the end of the session, learners should be able to:

1. Outline key health system challenges facing their own country's health system
2. List 5 key emerging issues in their own country's health system
3. Demonstrate ability to prioritize what they consider the most significant challenges and emerging issues in their own country
4. Suggest context-specific solutions to address and mitigate the effects of these challenges and emerging issues in health systems

Duration

2 hours

Session Description

	ACTIVITY	TIME
1	Exercise: Priority Health Challenges and Contextual Solutions	1 hour, 30 minutes
2	Case Study Discussion: Health Determinants	30 minutes

Preparation Required

- Ensure that there is at least 1 computer available per group for Activity 1
- Prepare flipchart with the following questions:
  - Who are the health managers (administrators, doctors, nurses) who need a better management system?
  - Who will be affected by the proposed changes? Will women and men be affected differently by the proposed change? Do they think the new or improved management system will make their work easier and more effective, and in what ways?
  - What roles do these health managers and other stakeholders and their teams play in leading and managing the work related to the management system in question?
  - Are they themselves aware of a gap in the performance of their facility or organization?
  - What challenges are the people who use the management systems facing?
  - What skills, mind-set, and abilities do they need to succeed?
  - How can the needs of both men and women be sustainably met?
  - What university or technical preparation (pre-service) or training (in-service) is available, and how accessible is it?

Materials/Equipment

- Flipchart

- Flipchart markers
- Computers/phones with internet access for research

Resources/Handouts

- Handout: "Determining Factors of Health"
- Handout: "Case Study: A Health Problem in the Municipality of Alixyar"

Step-By-Step Process

Activity 1 (1 hour, 30 minutes)

Exercise: Priority Health Challenges and Contextual Solutions

Step 1. *"WHO has written about many concepts behind weak health systems. It has found that many health systems in the world are not performing in a way that serves their population. They found that many health ministries focus on the public sector and often disregard the frequently much larger private sector health care; many physicians work simultaneously for the public sector and in private practice, meaning that the public sector ends up unintentionally subsidizing private practice; many governments fail to prevent a "black market" in health, where widespread corruption, bribery, and other illegal practices are allowed to continue; and many health ministries fail to enforce regulations that they themselves have created."*

Step 2. *"In groups, please discuss a health system challenge facing your country's health system. First, take 15 minutes to list 5 issues in your country's health systems. Think about challenges related to leadership and governance, service delivery, health workforce, health information, medical technologies, and health financing. What are some emerging issues that you have learned about in other courses?"*

Step 3. *"Now, spend the next 45 minutes in your groups doing some research about these issues. Your research should help you narrow down this list to 1 priority health system issue. What does your group consider to be the most significant health system challenge in your country? How does this health system challenge affect the health of the population? After 45 minutes, select 1 participant from your group to present (1) their selected health system issue and (2) how it affects health."*

Step 4. Allow each group 5 minutes to present on their selected health system issue and how it affects health.

Step 5. *"Now, return to your groups for 10 minutes to brainstorm context-specific proposals to address your selected challenge in your country. While you work on developing an HSS solution, think about how you can scan the system to gather the information you need about your context. You can design better systems by asking questions about the people who will use those systems."*

Step 6. Show prepared flipchart with questions.

Step 7. Allow each group 5 minutes to present on their context-specific solution to their selected health system issue.

Activity 2 (30 minutes)

Case Study Discussion: Health Determinants

Handouts. "Determining Factors of Health" and "Case Study: A Health Problem in the Municipality of Alixyar"

Step 1. **"***Social determinants of health are one of the many contextual factors a health manager must take into account when attempting to address health system challenges. Read the following handout on "Determining Factors of Health" and the accompanying case study titled "A Health Problem in the Municipality of Alixyar." Then, work with your group to answer the 2 questions at the bottom of the case study."*

Step 2. Solicit 2 volunteers to share their group's answer to one of the questions.

Points to Remember/Notes to Facilitator

Make sure that participants think about the key people to involve in their solution. Remind participants of the "people-centered" model from the eHandbook chapter. Interventions intended to strengthen management systems often do not work because of incomplete information: The people who manage the systems were not fully included in the design process.

Assignments

None.

Session Closure

"*Strengthening health systems takes time and careful thought. It brings into play all of the management and leadership practices you will learn about in the rest of this course."*

References

World Health Organization assesses the world's health system [news release]. Geneva Switzerland: World Health Organization; June 21, 2000. Available at: http://www.who.int/whr/2000/media_centre/press_release/en/

Module 1 Handouts

Unit 3: Systems Thinking for Health Systems Strengthening

- "Pay-for-Performance Intervention – An Illustrative Example", page 52 of "Systems Thinking for Health Systems Strengthening"

Unit 4: Characteristics of a Functioning Health System

- "Case Study: Documentation of HIV Status in Rural Tanzania"

Unit 5: Challenges and Emerging Health System Issues

- "Determining Factors of Health"
- "Case Study: A Health Problem in the Municipality of Alixyar"

Pay-for-Performance Intervention – An Illustrative Example[1]

BOX 3.1 A PAY-FOR-PERFORMANCE INTERVENTION - AN ILLUSTRATIVE EXAMPLE[1]

In a low-income country, the Ministry of Health, Ministry of Finance and their international funding partners decide to launch a Pay-for-Performance (P4P) programme to improve service quality. After internal discussion, they determine that tuberculosis care and treatment is unacceptably weak, and that a P4P programme could be used to increase the effective coverage of Tuberculosis Directly Observed Short Course Treatment (TB DOTS). The P4P intervention specifies that cash awards will be paid to TB DOTS health care providers every six months upon successful achievement of targets for increased coverage (utilization and adherence) rates. Every health facility in the country negotiates their own effective coverage targets, and the country's health information system (HIS) will be used to monitor the targets.

The Problem: low rates of TB patient uptake and adherence to TB DOTS in detected cases.

The Policy Response: introduction of financial incentives for TB DOTS providers who succeed in increasing uptake and adherence rates.

Anticipated Outputs: incremental improvements in uptake and adherence rates.

Results: adherence rates increase by x%. Costs of the incentive package increase by y%.

Anticipated Outcomes: higher effectiveness of TB DOTS in reducing morbidity, mortality and risk of TB.

Following two years of implementation, the official evaluation of the programme focused on costs to the health system and TB DOTS adherence rates. It concluded that the programme was a success. However, though not part of the official evaluation, some field-based staff reported fundamental problems with the programme. They observed that health facility staff were moving towards the more "lucrative" TB services at the expense of other core services, compromising the quality of services each facility offered. Some reported widespread gaming and even outright corruption, which the weak HIS was unable to capture.

While these issues may have remained an unavoidable but manageable consequence of improved TB services, a sudden measles epidemic brought all of these problems into new light. With fewer capable staff at most health facilities, the system was less able to manage cases or prevent the epidemic from spreading. Many observers increasingly felt that the benefits of the TB programme were more than offset by the increased costs, morbidity and mortality elsewhere in the health system.

Could these problems have been identified and mitigated at the design stage of the intervention?

[1] World Health Organization (2009). *Systems Thinking for Health Systems Strengthening.* http://www.who.int/alliance-hpsr/resources/9789241563895/en/ Used by permission.

Case Study: Documentation of HIV Status in Rural Tanzania

Agnes is a midwifery manager at a clinic in rural Tanzania. The clinic is relatively small given the large population it serves and Agnes and her colleagues are often overwhelmed with a large caseload. Because of this, Agnes has realized that many of her colleagues have stopped testing expectant mothers' HIV status. This presents a number of problems, including delayed ART treatment for the mother and an inability to implement prevention of mother-to-child transmission (PMTCT) protocols to protect the infant from HIV infection during delivery. In addition, not knowing the mother's HIV status puts the midwives at risk who are in contact with her bodily fluids during delivery.

When Agnes looked for documentation on how many patients were being successfully tested for HIV prior to delivery, she found limited information. The delivery reports that midwives were supposed to fill out following each delivery were often incomplete or missing entirely. The HIV status testing form that is supposed to be attached to each delivery report was rarely present. Furthermore, the miscellaneous forms were found in a variety of places – Agnes' office, a filing cabinet, a shelf in the delivery room, etc. - making it difficult to compile them all.

At her midwifery association's monthly meeting, Agnes brought up her issue and realized that midwives in other counties were experiencing similar challenges. The group recognized that the problem of inconsistent documentation and HIV testing were indeed system-wide challenges. They decided to work together to develop a list of recommendations to address this challenge. You can help them by answering the questions below:

- Which health system weakness/es does this challenge point to?
- Using a systems thinking approach, what sort of solution could address this problem?
- Which health system actors must be engaged in order to ensure that this solution is properly developed, communicated, implemented, and monitored?

Determining Factors of Health

**Adapted from the Management and Leadership for Health Program for the National University of Nicaragua, Module 1*

Health-Disease Process

When addressing health problems, we must bear in mind the current conceptual framework as well as what we understand by health and its determinants. The conceptual models of the past have changed throughout history as our knowledge of science and of social and economic development has evolved. To begin with, primitive people primitive people believed disease was a "punishment from the gods," and divine intervention was the only effective intervention possible to improve deteriorated health conditions. Much later, the biological model proposed that behind every disease is a microorganism. Currently more complex concepts (health field model and historical social theory) help us to understand and orient our actions to guarantee good health at the level of groups as well as individuals.

Health Concept

In 1946, the World Health Organization (WHO) defined health as a "a state of **complete physical, mental**, and **social well-being,** and not merely the **absence of disease."** Decades later in 1985, WHO complemented this approach with the following definition: "Health is the capacity to develop one's own personal potential and respond positively to **environmental challenges."**

The last definition proposes that a **variety of biological, psychological and social components** influence a health-disease condition, as well as the interaction between individuals and their environment. Different levels of physical, mental, and social wellbeing allow individuals to fully pursue economic, social, and productive activities. An individual's' health is understood as a necessary, but not sufficient, condition to achieve socioeconomic development.

If we accept this conceptual paradigm about health in our daily work when addressing the health problems of an entire population, groups of individuals, or single individuals, we must try to identify the causes of health problems that go beyond merely the biological causes in each individual (causal agents, genetic causes, functional or physical damage of an organ), and establish the contribution of psychic, social, behavioral, and environmental determinants to the development of these health problems. If we comprehend such multiple causes, then only through integrated interventions will we be able to effectively contribute to restore health.

Health Determinant Models

Health determinants are the **"factors that influence the individual's health, and whenever they interact at the different levels of an organization, they determine the population's health conditions."** Three of the prevailing models that have been historically used to explore health determinants are shown below.

1. Biological Concept

The biological concept is a typical example of the **single cause trend of thought,** which became most popular in the 19th Century with Koch's postulates. He proposed that a microorganism is always present in any disease, and that therefore, to address a health problem we need to first identify the causal agent and counteract its action.

2. Ecological Triad

This model identifies three key elements underlying the health-disease process: disease agents, the host, and the environment (A, H, and E), therefore this presupposes that the direct action on these three elements is a necessary and sufficient condition to revert or prevent a morbid process.

Emerging in the middle of the 20th Century, this approach still focuses on causal agents external to the host, recognizes the environment's importance as the genesis of disease, and sustains the current multi-causal models even though they cannot sufficiently explain disease control in developing countries, and particularly those with a tropical climate. This has led to the theory that environmental factors were not biological or natural, but also included socioeconomic and administrative conditions that were closely related with the generation of disease.

3. Health Field Concept

Laframboise and Lalonde's 1974 health field concept includes more possibilities for explaining disease by grouping the factors that affect the health-disease process (not one disease in particular) into **four categories** of determinants: **biological, environmental, health systems, and lifestyles.**

1. *Biological Factors and the Gene Pool:* This includes a growing number of genetic factors involved in producing diverse health problems of an infectious, cardiovascular, metabolic, neoplastic, mental, cognitive, and behavioral nature. These factors predispose individuals or confer resistance to diseases and are also responsible for congenital malformations and the transmission of diseases of a hereditary type to the offspring.

2. Environmental: The environmental conditions that influence the health of individuals or groups of people, divided into:

Biological environmental conditions, or exposure to live agents of transmission (vectors) or disease generating agents. The profile of transmissible diseases varies, based on the characteristics of each ecosystem, in each area where endemic, epidemic, emerging, or re-emerging diseases appear. Biological factors also relate to the differences between men and women and the differentials in health and disease patterns.

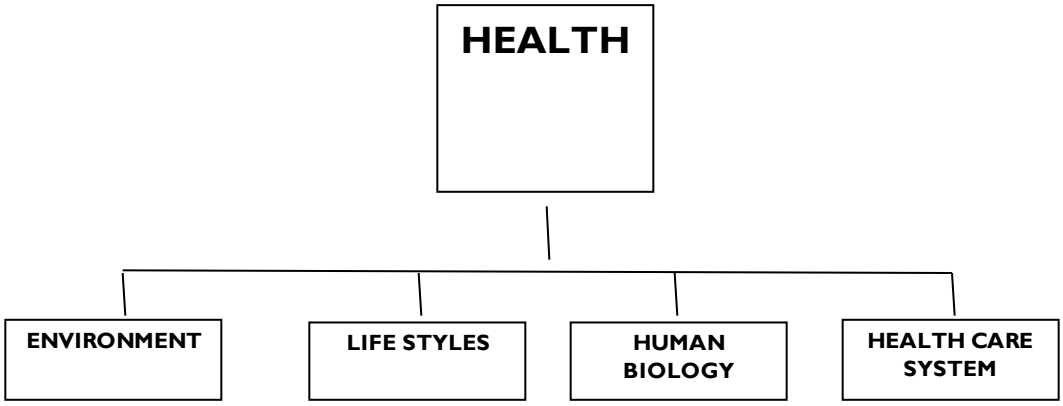
- Environmental psychosocial, that is, the community-based and social factors that influence individual preferences about health care and the appreciation of good health. The level of participation of different people in social activities, club membership, families, and networks of friends plays a determining role in health problems. Consider discussing the role of gender and its impact on women seeking or accessing health service.
- Living and working conditions, which include adequate housing, employment, and education. These are basic prerequisites for a population's' health.
    - Housing refers not only to an appropriate physical location, but also to the composition and structure of the housing, family and neighborhood dynamics, and patterns of social segregation. Gender dynamics as one of the factors that influence a household decision making, priority setting etc.
    - Employment comprises the quality of the work environment; physical, mental, and social safety while performing work activities; and the capacity to control the demands and pressures imposed on the job.
    - Access to equitable educational opportunities, the quality of the education received, and the opportunity to put in practice learned skills are critical influences on a population's health and living conditions. Again gender often determines if you have access to education and other opportunities.

Socioeconomic and cultural conditions, including the generation of jobs and access to employment, social security, housing and food subsidies, universal education, health care coverage, safety conditions, environmental quality and sustainability, among other determinants. These have profound effects on health of diverse social groups. Socio-cultural and economic distinctions refers to the relationships men and women have with their families, communities, the state, and the world at large.

3. Health Systems: This refers to many organizational levels from the service delivery system through the overall health care system. These systems provide immunization, contraception, and antibiotic treatment services to improve the population's quality of life and life expectancy, as well as to prevent and prioritize disease control programs. The ways in which medical and sanitary care is organized (health promotion and recovery, and disease prevention, control and treatment) in a population affect the population's health conditions. Low cost, geographical and cultural access to health services, broad coverage, quality of health care, the scope of community projection activities, and the intensity with which the system exercises essential public health functions illustrate some health determinants at the overall health system level.

4. Lifestyles: An individual's gender, behavior, beliefs, historical background and perception of the world, attitude towards risk and the vision of his or her future health, communication capabilities, handling of stress, and adapting and controlling the circumstances in his or her life determine preferences and lifestyles. Social contexts shape or restrict behaviors and lifestyles. In this manner, health problems such as smoking, malnutrition, alcoholism, exposure to infectious and toxic agents, violence and accidents directly affect individuals' health. Yet these behaviors have macro determinants at the level of access to basic services, education, employment, housing and information, the equitable distribution of economic revenues, and the manner in which society tolerates, respects, and celebrates gender and ethnic diversity.

Health Determinants According to Marc Lalonde



The health field approach approaches each health determinant in an attempt to integrate interventions that will effectively restore a state of well-being. The field of action in this approach greatly exceeds interventions exclusively based on health care services. It transcends and integrates various social and economic sectors within a country or region, as well as encouraging active participation by individuals who make up such a society.

In 2002 the World Health Organization (WHO) stated that to achieve the highest standard of health, health policies have to recognize that women and men, owing to their biological differences and their gender roles, have different needs, obstacles and opportunities.

The word `gender' is used to define those characteristics of women and men that are socially constructed, while `sex' refers to those that are biologically determined. People are born female or male but learn to be girls and boys who grow into women and men. This learned behavior makes up gender identity and determines gender roles.

Sex and gender are increasingly recognized as important determinants of health for women and men (UN, 2010; WHO, 2010). Beyond the biological differences, gender roles, norms and behavior have an influence on how women, men, girls and boys access health services and how health systems respond to their different needs.

The World Health Organization (WHO, 2010) recognizes that gender is an important determinant of health in two dimensions:

1. Gender inequality leads to health risks for women and girls globally; and
2. Addressing gender norms and roles leads to a better understanding of how the social construction of identity and unbalanced power relations between men and women affect the risks, health-seeking behavior and health outcomes of men and women in different age and social groups.

Case Study: A Health Problem in the Municipality of Alixyar

José Manuel Fernández comes from the town of "Las Cobachas," located in the rural area of the Municipality of Alixyar. He lives in small wooden shack that measures about 5 by 4 meters and consists of only one room. He shares this space with his companion María López and their five children, all of them under age. There is no running water in their home, but there is a well located in the home's yard. For cooking they use a woodstove. There is no exhaust for smoke. Until three months ago, José Manuel worked as a temporary laborer on a coffee plantation. It was the household's only source of income. María dedicated part of her time to take care of a small garden and kept a few chickens.

Three months ago, José began experiencing a productive cough, associated with fever, and loss of appetite and weight. He used a variety of home remedies and even some antibiotics received from a health center, located about 15 km from his home. Eventually he was tested for TB. The test came back positive. After more than a month and a half with this clinical condition, his laboratory tests showed he had pulmonary tuberculosis.

At the time of his diagnosis, the state of José Manuel's health and the household's finances had significantly deteriorated. The disease forced him to abandon his work on the plantation. The little savings they had were soon gone. They were forced to sell their few possessions and move in with Maria's parents.

Instructions:

1. Read and analyze the article "Determining Factors of Health."
2. According to the biological approach of Lalonde's "Health Field Concept" indicate:

What is the main health determinant that should be addressed?	Does this guarantee a complete, broad, holistic approach to the health problem in the case study?	Why?

3. According to the health field approach, state:

What is the main health determinant that should be addressed?	Does this guarantee a complete, broad, holistic approach to the health problem in the case study?	Why?

Pre-service Integration Guide

Module 2:

Leadership, Management, and Governance Conceptual Framework and Practices

(3 Units)

Module 2: Leadership, Management, and Governance Conceptual Framework and Practices

Competencies Addressed

After completion of the module, learners will be expected to demonstrate the following competencies:

1. Knowledge about the core values and practices of leading, managing and governing in the health sector
2. Ability to identify and address gender inequities in leadership and management in the health sector

Performance Objectives

At the end of the module, learners should be able to:

1. Practice the 4 leading and 4 managing practices in their day to day work
2. Propose strategies to improve governance practices within the health sector
3. Identify gender inequities in health systems and promote initiatives to improve gender equity in leadership and management in the health sector

Timeline

6 hours

Contents

Units	Learning Objectives At the end of the unit, learners should be able to:	Contents
Unit 1: Leadership, Management, and Governance Framework and Practices (2 hours)	• Explain the relationship between leadership, management, and governance and how they contribute to health outcome improvements • Describe the mind-set and core values of positive leadership • Identify the 4 leading and 4 managing practices and explain how they can be applied to produce results	• Definition and principles of leadership, management, and governance
Unit 2: Governance Structures and Practices (2 hours)	• Define governance in the health context • Identify governance structures within the health sector • Explain how the 4 governance practices can be applied at different levels of the health system to improve service delivery	• Governance practices applied to real case scenarios • The 4 governance practices applied at different levels of health systems

Units	Learning Objectives	Contents
Unit 3: Leadership and Gender (2 hours)	• Explain the critical importance of women's participation in health sector leadership and the challenges they face • Use the gender analysis framework to understand the lack of women in positions of leadership, management, and governance in the health workforce • Explain initiatives for improving gender equity in the health workforce	• Use of the gender analysis framework

Unit 1: Leadership, Management, and Governance Framework and Practices

Purpose of this Session

Introduce participants to the importance of leadership and management in improving health services and health outcomes, and how to exercise leadership and management practices, at any level of the health system.

Learning Objectives

At the end of the session, learners should be able to:

1. Explain the relationship among leadership, management, and governance and how they contribute to health outcome improvements
2. Describe the mind-set and core values of positive leadership
3. Identify the 4 leading and 4 managing practices and explain how they can be applied to produce results

Duration

2 hours

Session Description

	ACTIVITY	TIME
1	Presentation: Mindsets, Values, and Development of Positive Leadership	30 minutes
2	Group Exercise: Understanding Leading and Managing Practices	60 minutes
3	Interactive Dialogue: The Leadership, Management and Governance Conceptual Framework	30 minutes

Preparation Required

- Read the *Facilitator's Guide* notes and PowerPoint slides for this unit. You might want to add your own notes to further guide you.
- Prepare copies of all handouts.
- Prepare nine flipcharts, 1 for each practice, titled:
    - Scanning
    - Focusing
    - Aligning and Mobilizing
    - Inspiring
    - Planning
    - Organizing
    - Implementing
    - Monitoring and Evaluating (M&E)
    - Other
- Post on the walls the 9 flipcharts described below, with the headings covered.

Materials/Equipment

- Computer/projector

- Flipchart
- Flipchart markers
- Tape
- 50 half-sheets of letter-size paper

Resources/Handouts

- Handout: "The Practices of Leading, Managing, and Governing"
- Handout: "Conceptual Model: Leading, Managing, and Governing for Results"

Step-By-Step Process

Activity 1 (30 minutes)

Presentation: Mindsets, Values, and Development of Positive Leadership

Step 1. Start the session asking participants to talk in pairs about these 3 questions:
- What is leadership?
- What is management?
- How are these 2 functions related?

Step 2. Give participants the opportunity to share their answers to the questions in plenary.

Step 3. Take notes on the flipchart of the participants' comments and, using their own ideas, explain the relationship between leadership and management.

Step 4. Using the PowerPoint presentation, explain what the positive leadership mind-set and values are. Wrap up the presentation by explaining that we can learn how to lead and manage if we observe and imitate what leaders do.

Activity 2 (60 minutes)

Group Exercise: Understanding Leading and Managing Practices

Step 1. Explain to participants that they will do a practical investigation exercise about what people need to do to be effective at leading and managing. Remind them how leadership and management are interrelated.

Step 2. Ask them to think about one specific person they *personally* know and who is/was an excellent manager who led or is a leader who also manages well. For instance: a boss or supervisor, the minister at church, their grandmother etc. Ask them to write down what this person "does" or did to enable others to produce results. Emphasize that we are not looking of traits but actions.

Step 3. Invite participants to briefly share in pairs a description of: who this person is, why they admire him or her, and what she or he does/did to produce results.

Step 4. Form groups of 4 or 6, and ask them to make a list of the actions the people they identified do or did to produce results, and select 8 actions to present.

Step 5. Distribute 8 to 10 half letter-size sheets of paper to each team, and ask them to write down each action on 1 sheet of paper. They should write each action with 1 to 3 words in bold 2-inch letters.

Step 6. Uncover the headings of the 9 flipcharts that you posted on the walls, and briefly explain each of the 8 leading and managing practices.

Step 7. Invite participants to stick the half sheets of paper on the flipchart that best describes the action they identified. Use the flipchart marked "Other" for practices that do not seem to fit under any of the 8 headings.

Step 8. After all half sheets are posted, read aloud the practices on each flipchart. Then check those on the "Other" flipchart, and see if they fit on one of the other charts after all. Discuss how some items can fit under more than 1 practice. Review with the group, and make changes if necessary.

Handout. "The Practices of Leading, Managing, and Governing"

Step 9. Explain the framework and how these practices are the result of research conducted by Management Sciences for Health with managers who lead and govern well and, thus, are able to achieve desired results. The research included discussions similar to the one you have just finished. Read with the group the leading and managing practices.

Step 10. Conclude this activity explaining that in this unit you have addressed the leading and managing practices. In the next unit, you will explore the governing practices.

Activity 3 (30 minutes)

Interactive Dialogue: The Leadership, Management and Governance Conceptual Framework

Handout. "Conceptual Model: Leading, Managing, and Governing for Results"

Step 1. Explain that the proof of good leadership lies in achieving measurable improvements in health outcomes.

Step 2. Using the handout, ask participants to review the framework from right to the left. Explain how the purpose of leading and managing is to produce health outcomes and improvements on health services (on the extreme right of the framework). In order for this to happen, management systems, overall work climate, and resource allocation should be improved — demonstrated by the tree circles in the middle. Finally, applying the leading, managing, and governing practices listed on the left of the model lead to changes in organizational effectiveness and therefore improves the 3 circles in the middle.

Step 3. Ask participants to analyze the framework in pairs, and identify specific examples on how using the leading and managing practices can produce changes in the work climate, management systems, or resource allocation, and how it can bring changes in health services and health outcomes

Step 4. After 5 minutes, give the pairs an opportunity to share examples they discussed.

Step 5. Remind participants that by using the 4 leading and 4 managing practices, they can positively change the systems in which they work, the overall work climate, and resource allocation, thus leading to better health services and health outcomes.

Points to Remember/Notes to Facilitator

- It is important to demystify leadership. By looking at leaders and managers to whom participants can relate (who are closely related to their reality) and the specific actions that they undertake, participants can follow and imitate them and thus learn how to become managers who lead. Focusing on traits can be frustrating; there is very little people can do to change their own personality.
- It is important for participants to discover that what really matters is the ability to enable other people to learn, grow, and impact change in a way that improves people's health.

Assignments

None.

Session Closure

Close the session explaining the connection of this unit with the entire program. Explain that participants have just finished Unit 1, which related to how using leading and managing practices improve health services and health outcomes. In Unit 2, participants will address the governance practices. In the following units, participants will learn together how to address challenges in management systems and how to improve work climate to produce results.

References

Management Sciences for Health. *Managers Who Lead: A Handbook for Improving Health Services*. Cambridge, MA: Management Sciences for Health; 2005. Available at: http://www.msh.org/resource-center/managers-who-lead.cfm

Kotter, JP. What leaders really do. *Harv Bus Rev*. 1990:68:103-111.

Unit 2: Governance Structures and Practices

Purpose of this Session

Introduce participants to the importance of transparency and accountability to improve service delivery and how governance practices can be exercised at different levels of the health system.

Learning Objectives

At the end of the session, learners should be able to:

1. Define governance in the health context
2. Identify governance structures within the health sector
3. Explain how the 4 governance practices can be applied at different levels of the health system to improve service delivery

Duration

2 hours

Session Description

	ACTIVITY	TIME
1	Discussion: Understanding Governance Practices	45 minutes
2	Case Study: Applying Governance Practices to Real Case Scenarios	45 minutes
3	Presentation: Practices and Definition of Governance	30 minutes

Preparation Required

- Read the *Facilitator´s Guide* notes, and view the PowerPoint slides for this unit. You might want to add your own notes to further guide you.
- Adapt the case study scenarios to the reality of your country.
- Prepare copies of all handouts.
- Prepare the required flipcharts.

Materials/Equipment

- Computer/projector
- Flipchart
- Flipchart markers
- Tape

Resources/Handouts

- Handout: "Conceptual Model: Leading, Managing, and Governing for Results" (distributed in Unit 1)
- Handout: "The Practices of Leading, Managing, and Governing" (distributed in Unit 1)
- Handout: "Principles of Good Governance"

Step-By-Step Process

Activity 1 (45 minutes)

Discussion: Understanding Governance Practices

Step 1. Start the session asking participants to reflect and write down the answer to this question: "*What is good governance?*"

Step 2. Give the opportunity to participants to share the definitions they wrote down. Taking into account some of the participants' comments, explain what good governance is.

Step 3. Refer participants to the handout "Conceptual Model: Leading, Managing, and Governing for Results," and explain how in the previous session, you analyzed leadership and management practices and now you will analyze the governance practices.

Step 4. Refer participants to the handout "The Practices of Leading, Managing, and Governing," and explain how they will work in teams divided into each of the 4 governance practices.

Step 5. Organize the group in 4 subgroups. Distribute 1 of the 4 governance practices to each subgroup.

Step 6. Ask subgroups to analyze the governance practice and identify specific examples on how this practice can be used to improve health services and health outcomes, using the handout.

Step 7. After 15 minutes, ask each subgroup to explain the practice and to share the examples they discussed.

Step 8. Remind participants that by using the 8 leading and 8 managing practices, they can positively change the systems, the overall work climate, resource allocation and thus improve health services and health outcomes.

Activity 2 (45 minutes)

Case Study: Applying Governance Practices to Real Case Scenarios

Step 1. Ask participants to continue working in the same 4 subgroups from the previous activity.

Handout. "Principles of Good Governance"

Step 2. Assign a scenario from the handout to each sub-team.

Step 3. Give subgroups 15 minutes to discuss:

- How the 4 principles of good governance are demonstrated (or not) in their case
- If any of the good governance principles are not being demonstrated, what could be changed to make sure that all good governance principles

are being exercised?

Step 4. Ask subgroups to explain their case scenario. Conclude this activity by explaining that you will make a brief summary of the governance definitions, structures, and practices in the next activity.

Activity 3 (30 minutes)

Presentation: Practices and Definition of Governance

Step 1. Start the conversation asking participants to discuss in pairs: After all cases we have discussed,

- In summary, what is good governance?
- Who in the health system exercises the governance practices?

Step 2. Take notes on the flipchart of participants' comments, and use their own ideas to define governance and identify the governance structures (hospital boards, regional inter-sectorial bodies, community health committees, etc.)

Step 3. Using the PowerPoint presentation, present the governance definition, different kinds of governance bodies and how they exercise the 4 governance practices to oversee that good health services are provided.

Points to Remember/Notes to Facilitator

- It is important to clarify that governance practices can be exercised at different levels of the health system and that it is the responsibility of different actors in ensuring good governance.
- By making participants analyze real case studies and use their own judgment to propose ways to improve good governance, they are given the opportunity to apply the concepts to practice, helping to prepare them to face similar situations in the future.

Assignments

Read Module 2, Unit 3 handout: "Global Consensus of Empowerment of Women"

Session Closure

Close the session returning to the handout "Conceptual Model: Leading, Managing, and Governing for Results," reinforcing the connection that leading, managing, and governance practices lead to improved health services and health outcomes. Explain that in Unit 3, you will discuss the importance of gender equality in leadership to improve health services.

References

Management Sciences for Health. *The eManager, How to Govern the Health Sector and its Institutions Effectively*. Cambridge, MA: Management Sciences for Health; 2013. Available at: http://www.lmgforhealth.org/content/emanager-how-govern-health-sector-and-its-institutions-effectively

World Health Organization Regional Office for Europe. *WHO Governance for Health in 21st Century*. Copenhagen, Denmark: World Health Organization Regional Office for Europe; 2011. Available at: http://www.euro.who.int/__data/assets/pdf_file/0010/148951/RC61_InfDoc6.pdf

Unit 3: Leadership and Gender

Purpose of this Session

One of the challenges that health systems face is due to the fact that many health professionals are not aware of the importance of women and men participating equally in positions of management and leadership. This session intends to address this problem by increasing awareness of the important role that women play in the health sector, the challenges they face, and what actions can be done to increase the numbers and enhance the effectiveness of women in management, leadership, and governing positions.

Learning Objectives

At the end of the session, learners should be able to:

1. Explain the critical importance of women's participation in health sector leadership and the challenges they face
2. Use the gender analysis framework to understand the lack of women in positions of leadership, management, and governance in the health workforce
3. Explain initiatives for improving gender equity in the health workforce

Duration

2 hours

Session Description

	ACTIVITY	TIME
1	Presentation: Gender Definitions and Policies	30 minutes
2	Group Discussion: Gender Analysis of the Situation of Women in the Health System	45 minutes
3	Activity: Gender Discrimination and Potential Interventions to Address It	45 minutes

Preparation Required

- Read the *Facilitator´s Guide* notes for this unit. You might want to add your own notes to further guide you.
- Prepare copies of all handouts.
- Adapt the PowerPoint presentation with local statistics.

Materials/Equipment

- Computer/projector
- Flipchart
- Flipchart markers
- Tape

Resources/Handouts

- Handout: "Gender Discrimination that Affects Equal Opportunity and Treatment and Participation in the Workforce"
- Handout: "Gender and HRH Recommendations to Address Gender Discrimination"
- Handout: "Global Consensus of Empowerment of Women" (Reading assignment from previous unit)

Step-By-Step Process

Activity 1 (30 minutes)

Presentation: Gender Definitions and Policies

Step 1. Start the session asking participants to reflect and write down what is gender and what is sex and the difference between gender equity and gender equality.

Step 2. Give the opportunity to participants to share their definitions. Using the participants' definitions, explain gender, sex, gender equity, and gender equality.

Step 3. Following the PowerPoint slides, continue presenting the evidence regarding the global consensus on the importance of gender equity in overall development and how this is reflected in different international policies.

Step 4. Present what gender analysis is and how to use it to understand the role of women in the health workforce, and discuss whether women are in leadership management and governance positions.

Activity 2 (45 minutes)

Group Discussion: Gender Analysis of the Situation of Women in the Health System

Step 1. Start the conversation inviting participants to form pairs and to identify gender-based opportunities and gender-based constraints by discussing the following questions:

- What opportunities are there for men and women accessing management and leadership positions in the health sector that may be different based on their gender?
- What kind of constraints do men and women face accessing management and leadership positions in the health sector that may be different based on their gender?

Step 2. Put 2 flipcharts in front of the group, one labeled *Men* and the other labeled *Women*. Both flipcharts are divided into 2 columns: *Opportunities* and *Constraints*.

Step 3. Invite participants to share their discussion in plenary. Take notes on the flipchart about opportunities and constraints both for men and women.

Activity 3 (45 minutes)

Activity: Gender Discrimination and Potential Interventions to Address It

Step 1. Invite the group to brainstorm about what kinds of discrimination and sexual harassment are evident in the health workforce as they relate to women in their work environment, and take notes on the flipchart.

Handouts. "Gender Discrimination That Affects Equal Opportunity and Treatment and Participation in the Workforce" and "Gender and HRH Recommendations to Address Gender Discrimination"

Step 2. Divide the group into 3 subgroups. Give subgroups 15 minutes to propose interventions to improve women's access to leadership and management positions:

- Subgroup 1: Policy and planning
- Subgroup 2: Workforce development
- Subgroup 3: Workforce support

Step 3. Ask subgroups to present their interventions in plenary.

Step 4. Conclude this activity by reinforcing the importance of being aware of the imbalances in order to intentionally create an enabling environment for both men and women to develop their leadership and management potential.

Points to Remember/Notes to Facilitator

- Talking about gender equity and equality in some cultures can be difficult. Make sure to maintain the inquiry mode during the facilitation. Recognize that gender issues can touch personal feelings and may tempt us to advocate for our point of view.
- Emphasize gender equity and access to leadership roles for both females and males.
- Avoid transforming the session into a forum for complaints, and try to focus the attention on the future by asking, "What can we do to improve both women's and men's leadership?"

Assignments

Module 3 is about identifying a challenge and using the problem-solving methodology to address it. Students should come to the following session with a service delivery challenge prepared. They should work with a real facility to identify a challenge and bring a description and background of it to the next session, possibly including statistics. For instance: low attendance to antenatal care (ANC) services, a low rate of deliveries with a skilled birth attendant; low family planning coverage, etc.

Session Closure

Close the session explaining this is the last session of Module 2: Leadership, Management and Governance Conceptual Framework and Practices. Remind them that leadership is the ability to empower other people to effectively bring about anticipated changes or results. In Module 3, they will have the opportunity to learn how to apply these leading and managing practices to face and confront challenges and produce desired changes and results.

References

Training. Interagency Working Group on Gender (IGWG) website. http://www.igwg.org/training.aspx Accessed May 21, 2015.

Promoting Gender Equality in the Health Workforce Advocacy Tool. Capacity Plus website. http://www.capacityplus.org/gender-health-workforce-advocacy-tool/examine-sh/ Accessed May 21, 2015.

Module 2 Handouts

Unit 1: Leadership, Management, and Governance Framework and Practices

- "Conceptual Model: Leading, Managing and Governing for Results"
- "The Practices of Leading, Managing, and Governing"

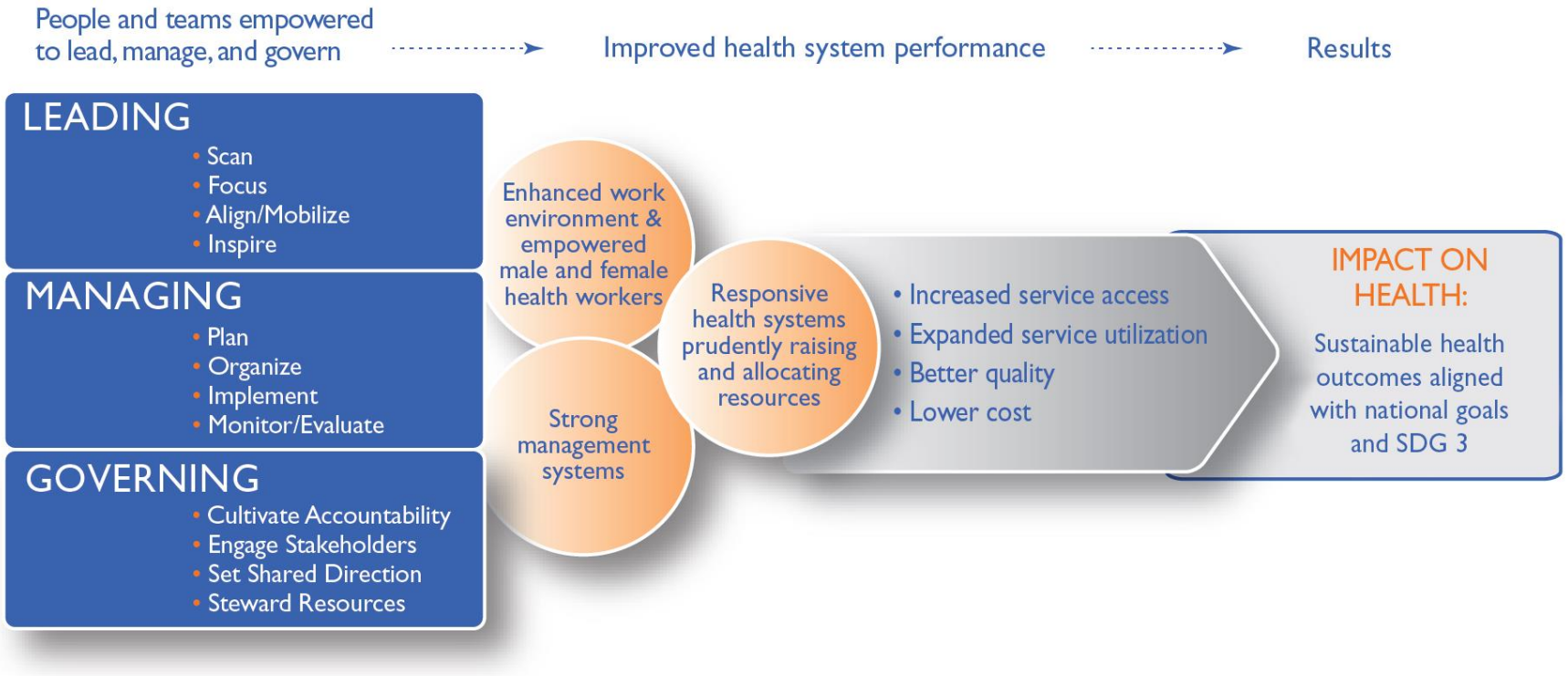
Unit 2: Governance Structures and Practices

- "Principles of Good Governance"

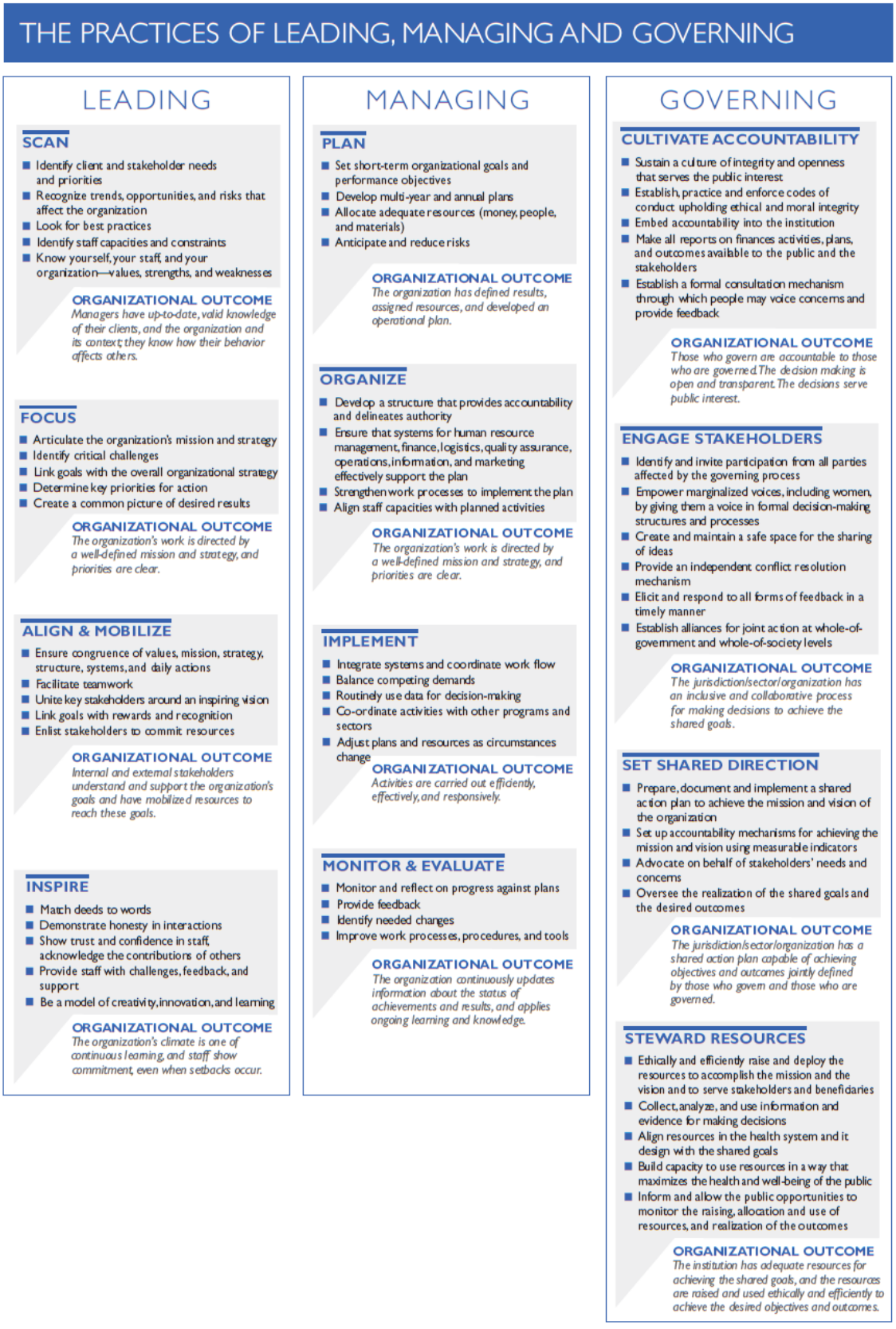
Unit 3: Leadership and Gender

- "Gender Discrimination That Affects Equal Opportunity and Treatment and Participation in the Workforce"
- "Gender and HRH Recommendations to Address Gender Discrimination"
- "Global Consensus of Empowerment of Women"

Conceptual Model: Leading, Managing and Governing for Results



The Practices of Leading, Managing, and Governing



Principles of Good Governance

Principles of Good Governance - Situation 1

A management meeting regarding a new Human Resources policy

A team of hospital administrators meets to discuss an increase in-patient and family complaints. Patients and their family members have been complaining that the nurses are not doing their job and that the patients are waiting for hours to see the doctor or receive treatment.

First, the hospital administrators decide that they need more information on patient satisfaction. They assign one hospital administrator to be the leader of this project, and then they plan how to measure patient satisfaction:

- Find a valid hospital patient satisfaction survey
- Review the survey to ensure it is appropriate for the hospital
- Test the survey with a small group of patients
- Make final changes to the survey
- Begin surveying patients
- Collect, analyze and report results every three months
- Share results with all department heads and nurse managers

Second, the hospital administrators decide to tell all nursing managers/in-charges to reduce patient wait time and to make sure that their nurses are working hard, effective immediately.

In your group, discuss how the principles of good governance are demonstrated (or not) in this case:

Governing Practices

- Cultivating accountability
- Engaging stakeholders
- Setting shared direction
- Stewarding resources

  If any of the good governance principles are not being demonstrated, explain what you would do if you were on the hospital administrator team. What would you do to make sure that all good governance principles are being exercised in this situation?

Principles of Good Governance - Situation 2

A doctor-patient interaction regarding payments for consumables and medications

A woman from a small village brings her son to the Accident & Emergency unit of the hospital. He is very sick and needs treatment. The district hospital doctor tells her that she needs to buy a list of medications and medical supplies for her son before he will treat him.

The woman is very poor. She has just a few francs. She believes that she should not owe the hospital anything. Even if she did owe the hospital money, she does not have enough money to buy the medications and supplies that her son needs. She is worried that her son will die. She is not sure what to do. The doctor insists that some payment must be made in advance. Nurses listening to the conversation do not know what the rules are.

Two months earlier, the Ministry of Health sent a memo to all hospitals saying that patients should not have to pay for medications and supplies prior to receiving treatment though all patients are still required to make a deposit of 10 percent of the predicted costs.

Finally, the woman takes her son and returns home. Her son was not treated at the hospital. He becomes increasingly sick and eventually dies. In your group, discuss how the principles of good governance are demonstrated (or not) in this case:

Governing Practices

- Cultivating accountability
- Engaging stakeholders
- Setting shared direction
- Stewarding resources

  If any of the good governance principles are not being demonstrated, explain what you would do if you were on the hospital administrator team. What would you do to make sure that all good governance principles are being exercised in this situation?

Principles of Good Governance - Situation 3

Obtaining Community Input on Hospital Performance

The Ministry of Health has instructed all district hospital administrators to obtain feedback on their hospital's performance from their communities. This is not something that district hospitals have done before.

The hospital administrators from one of the district hospitals meet to develop a plan to obtain community input.

They decide to invite all the appropriate mayors and executive secretaries from their district's provinces,

sectors and cells. They create a list of questions to ask these leaders. They also decide to review the patient satisfaction information that they have been collecting from the past few months.

After having the meeting with community leaders (mayors and executive secretaries) and reviewing the patient satisfaction information, they decide that they need to improve their facilities for the patient caregivers and reduce patient wait times. The hospital administrators set goals for caregiver facilities and patient wait times and then communicate these goals to all hospital staff.

In your group, discuss how the principles of good governance are demonstrated (or not) in this case:

Governing Practices

- Cultivating accountability
- Engaging stakeholders
- Setting shared direction
- Stewarding resources

  If any of the good governance principles are not being demonstrated, explain what you would do if you were on the hospital administrator team. What would you do to make sure that all good governance principles are being exercised in this situation?

Principles of Good Governance - Situation 4

Promoting Family Planning

The Ministry of Health has set family planning (use of contraception) as one of its most important goals. It has instructed every district hospital to work with the health centers and community health workers to improve the district's rate of contraception use among women.

The hospital administrators have heard that much of the contraceptives sent to the district are not used. They do not understand why.

The hospital administrators decide to meet with the health center leaders and ask them why more women don't use contraception and how contraceptive use can be increased.

When they meet with the health center leaders, they learn that many of the women are concerned about contraceptives' safety, pain and efficacy (how well the contraception works).

With this information, the hospital administrators and health center leaders decide to develop a plan to address these concerns. They would use community health workers to inform people about the safety, effectiveness and possible side effective of various contraceptive methods. Each community health worker will invite a small group of women to serve as a personal "advisory council." This council will meet weekly to discuss issues related to parenting, breastfeeding and contraception.

The council idea was implemented. As a result, many more women started to use contraception and the

district's rate of contraception usage increased.

In your group, discuss how the principles of good governance are demonstrated (or not) in this case:

Governing Practices

- Cultivating accountability
- Engaging stakeholders
- Setting shared direction
- Stewarding resources

If any of the good governance principles are not being demonstrated, explain what you would do if you were on the hospital administrator team. What would you do to make sure that all good governance principles are being exercised in this situation?

Gender Discrimination That Affects Equal Opportunity and Treatment and Participation in the Workforce[2]

Discrimination Based on Marital Status, Pregnancy Status, & Family Responsibility

Exclusions, restrictions or distinctions at school or work made on the basis of pregnancy, childbirth or related conditions, such as unwillingness to hire, promote or retain female students or workers who may get pregnant and leave the workforce or require maternity leave and benefits. Examples include mandatory pregnancy testing or questions regarding planned pregnancies during recruitment; women being forced to retire upon marriage or pregnancy, or jobs requiring women not to get pregnant or marry; restricting working time of women (e.g., overtime); not hiring women because health insurance will reduce profitability or efficiency; women's greater responsibilities at home preventing their being considered for training; perceived lack of separation between personal and professional caring responsibilities. Encouraging women to take insecure (part-time, temporary, non-management) forms of employment that are unprotected by benefits or labor codes) to accommodate family responsibilities expelling students from school if pregnant. Discrimination based on marital and pregnancy status and family responsibilities is associated with pay gaps.

Occupational and Task Segregation

Pervasive and widely documented form of gender discrimination that concentrates women and men in different occupations, jobs and tasks. Women are typically confined to a narrower range of work, in insignificant, lower grade and less well-paid jobs ("horizontal segregation"), often hold caring occupations (nurses, social workers, teachers) and remain at lower grades of work ("vertical segregation" typified by the "glass ceiling") that are less likely to provide benefits, on-the-job training, opportunities for promotion or to exercise authority or control, while men are found in managerial, technical and higher-paid positions. Examples include job advertisements excluding applicants of a certain sex; career counselling or recruitment that channels men away from caring professions and women into it; restricting women's entry into certain occupations or positions; transfer of the family's gendered division of labor into the informal, volunteer caregiving workforce. Occupational segregation is associated with wage discrimination.

Wage Remuneration/Discrimination

Systematically paying lower wages to women or minorities. Difference in salary and any additional benefits whether in cash or in kind, paid by the employer to the worker and arising out of the worker's employment (e.g., retirement pensions and health insurance) based on gender and not on objective differences in the work performed, seniority, education, qualifications, experience or productivity. Associated with biased perceptions of women's capabilities and commitment to work, gender segregated jobs, stereotyped perceptions or the perceived labor costs associated with biological and social reproduction (the "wage penalty for motherhood"). Examples include lower hourly pay related to temporary or part-time work; compensation tied to vertical and horizontal occupational segregation in which jobs typically held by women are undervalued; salary raises based on subjective appraisal or quid pro quo sexual harassment; policies or practices whereby an employer provides extra compensation to employees who are believed to be the "head of household" or "breadwinners" (i.e., married with

[2] *Conceptual and Practical Foundations of Gender and Human Resources for Health* 6

dependents and the primary financial contributor to the household). Usually favors men and has a negative impact on women.

Gender Stereotyping

A rigid, oversimplified, generalized idea or image that attributes certain essential characteristics to men or women based on the belief that there are attitudes, appearances or behaviors shared by all men or all women. Gender stereotypes sustain occupational and task segregation, such as when an idea that women are uncommitted to work excludes them from senior leadership positions or when positive stereotypes elevate men's status and opportunities vis à vis women and preserve men in management positions (men as strong, decisive, competent, "breadwinners"). Negative stereotypes may also keep men out of "female" jobs (men as untrustworthy, emotionally non communicative, inept at caregiving).

Sexual Harassment and Assault

Violence (and discrimination) consisting of comments or behavior of a sexual nature that are unwelcome, offensive and detrimental to the person's human dignity at work. Hostile environment sexual harassment refers to receiving unwanted attempts to establish a sexual relationship; displaying sexually offensive or pornographic material in the work setting; being exposed to a sexually explicit discussion or conversation; being subjected to sexist remarks that minimize competence or ridicule based on one's sex; receiving sexual notes or other correspondence; receiving repeated requests for dates or to establish a sexual relation despite rejection; witnessing someone make a sexually suggestive gesture. Quid pro quo sexual harassment occurs when deserved advancement or continuation in service is conditional on sexual receptivity; or where unwarranted advancement is offered in return for sexual favors. Examples include being sexually coerced, cajoled, blackmailed or threatened, or being offered money, gifts or favorable job treatment in exchange for sexual favors. Assault refers to attempts to stroke, fondle or kiss, being threatened with sexual assault, being physically coerced, assaulted or raped.

Gender and HRH Recommendations to Address Gender Discrimination[3]

Policy and Planning Strengthen HRH Policies and Planning to Promote Gender Policy	**Workforce Development** Increase gender integration decrease segregation in education training and work	**Workplace Support** Create Supportive Fair and Safe work environments
Identify gender discrimination in HRH policy and workforce planning through workforce assessments that routinely gather information on gender discrimination at work, and on women's status relative to men's in policy and law Design human resources information systems (HRIS) to provide sex-disaggregated data for HRH policy and planning, including identification of discrimination in pay, promotion or training Translate international and national commitments to gender equality into national equal opportunity policies and laws Promote policies that respond to life cycle events linked to workforce entry/exit/re-entry, need for flexibility in hours scheduling pregnancy benefits and parental leave Document and address women's unpaid work and the unequal distribution of unpaid caregiving between women and men in the informal care economy. Create standardized protections	Eliminate gender stereotypes in curricula that may serve as barriers to women's and men's entry into non-traditional health occupations or task-sharing Promote equality in educational recruitment, targeting boys'/men's entry into "female" health occupations and girls'/women's entry into "male" health occupations Provide social support to boys and men who choose non-traditional health occupations Consider cultural factors and expectations in educational and certification requirements: create "bridging programs" to help girls meet entry requirements for professional schools Eliminate policies and practices that exclude girls and women from schooling if they become pregnant Make continuing education accessible to help women return to work after	Promote gender-aware human resources management (HRM) to effectively support both female and male health workers in equitable work environments Conduct "gender audits" of workplace policies and practices to identify gender discrimination in hiring, training, promotion, pay and sexual harassment Develop and enforce equal opportunity employment policies to eliminate discrimination on the basis of marriage, pregnancy and family responsibilities and promote equal remuneration and equal opportunity for career Advancement Recruit men and women into non-traditional jobs and promote equitable task-sharing of health work among staff Implement health personnel training on work place violence and gender discrimination Develop and enforce zero tolerance codes of conduct for sexual harassment Develop employee assistance programs that offer free family

[3] The Capacity Project (2009). *Conceptual and Practical Foundations of Gender and Human Resources for Health.* http://www.capacityproject.org/images/stories/files/foundations_gender_hrh.pdf Used by permission.

Policy and Planning Strengthen HRH Policies and Planning to Promote Gender Policy	**Workforce Development** Increase gender integration decrease segregation in education training and work	**Workplace Support** Create Supportive Fair and Safe work environments
and resources for volunteer health workers (e.g., financial incentives, health insurance/care, pensions) Government HIV/AIDS policy and implementers' programs should explicitly promote an equal or more equitable division of responsibilities between women and men and continue to strengthen women's capacity to care for those affected by HIV/AIDS Develop national educational policies and strategies that valorize caregiving as a social good Address violence and discrimination at the same time Develop HRH policies and programs that ensure the safety and security of women at work Involve women in HR policy and strategy decision-making processes on an equal basis with men	prolonged maternity leave Ensure that women are equally represented in management and leadership skills training Strengthen associations as empowerment and leadership mechanisms for female health workers Add gender equality and gender based violence content to professional school curricula to raise awareness of gender and health	planning, voluntary counselling and testing, prevention of mother to child transmission services, post exposure prophylaxis, counselling, child care and response to gender based violence Make changes in the physical work setting or in housing to improve security; provide vehicles to enhance health workers' mobility

Global Consensus of Empowerment of Women

By Belkis Giorgis

Gender equity promotes fairness and justice in the distribution of opportunities, responsibilities, and benefits available to men and women, and the strategies and processes used to achieve gender equality. **Gender equality** is equal treatment of women and men in laws and policies, and equal access to resources and services within families, communities, and society at large. Gender equity is the means.

There is now clear evidence that empowering and educating girls and women and leveraging their talent and leadership fully in the global economy, politics and society are fundamental elements of the new models required to succeed in today's challenging landscape. Countries and companies will thrive if women are educated and engaged as fundamental pillars of the economy, and diverse leadership is most likely to find innovative solutions to tackle the current economic challenges and to build equitable and sustainable growth.[4]

A key message of the World Bank's World Development Report of 2012 is that gender equality is a core development objective in its own right and that gender equality is also smart economics[5] enhancing productivity and improving development outcomes, including prospects for the next generation and for the quality of societal policies and institutions.[6] The World Development Report also addresses gender gaps such as excess deaths of girls and women, disparities in girls schooling, unequal access to economic opportunity and differences in voice in households and society. Interventions to address these disparities have been shown to improve lives in communities and countries. Greater gender equality can enhance productivity, improve development outcomes for the next generation, and make institutions more representative.[7]

USAID's Gender Equality and Female Empowerment Policy Paper of 2011, states that "No society can develop sustainably without increasing and transforming the distribution of opportunities, resource and choices for males and females so that they have equal power to shape their own lives and contribute to their communities. A growing body of research demonstrates that societies with greater gender equality experience faster economic growth and benefit from greater agricultural productivity and improved food security. In summary the report concludes that empowering women **to participate in and lead public and private institutions** makes these institutions more representative and effective".[8]

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[4] The Global Gender Gap Report 2011, World Economic Forum Geneva, Switzerland, 2011 http://www3.weforum.org/docs/WEF_GenderGap_Report_2011.pdf

[5] 2012 World Bank Development Report: Gender Equality as Smart Economics, http:/asiafoundation.org/inasia/2011/10/05/2012-world-bank-development-report-gender-equality-as-smart-economics/

[6] The World Bank (2012). World Development Report 2012: Gender Equality and Development. Available at: http://www-wds.worldbank.org/external/default/WDSContentServer/WDSP/IB/2010/11/03/000334955_20101103062028/Rendered/PDF/576270WDR0SecM1e0only1910BOX353773B.pdf

[7] http://siteresources.worldbank.org/INTWDR2012/Resources/7778105-1299699968583/7786210-1315936222006/Complete-Report.pdf

[8] USAID Policy Gender Equality and Female Empowerment 2012 p.2
See also Global Health Initiative (GHI). Supplemental Guidance on Women, Girls, and Gender Equality Principle. Available at: https://www.ghi.gov/principles/docs/wgge_principle_paper.pdf

Promoting Leadership, Management and Governing Roles for Women in Developing Countries

The representation of women in politics and in senior managerial positions in all sectors both public and private remains far lower than that of men. However, studies of leadership and management styles for men and women show that women are more likely to employ a "transformational" leadership style that is less hierarchical, cooperative and collaborative and more oriented to enhancing others' self-worth than the "transactional" management style associated with male management, which has been traditionally characterized by demotions for poor performance, rewards for good behavior, or a laissez-faire style of management.[9] On a more practical level, studies have also shown that when women are sufficiently represented in leadership and management positions companies do significantly better than those where women are not represented in these positions.[10]

Empowering women has shown positive results in low and middle-income countries as well although the literature is scant. For example, in India giving more power to women at the local level led to increases in the provision of public goods such as water and sanitation, which mattered more for women.[11] Additionally it was shown that villagers were less likely to pay bribes in villages reserved for women.[12] In Rwanda, which now has not only the highest proportion of women representative in the world, but is also the only parliament to possess a functionally even gender split of the seats in the Rwandan Chamber of Deputies women representatives consider themselves to have a greater concern with grassroots politics, and in terms of agenda, women's issues are now raised more easily and more often than before.[13] In Brazil, Nepal Pakistan and Senegal, improvements in women's education and health have been linked to better outcomes for their children. The evidence also shows that in Turkey improved health care delivery and a focus on expectant mothers has reduced maternal mortality.[14]

Situation of Women in The Health System in Developing Countries

A majority of healthcare workers are women, but they are largely under-represented in leadership, management, and governance positions. Gender, as a whole, is a relatively neglected issue in human resources policy and planning, particularly with regard to the health sectors of developing countries. Current approaches to human resources lack adequate reference to gender issues. For example, the World Health Organization working paper "Towards Better Leadership and Management in Health" does not mention gender as a critical concern in its recommendations for strengthening health leadership and management in low-income countries. The recommendations focus on ensuring adequate numbers of managers who have appropriate competencies, bettering critical management support systems, and creating enabling environments.[15] The recommendations do not point to the need for a gender balance

[9] Women make better leaders, Psychology Today, http://www.psychologytoday.com/articles/200309/women-make-better-leaders
[10] New Catalyst Study Links More Women Leaders to Greater Corporate Social Responsibility, Harvard Business School, November 16, 2011, http://www.inpowerwomen.com/what-is-the-woman-effect/
[11] Racghabendra Chatopadhyya and Esther Dulfo Women as Policy Makers: Evidence from a randomized policy experiment in India *Economietrica*, Vol 72, No 5 (September 2004) 1409-1443
[12] Esther Duflo and Petia Topalova Unappreciated Service: Performance, Perceptions and Women Leaders in India October 2004 unpublished paper p. 4
[13] Claire Develin and Robert Elgie: The Effect of Increased Women's Representation in Parliament: The Case of Rwanda., Parliamentary Affairs Vol 16 No 2 2008 237-254 Advance Access Publication 23 February 2008
[14] Ibid. World Development Report: Gender Equality and Development 2012
[15] The World Health Organization: (2007) Towards Better Leadership and Management in Health: *WHO/HSS/Health Systems*, available: http://www.who.int/management/meetings/en/index7.html

in leadership, management, and governance nor for ensuring the competencies of the health workforce with regard to address gender-related issues. Leadership and management roles for women also require the presence of a critical mass in order to have a tangible impact on policies and programs.[16]

It is important to address gender inequity in the workplace because it undermines human resource capacity and compromises the strength of delivery systems. Although the majority of healthcare workers are women, they are still largely under-represented in leadership, management, and governance positions.[17] Women continue to be engaged in sectors and occupations characterized as typically female. Women are less likely to occupy positions that involve decisions making and leadership and are consistently placed in insignificant lower grade and less well-paid jobs often hold caring occupations (such as nurses, social workers, community health workers, etc.) Not only are there low numbers of women in senior professions and in policy roles but there is also a distinct absence of women's voices who are the major beneficiaries and stakeholders in the health systems. Care giving is a gender-segregated job, a reality that places an inequitable, unsustainable burden on women and girls founded on stereotypes and beliefs about the appropriate work of men and women.[18] This gender inequity negatively effects upon women health workers' careers, compensation, training, and access to technical resources and professional networks.[19]

As a majority of the health workforce is female and the contributions to formal and informal health care systems are significant the ramifications of their limited involvement in leadership, management, and governance can be severe.[20] Without proper representation at the managerial and leadership levels, women's needs as employees and care givers within the health system continue to be neglected. When gender inequalities and discrimination operate both in and out of the workforce, these inequalities may impede entry in health occupations and contribute to attrition, absences from work, lower productivity, poor health, and low morale of health workers. The result is a limited pool of capable formal and informal health workers to deal with today's health and development challenges. More generally, workforce policy and planning must consider gender and life cycle issues to ensure an efficient and effective health care system that responds to the particular needs and priorities of women. Without effective participation by women in leadership and decision-making roles, this need is easily neglected.[21]

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[16] Reaching Critical Mass is Key, http://diversityinc.com/diversity-and-inclusion/reaching-critical-mass-is-key/ Benchmarking Women's Leadership, published by The White House Project, November 2009, benchmarks.thewhitehouseproject.org

[17] Standing, H. (2000). Gender- A Missing Dimension in Human Resource Policy and Planning for Health Reforms. BRIDGE. Available at: http://www.who.int/hrh/en/HRDJ_4_1_04.pdf

[18] Newman, C., Makoae, N., Reavely, E., and Forgarty, L. (2009). Alleviating the Burden of Responsibility: Report on a Study of Men as Providers of Community-Based HIV/AIDS Care and Support in Lesotho. *The Capacity Project.*

[19] Newman, C. (2009). Addressing Gender Inequality in Human Resources for Health. The Capacity Project, 4. Available at: http://www.capacityproject.org/images/stories/files/legacyseries_4.pdf

[20] George, A. (2007) Human Resources for Health: A Gender Analysis. *Gender Equity Knowledge Network and the Health Systems Knowledge Network of the WHO*, 1-57. Available at: http://www.who.int/social_determinants/resources/human_resources_for_health_wgkn_2007.pdf

[21] Standing, H. (2000) Gender- A Missing Dimension in Human Resource Policy and Planning Special Article Human Resources for Health Development (HRDJ) Vol 4, No. 1 1 January-April 2000 Available: http://www.who.int/hrh/en/HRDJ_4_1_04.pdf

Advancing the Roles of Women in Leadership, Management and Governing Positions in Health Systems

Women generally comprise the majority of workers in the health sector but occupy lower-level cadres, predominate in the informal care economy and experience gender hierarchies in management, which result in differences in pay and promotion. Gender stereotypes, norms, and practices keep women health care workers at the lower-end of the system; women tend to be concentrated in certain occupations and to be poorly represented in management positions and at senior levels in the system. As with the other levels, women in these roles require specific interventions to ensure that they are effective and present.

Using the framework below it is clear that the challenges women face in the health system start from the entry level and moves up as they go into leadership and management positions. At each of these levels, interventions must be considered to increase the numbers of women in leadership management and governance as well as make them more effective in their roles. Gender-based interventions, however, are necessary to support and advance women workers at all levels in the health system. These interventions correspond roughly to women in the lowest and informal levels of the health force, women in low and mid-level positions in the health force, and women in leadership, management and governing positions, respectively. The challenges faced by women in each of these spheres and the interventions necessary to ensure women's inclusion and success at each level.

Gender-Based Interventions in the Health Workforce at Different Levels

Level	Strategies	Outcome
Level 1: Recruitment and retention of female health workers	• Recruit of young women for career track positions • Address cultural norms and values which impact women negatively • Achieve equity in pay for women • Recognize women health workers	Women health workers recognized valued and fairly compensated
Level 2: Retention and Promotion of Female Health Workers	• Create incentive packages that take into account women's particular needs • Create career paths for women (this includes identifying competencies for senior level positions so midlevel women can start working on those) • Address discrimination in promotion and retention • Ensure a safe environment for women • Accommodate family responsibilities • Increase gender awareness among all staff • Develop and strengthen leadership skills for women • Support and encourage women to join professional networks (also for level 3)	Increased percentage of women retained and promoted to mid-level positions

Level	Strategies	Outcome
Level 3: Advancement of Women into senior positions	• Increase gender Awareness Accommodation for women with family responsibilities • Develop and strengthen leadership skills • Create policies and procedures that are gender sensitive (including affirmative action) • Mentor and coach women and men • Find a sponsor	Increased percentage of women at senior positions

Conclusion

Gender roles and responsibilities privilege men at the expense of women. Through rigid gender norms and values women are deprived of their rights to make decisions, which include health care. Gender roles and responsibilities result in lower economic status, low literacy and education, poorer health outcomes, and greater exposure to gender-based violence.[22] As a result most policies and programs that promote gender equality focus on empowering and working directly with women and girls. Goal 5 of the Sustainable Development Goals is to achieve gender equality and empower all women and girls and the first guiding principle of the Global Health Initiative of USAID is the empowerment of women and girls.

Promoting the leadership of women in health system is an effective way to empower women because gender equality both contributes to and is an outcome of efforts to strengthen the capacity of the state to deliver good governance to its citizens. Women's access to public goods and services are both a means and an end to achieving good governance. In developing countries, deep-seated gender inequality is often a characteristic of poor governance and a barrier for women's success in becoming their own agents of change. These barriers are especially insidious in areas like health – where the ability to access and determine the right kind of service delivery is so important.

[22] Margaret E. Greene and Andrew Levack for the Interagency Gender Working Group (IGWG), *Synchronizing Gender Strategies: A Cooperative Model for Improving Reproductive Health and Transforming Gender Relations* (Washington, DC: Population Reference Bureau, 2010).

Pre-service Integration Guide

Module 3:

Systematic Problem-Solving Process

(5 Units)

Module 3: Systematic Problem-Solving Process

Competencies Addressed

After completion of the module, learners will be expected to demonstrate the following competencies:

1. Awareness of the role of leaders to take responsibility for health system challenges and to make desired changes and achieve results
2. Application of the problem-solving process and its tools to focus, identify, and resolve challenges in day-to-day work
3. Ability to successfully implement sound action plans that address current work challenges

Performance Objectives

At the end of the module, learners should be able to:

1. Develop an organization mission and vision in a participatory manner
2. Use the Challenge Model, analysis, and tools to solve challenges in day-to-day work
3. Develop and implement action plans that address identified challenges

Timeline

8 hours

Contents

Units	Learning Objectives At the end of the unit, learners should be able to:	Contents
Unit 1: Using the Challenge Model (1 hour)	• Explain the Challenge Model and its potential to solve problems • Apply the Challenge Model to address a personal challenge	• The Challenge Model • Applying the Challenge Model to personal challenges
Unit 2: Mission and Vision (1 hour, 30 minutes)	• Explain the differences between mission and vision • Describe the elements of a good mission • Describe the process to create a shared vision	• Mission vs vision • Developing a mission • Developing a shared vision
Unit 3: Analyzing the Current Situation and Defining Expected Results (1 hour, 30 minutes)	• Define the practice and identify methods of scanning • Analyze the current situation in work environments, and identify critical challenges • Define measurable results that lead to addressing critical challenges	• Scanning the current situation • Developing SMART results

Units	Learning Objectives	Contents
Unit 4: Analyzing the Root Causes of the Obstacles and Selecting Interventions (2 hours, 30 minutes)	• Explain what focusing means and what tools can be used to help focus the team • Apply problem-solving tools to analyze the root causes of challenges • Identify interventions that address gender-related challenges	• Focusing and analyzing obstacles • Selecting obstacles using the Priority Matrix • The "Why, Why, Why" technique • Identify the root causes of challenges
Unit 5: Developing an Action Plan and Improving Implementation Effectiveness (1 hour, 30 minutes)	• Develop an action plan with specific and enough activities that address the root cause identified • Propose strategies that assure action plan- effective implementation	• Developing a sound action plan • Effective implementation of an action plan

Unit 1: Using the Challenge Model

Purpose of this Session

This session will guide participants towards becoming aware that leadership is about taking on the responsibility to face challenges and to produce desired results, instead of looking at problems like they are someone else's responsibility. The Challenge Model provides a practical tool for this.

Learning Objectives

At the end of the session, learners should be able to:

1. Explain the Challenge Model and its potential to solve problems
2. Apply the Challenge Model to address a personal challenge

Duration

1 hour

Session Description

	ACTIVITY	TIME
1	Presentation: The Challenge Model	15 minutes
2	Activity: Applying the Challenge Model to a Personal Challenge	45 minutes

Preparation Required

- Read the *Facilitator's Guide* notes for this unit. You might want to add your own notes to further guide you.
- Prepare copies of all handouts.
- Prepare the required flipcharts.

Materials/Equipment

- Computer/projector
- Flipchart
- Flipchart markers
- Tape

Resources/Handouts

- Flipchart with the Challenge Model
- Handout: "Using the Challenge Model"
- Handout: "The Challenge Model"

Step-By-Step Process

Activity 1 (15 minutes)

Presentation: the Challenge Model

Step 1. Show the flipchart with the Challenge Model, and explain how during this module, they will use it to address a previously identified service delivery challenge. It will enable them to know where they currently are and to determine where they want to go before deciding on a plan of action. They will work individually during the sessions, but between each session, they should go back to the facility team and work together in each step of the Challenge Model.

Handout. "Using the Challenge Model"

Step 2. Explain the Challenge Model step by step, from vision to action, emphasizing that in order to successfully complete a Challenge Model, they will need to use all of the leading and managing practices.

Step 3. Explain the steps of using the Challenge Model, pointing out its parts, one by one, on the flipchart.

- Explain that in Step 1, they will work to review the organization or clinic mission or identified health priorities.
- In Step 2, they will write a statement that represents their shared vision of the future they want to create if they successfully address the identified challenge.
- In Step 3, the team will assess the current situation in relation to the challenge they selected by scanning their internal and external environments.
- In Step 4, they will agree on one result that they want to achieve, related to their challenge, that moves them closer to their shared vision. This result will be what they are committed to achieving in the next 6 to 8 months. It should be a "stretch" for them.
- In Step 5, they will identify the obstacles that they have to overcome to reach their result. They will use tools to analyze the root, or underlying, causes of these obstacles so that they can address them.
- In Step 6, they will frame their challenge. They will develop a written statement about their challenge, indicating the result they plan to achieve, in light of the obstacles they will face.
- In Step 7, they will select priority actions or interventions to address the root causes. All the actions in their plan need to be ones they can implement at their level of authority.

- In Step 8, they will develop an Action Plan. This plan will include the human, material, and financial resources needed to implement their priority actions. It will also include a timeline for implementing the team's actions. Finally, the plan will include a description of how the team will monitor progress toward your result. All the actions in your plan need to be ones they can implement at their level of authority.

  Monitoring their progress will help them adjust their plan as needed to keep moving toward their intended result. Evaluating their results will help them look back at positive and negative factors in meeting their challenge. And it will help them use their learning to meet future challenges in this and other priority health areas.

Activity 2 (45 minutes)

Activity: Applying the Challenge Model to a Personal Challenge

Handout. **"**The Challenge Model" (Participants will have the handout "Using the Challenge Model" from the previous exercise.)

Step 1. Ask participants to think about a personal challenge for using the Challenge Model for analysis and planning. Explain how to use the model step by step.

- Think about what is your personal purpose and write it at the top of the Challenge Model. For instance, "to contribute to improving the health and overall quality of life of the members of my community."
- Next, write a vision statement. For instance, if your personal challenge is to get a master's degree, how will your future look after graduating?
- Write your current situation in relationship to your vision and your challenge. Where are you now? Do you already have a bachelor's degree? Have you made any steps towards a master's degree?
- Pick one measurable result that would help move you from your current situation to your vision. It should be feasible to reach the result you select within the next 3 to 6 months. For instance, "Six months from now, I will be admitted to a master's degree program."
- What do you see as an obstacle to achieving this result? What is the root cause of this obstacle? For instance, "I don't have enough savings to pay the program fees."
- Write the challenge in question form at the bottom of the model. For instance, "to be admitted to the master's program, despite the high number of people competing for the scholarship."
- What actions can you take to move past this obstacle?

Step 2. Ask participants to fill in and explain their Challenge Models to someone else. Then, in the large group, ask for a few volunteers to share their Challenge Models.

Points to Remember/Notes to Facilitator

- Walk the participants through the steps of using the Challenge Model, pointing out its different steps, one by one, on the flipchart.

- Use a simple example to demonstrate how the Challenge Model can be used for small or ambitious challenges, as well as both personal and professional challenges.

Assignments

Remind participants that in the next session, they will start working on a real health service delivery challenge. They should work with a real health facility to identify a challenge and bring a description of it to the next session, along with statistics related to the challenge. For instance, "low attendance to ANC, low rate of deliveries with a skilled birth attendant; low family planning coverage in the community, etc."

Session Closure

Invite participants to complete their personal challenge by scanning the environment for real data, refining their analysis, and developing a detailed action plan. The following session will help them go step by step to address a real work challenge.

References

Management Sciences for Health. Managers Who Lead: A Handbook for Improving Health Services. Cambridge, MA: Management Sciences for Health; 2005. Available at: http://www.msh.org/resource-center/managers-who-lead.cfm

Unit 2: Mission and Vision

Purpose of this Session

Participants will discover the power of aligning people around a common mission and powerful positive vision of the future. They also can learn how to create an organizational mission and develop a shared common vision.

Learning Objectives

At the end of the session, learners should be able to:

1. Explain the differences between mission and vision
2. Describe the elements of a good mission
3. Describe the process to develop a shared vision

Duration

1 hour, 30 minutes

Session Description

	ACTIVITY	TIME
1	Presentation: Mission and Vision	30 minutes
2	Exercise: Developing a Mission	15 minutes
3	Activity: Developing a Shared Vision	45 minutes

Preparation Required

- Read the *Facilitator´s Guide* notes, and view the PowerPoint slides for this unit. You might want to add your own notes to further guide you.
- Prepare copies of all handouts.
- Prepare the required flipcharts.

Materials/Equipment

- Computer/projector
- Flipchart
- Flipchart markers
- Tape

Resources/Handouts

- Handout: "The Challenge Model" (for the home assignment, participants received in the previous module)

Step-By-Step Process

Activity 1 (30 minutes)

Presentation: Mission and Vision

Step 1. Start the session asking participants to talk in pairs about these 3 questions:
- What is a mission?
- What is a vision?
- Why is it important to declare the organization mission and vision?

Step 2. Give participants the opportunity to share their answers in a plenary.

Step 3. Take note on the flipchart of the participants' comments, and use their own ideas to explain the importance of an organization mission and vision and the relationship between the 2.

Following the PowerPoint presentation, explain the elements of the mission, how to create it, how to develop a shared vision, and provide examples.

Activity 2 (15 minutes)

Exercise: Developing a Mission

Step 1. Ask participants to individually practice creating a mission of a primary health center by writing down the answers to the key questions:
- What does the health center do?
- Whom do they serve?
- How do they do it?
- Why do they do it?

Step 2. Invite participants, using the answers from the questions above, to write their mission statement, and share it in a plenary.

Step 3. Give opportunity to participants to provide feedback on the mission statements presented

If necessary, provide additional feedback.

Activity 3 (45 minutes)

Activity: Developing a Shared Vision

Step 1. Explain to the participants that now they are going to practice developing a shared vision. They will dream about the desired future of a health center. Ask them to think about the health center 2 years from now and imagine that they have overcome all problems and reached all their goals.

Step 2. Ask each participant to make a quick sketch of the image that comes to mind and represents these achievements.

Step 3. Divide the group in subgroups from 4 to 6 people each. Invite them to work in subgroups and share their sketches, and prepare one large drawing per subgroup flipchart size that captures the collective dream of the members in their group.

Step 4. Ask each subgroup to present its large drawing to the whole group. If necessary, have the group clarify parts of the drawing that are not clear.

Step 5. While the small groups present their drawings, take notes on the flipchart about the elements and concepts shown in the drawings.

Step 6. In the large group, review the elements and concepts that you recorded.

Step 7. After discussion, facilitate writing an inspiring vision statement based on the drawings.

Points to Remember/Notes to Facilitator

- During the vision exercise, assure people that this is not a drawing contest, and stick figures are fine. Explain that the reason you ask them to draw a picture, rather than use words, is to make sure the vision starts as something they can see.

Assignments

Explain to participants they will continue working on a real health service delivery challenge throughout this module. Before the next session, they should work with a real health facility to:

- Review or develop their health facility mission
- Create a health facility vision
- Bring the challenge model filled with all the steps to the next session to continue working on the health center challenge

Session Closure

Remind participants that leadership is about empowering others to face challenges and produce results. Their work with a real health facility is the opportunity to put into action the management and leadership practices.

References

Management Sciences for Health. *Managers Who Lead: A Handbook for Improving Health Services*. Cambridge, MA: Management Sciences for Health; 2005. Available at: http://www.msh.org/resource-center/managers-who-lead.cfm

Management Sciences for Health. *Health Systems in Action: an eHandbook for Leaders and Managers*. Cambridge, MA: Management Sciences for Health; 2010. Available at: http://www.msh.org/resource-center/managers-who-lead.cfm

Unit 3: Analyzing the Current Situation and Defining Expected Results

Purpose of this Session

During this session, participants have the opportunity to use the leading practices of scanning and focusing by identifying a real health facility service challenge, scanning the environment to understand it, and defining a measurable result they want to achieve. By defining measurable results, they will learn how to monitor and evaluate their achievements.

Learning Objectives

At the end of the session, learners should be able to:

1. Define the practice and identify methods of scanning
2. Analyze the current situation in work environments and identify critical challenges
3. Define measurable results that lead to address critical challenges

Duration

1 hour, 30 minutes

Session Description

	ACTIVITY	TIME
1	Presentation: Scanning the Current Situation	30 minutes
2	Presentation: Developing SMART Results	15 minutes
3	Exercise: Practicing SMART Results	45 minutes

Preparation Required

- Read the *Facilitator´s Guide* notes, and view PowerPoint slides for this unit. You might want to add your own notes to further guide you.
- Prepare copies of all handouts.
- Prepare the required flipcharts.

Materials/Equipment

- Computer/projector
- Flipchart
- Flipchart markers
- Tape

Resources/Handouts

- Flipchart with the Challenge Model
- Handouts: "Client Exit Interview," "Focus Group Guiding Questions," "Common Data Sources"
- Handout: "Developing SMART Results"
- Handout: "Elements of a Monitoring and Evaluation Plan"
- Handout: "Numerators and Denominators for Indicators"
- Handout: "Monitoring and Evaluation Planning Worksheet"

Step-By-Step Process

Activity 1 (30 minutes)

Presentation: Scanning the Current Situation

Step 1. Point out "Current Situation" on the Challenge Model flipchart, and explain they will continue filling in the Challenge Model. (They should have their challenge model with mission and vision). Now they should analyze where they are.

Step 2. Ask participants to reflect on their health center current situation in relation to the challenge they have already identified. Emphasize they should consider the positive and negative factors that could make it easier or harder for them to address their challenge.

Step 3. Listen to participants' suggestions, and take notes of their ideas on the flipchart, separating them into positive and negative factors.

Step 4. Explain that they may not know all the details without doing more scanning to collect missing data or to check the truth of their assumptions. This will be an assignment between this session and the next one. Tell them you will present alternatives to scan their current situation.

Step 5. Introduce the concept of scanning, explaining what needs to be investigated and some scanning methods they can use.

Handouts. **"**The Client Exit Interview" and "Focus Group Guiding Questions"

Step 6. Review handouts.

Step 7. Invite participants to scan to understand better the current situation in relation to their challenge.

Activity 2 (15 minutes)

Presentation: Developing SMART Results

Step 1. Point out "Current Situation" and "Measurable Result" on the Challenge Model flipchart. Ask participants to brainstorm potential results they can address, given the current situation they just described. Emphasize that the result should be achievable and measurable.

Step 2. Write 4 or 5 of their responses on a blank flipchart.

Step 3. Divide the group in pairs. Assign one pair to work on each result on the flipchart. If there are more pairs than results, 2 pairs may work on the same result. Guide participants through the criteria until the result is SMART.

Handout. "Developing SMART Results"

Step 4. Tell participants the results should be SMART, and explain each of the SMART criteria: Specific, Measurable, Appropriate, Realistic, and Time-bound.

Step 5. Explain that to make a result specific, it must contain an indicator. Ask them what an indicator is. Take some responses, and acknowledge definitions that were offered.

Step 6. Read the definition of an indicator from the flipchart, and explain the indicator is like a road sign: a milestone along a path. Complete the explanation by telling them you can measure most indicators directly through sight, verbal communication, and/or writing. They need to ask themselves, "What can we see, hear, or read that would indicate that the desired result has been achieved?"

Step 7. Further explain indicators with a common example. You can use examples such as body temperature. If someone has a high temperature or fever, his or her temperature is an indicator that the person is sick. Temperature is an indicator of someone's state of health.

Step 8. Explain for their SMART result, they will select an indicator that applies to their health center or community, and that will let them know if they are getting closer to their result.

Handout. "Elements of a Monitoring and Evaluation Plan"

Step 9. Invite participants to look at the requirements for an indicator on the handout "Elements of a Monitoring and Evaluation Plan." Then look at the description of a data source on the "Common Data Sources" handout.

Activity 3 (45 minutes)

Exercise: Practicing SMART Results

Step 1. Give time to the pairs to select an indicator and data sources related to their measurable result. Ask them to try their indicators with these 4 questions:

- Can the indicator be measured?
- Would the data source be easy to access?
- Would they be able to collect the data without added costs?
- Is it important to disaggregate by sex?

Step 2. Review the indicators in a plenary and provide feedback as to whether the indicator can be measured and whether the team will be able to collect the data.

Step 3. Explain they should make their result measurable (M) by always stating a baseline value for the indicator at the beginning of process. Explain the result

also states the target: the value of the indicator that the team is aiming to achieve for the current project. They will track the indicators month by month to show how progress has been made toward the target.

Handouts. "Numerators and Denominators for Indicators" and "Monitoring and Evaluation Planning Worksheet"

Step 4. Invite them to fill in the Monitoring and Evaluation Planning Worksheet. Explain that the baseline and target always have a numerator and a denominator. Invite them to select a numerator and denominator for the indicator they have chosen.

Step 5. Explain that although they don't have access to data sources today, they do have general knowledge of the current situation. Ask them to use what they know to come up with possible baseline and target values for their indicator. They will collect hard data as homework before the next session.

Step 6. Ask participants to remain in pairs and discuss the next 3 SMART criteria (Appropriate, Realistic, and Time-bound).

Step 7. Invite each pair to present its proposed result. Determine together whether each result meets all SMART criteria. Encourage discussion and debate.

Step 8. Explain that in the M&E module, there will be more extensive training on both Data Sources and Indicator Selection.

Points to Remember/Notes to Facilitator

- When participants are scanning the current situation related to the challenge they chose, suggest that participants look at such factors as organizational and personal needs, concerns, time available, and strengths and weaknesses of the team. They might also look at external factors such as community priorities, human and financial resources, government policies, and laws.
- When developing SMART results, people will often answer by describing an activity (e.g. to train, to improve, to collect, etc.). Emphasize that a result is not an action or activity but something that refers to the outcome of the activity. See the example at the bottom of the handout "Developing SMART Results."
- Indicators should be expressed in neutral terms without words such as "improved" or "decreased" (e.g. the indicator is "temperature"; not "higher or lower temperature."). The words "increase" or "improve" can be put in the measurable result statement.

Assignments

The assignment between this session and the next one is to work with the health facility team to:

- Complete the current situation description by collecting missing data or checking the truth of their assumptions
- Review and adjust the SMART result
- Collect baseline data related to the indicators

Session Closure

Close the session asking questions to be sure participants understand what the assignments are. Remind them that leadership is the ability to empower others to achieve results. That is why they can use the leading and managing practices to engage and commit the facility team to work with them in addressing the challenge they chose.

References

Management Sciences for Health. *Managers Who Lead: A Handbook for Improving Health Services*. Cambridge, MA: Management Sciences for Health; 2005.
Available at: http://www.msh.org/resource-center/managers-who-lead.cfm

Management Sciences for Health. *Health Systems in Action, an eHandbook for Leaders and Managers* Cambridge, MA: Management Sciences for Health; 2010.
Available at: http://www.msh.org/resource-center/managers-who-lead.cfm

Unit 4: Analyzing the Root Causes of the Obstacles and Selecting Interventions

Purpose of this Session

Through this session, participants will become aware of the large number of problems that exist in health service delivery and, consequently, the importance of focusing on priorities. At the same time, when focusing on a specific problem, participants should analyze it carefully to implement the appropriate interventions that go to the root of the problem — instead of just minimizing the symptoms.

Learning Objectives

At the end of the session, learners should be able to:

1. Explain what focusing means and what tools can be used to help focus the team
2. Apply problem-solving tools to analyze the root causes of challenges
3. Identify interventions that are gender-transformative, and address identified challenges

Duration

2 hours, 30 minutes

Session Description

	ACTIVITY	TIME
1	Presentation: Practice of Focusing, Tools, and Process for Analyzing Obstacles	20 minutes
2	Exercise: Selecting Obstacles By Using the Priority Matrix	40 minutes
3	Exercise: Root-Cause Analysis by Using the Why, Why, Why Technique	30 minutes
4	Exercise: Brainstorm Priority Actions to Address the Root Causes	30 minutes
5	Presentation: The Gender Continuum to Evaluate the Selection of Interventions	30 minutes

Preparation Required

- Read the *Facilitator´s Guide* notes and view the PowerPoint slides for this unit. You might want to add your own notes to further guide you.
- Prepare copies of all handouts.
- Prepare the required flipcharts.

Materials/Equipment

- Computer/projector
- Flipchart
- Flipchart markers
- Tape

Resources/Handouts

- Handout: "Categories of Obstacles"
- Handout: "Priority Matrix"
- Handout: "The Five Whys Technique"
- Handout: "Gender Continuum Framework"
- Handout: "Gender Continuum Scenarios"

Step-By-Step Process

Activity 1 (20 minutes)

Presentation: Practice of Focusing, Tools, and Process for Analyzing Obstacles

Step 1. Start the session asking participants, *"What is the difference between having control of something and having influence on it?"*

Step 2. Give some participants the opportunity to share their answers to the questions in plenary.

Step 3. Take participants' comments and, by using their own ideas, explain the need to focus on things they have control of and start from there. Show the slide with quote from Mahatma Gandhi: "If you want to change the world, start with yourself." Explain how when starting to change things we have control over, we will lead by example and will more likely influence others to change, but not all the way around.

Step 4. Using the PowerPoint presentation, explain practice of focusing and tools for analyzing obstacles and prioritizing actions.

Step 5. Finalize the presentation by inviting participants to practice root cause analysis with their own challenges.

Activity 2 (40 minutes)

Exercise: Selecting Obstacles By Using the Priority Matrix

Step 1. Divide the group in subgroups of 3 to 4 people. Invite them to choose one of their SMART results developed from the previous session.

Step 2. Introduce the exercise, reminding teams that when they select obstacles to address their SMART results, they should focus on things they have control of. They should also select the most important barriers to address their measurable result. There might be 10 obstacles, but maybe 1 causes the majority of the problems. Give an example.

Handout. "Categories of Obstacles"

Step 3. Explain the categories of obstacles by using examples: policies, procedures, equipment, infrastructure and supplies, providers, and beneficiaries. For

instance, in terms of policy, there may be a policy problem if health providers require husbands to sign for the human immunodeficiency virus (HIV) testing of married women. In terms of procedure, maybe women have to pass through many steps before receiving a service, making it long and tiring, etc. In terms of providers, maybe they are not motivated to provide the particular service, or it could be that they need additional skills. In terms of equipment, infrastructure, and supplies, there could be a shortage of test kits, or the clinic could be lacking a private room to provide counseling. In terms of beneficiaries, it could be that women or their husbands are reluctant to adopt prevention of mother-to-child transmission (PMTCT) or can't pay for transportation costs to the facility.

Handout. "Priority Matrix"

Step 4. **I**nvite participants to brainstorm in their team about the main obstacles, taking into account all categories and filling the first column of the Priority Matrix.

Step 5. After doing their brainstorm, ask participants to prioritize the obstacles by scoring each obstacle from 1 to 3 in each of the 3 criteria: Importance, frequency in which the obstacle occurs, and feasibility to be solved by the team. They will give 1 if the obstacle scores low in that criteria, 2 if it is in the middle, and 3 if it is very important, common, and feasible. Invite them to sum the scores for a total. If some obstacles get the same score, review their scores, comparing among them by saying, "Which of these 2 obstacles is more important?" Or, "Which of this 2 appears more frequently?"

Step 6. Invite participants to select the 3 main obstacles to analyze their root causes in the next exercise.

Activity 3 (30 minutes)

Exercise: Root-Cause Analysis by Using the Why, Why, Why Technique

Handout. "Five Whys Technique"

Step 1. Invite participants to read handout aloud. Each person can read a different paragraph.

Step 2. Invite participants to continue working in the same teams they did the Priority Matrix and use the Five Whys Technique to identify the root cause of the 3 obstacles they prioritized in the previous activity.

Step 3. After 20 minutes, give teams the opportunity to share one of their obstacles and its root cause analysis. Provide feedback if necessary.

Activity 4 (30 minutes)

Exercise: Brainstorm Priority Actions to Address the Root Causes

Step 1. Invite participants to continue working in the same teams and brainstorm interventions or priority actions that can address each of the root causes. Explain they should go further than just suggest "training" for all obstacles identified.

Step 2. Suggest to the teams to try their interventions by asking the following questions:

- Are we able to implement this intervention/priority action?
- Has this intervention been implemented in the past to solve the same problem? Did it work? If not, why it will work this time?
- Are there other ways to obtain the same result? Why are we selecting this intervention in particular?

Step 3. After 15 minutes, give some teams the opportunity to share one of their root causes and interventions. Provide feedback if necessary.

Activity 5 (30 minutes)

Presentation: The Gender Continuum to Evaluate the Selection of Interventions

Step 1. Start the session explaining how gender issues could affect the provision and use of health services. Remind them when they did the root cause analysis, they also explored how gender issues are crosscutting and are important to take into account. Now in the process of selecting their interventions, it is important to be gender-aware and select interventions that promote gender equity.

Handout. "Gender Integration Continuum Framework"

Step 2. Ask questions about what they think *gender-aware* and *gender-blind* means.

Step 3. Following the PowerPoint presentation, explain the framework and its definitions.

Handout. "Gender Integration Continuum Scenarios"

Step 4. Invite participants to read it and in pairs classify them according to the "Gender Continuum Framework."

Step 5. After 10 minutes, give the opportunity for pairs to share their analysis case by case, and provide feedback if necessary.

Step 6. Ask participants to analyze the list of interventions selected to address the root causes of their challenge and classify them as *exploitative*, *accommodating*, or *transformative*.

Step 7. Give opportunity to some participants to share. Listen to the classification proposed, and correct if necessary. Close the session reinforcing the importance of analyzing the interventions with a gender perspective to be sure they are gender-transformative or at least do no harm. They will add this work to their session assignment.

Points to Remember/Notes to Facilitator

- Participants should work with the same real challenge as they do throughout the entire module. They should involve people from a health facility, and work with them between sessions to complete the challenge model and action plan.
- Reinforce how focusing and prioritizing are key leadership practices. Explain how if there are many problems, good managers who lead are good at prioritizing and going step by step to solve one problem at a time. Going step by step can take you a long way down the road.
- Please note that gender is also a cross-cutting issue that needs to be taken into account in conducting a root cause analysis. There are many examples of how gender could affect the provision and use of health services in all categories. Policies can restrict women's access to services (e.g., women often need "permission" to go out of the house, or provider attitudes can be biased and therefore limit women's use of services in general).

Assignments

The assignment for this session is to work with the health facility team to:

- Identify the obstacles to address their SMART result, using the Priority Matrix
- Do the root cause analysis using the Five Whys technique
- Select the appropriate interventions to address the root causes
- Evaluate their interventions using the gender continuum framework

Session Closure

Close the session reminding participants that through the entire program they will be practicing the leading and managing practices, as well as using the Challenge Model as a means of addressing challenges. They have already started practicing scanning and focusing. They will continue the next unit practicing planning and organizing work with the health facility to implement the selected priority actions in order to achieve their SMART result.

References

Management Sciences for Health. *Managers Who Lead: A Handbook for Improving Health Services*. Cambridge, MA: Management Sciences for Health; 2005.
Available at: http://www.msh.org/resource-center/managers-who-lead.cfm

Interagency Gender Working Group. Gender Integration Continuum. Washington, DC: USAID; 2002.
Available at: http://www.igwg.org/igwg_media/Training/FG_GendrIntegrContinuum.pdf

Unit 5: Developing an Action Plan and Improving Implementation Effectiveness

Purpose of this Session

During this session, participants will put into action the management practices of planning, organizing, and implementing. They will use these practices while implementing their action plan in coordination with a health facility. At the same time, they have to use the leading practice of aligning and mobilizing people and resources to be able to implement their action plan.

Learning Objectives

At the end of the session, learners should be able to:

1. Develop an action plan with specific and enough activities that address the root cause identified
2. Propose strategies that assure action plan-effective implementation

Duration

1 hour, 30 minutes

Session Description

	ACTIVITY	TIME
1	Presentation: The Process for Developing a Sound Action Plan	30 minutes
2	Discussion: Strategies that Effectiveness of Assure Action Plan Implementation	60 minutes

Preparation Required

Read the *Facilitator´s Guide* notes, and view the PowerPoint slides for this unit. You might want to add your own notes to further guide you.

- Prepare copies of all handouts.
- Prepare the required flipcharts.

Materials/Equipment

- Computer/projector
- Flipchart
- Flipchart markers
- Tape

Resources/Handouts

- Handout: "Action Plan for Team" (blank)
- Handout: "Quick Check on the Quality of an Action Plan"
- Prepared flipcharts with a blank Action Plan

Step-By-Step Process

Activity 1 (30 minutes)

Presentation: The Process for Developing a Sound Action Plan

Handouts. "Action Plan for Team" (blank) and "Quick Check on the Quality of an Action Plan"

Step 1. Using the prepared flipchart with a blank Action Plan, demonstrate how to fill in the action plan. Invite participants to give their ideas and start by making a list of all activities needed to complete each intervention or priority action.

Step 2. After filling in the activities, continue with people responsible, resources, and timeline.

Step 3. Invite participants to check the Action Plan using the questions in the handout "Quick Check on the Quality of an Action Plan." Give participants the opportunity to share the answers to the questions in plenary.

Step 4. Close the session inviting them to do the same process with the health facility team and to complete their action plan by the next session.

Activity 2 (60 minutes)

Discussion: Strategies that Effectiveness of Assure Action Plan Implementation

Step 1. Form groups of 4 or 6, and ask them to discuss the following questions:

- What are the main obstacles you can find to successfully implement your action plan and obtain your SMART result?
- What strategies can help flawless implementation?

Step 2. Give 10 minutes to discuss, and invite teams to share the obstacles in plenary.

Step 3. Take notes on one flipchart about the obstacles presented.

Step 4. Invite participants to share their ideas on strategies for successful implementation.

Step 5. Using some participant comments, introduce your PowerPoint presentation about good strategies to assure flawless implementation using the leading and managing practices.

Step 6. Invite participants to put into action these strategies, demonstrating their leadership with the health facility they are working with.

Points to Remember/Notes to Facilitator

- Some activities, especially those related to aligning and mobilizing, may not fit under any of the priority actions, but they are still important.
- When explaining how to plan and implement their action plan with the health facility, emphasize the use of the 4 leading and 4 managing practices.

Assignments

The assignment for this session is to work with the health facility team to:

- Develop an action plan with detailed activities, people responsible, resources needed, and timeline for each of the priority actions or interventions.

Session Closure

Explain that this is the last unit of Module 3 related to how to use the leading and managing practices as well as the Challenge Model to solve problems and achieve results. The following module will be related to M&E, providing useful frameworks, and tools to monitor and evaluate results.

References

Management Sciences for Health. *Managers Who Lead: A Handbook for Improving Health Services*. Cambridge, MA: Management Sciences for Health; 2005.
Available at: http://www.msh.org/resource-center/managers-who-lead.cfm

Management Sciences for Health. *Health Systems in Action: an eHandbook for Leaders and Managers* Cambridge, MA: Management Sciences for Health; 2010.
Available at: http://www.msh.org/resource-center/managers-who-lead.cfm

Module 3 Handouts

Unit 1: Using the Challenge Model

- "Using the Challenge Model"
- "The Challenge Model"

Unit 3: Analyzing the Current Situation and Defining Expected Results

- "Client Exit Interview"
- "Focus Group Guiding Questions"
- "Common Data Sources"
- "Developing SMART Results"
- "Elements of a Monitoring and Evaluation Plan"
- "Numerators and Denominators for Indicators"
- "Monitoring and Evaluation Planning Worksheet"

Unit 4: Analyzing the Root Causes of the Obstacles and Selecting Interventions

- "Categories of Obstacles"
- "Priority Matrix"
- "The Five Whys Technique"
- "Gender Continuum Framework"
- "Gender Continuum Scenarios"

Unit 5: Developing an Action Plan and Improving Implementation Effectiveness

- "Action Plan for Team" (blank)
- "Quick Check on the Quality of an Action Plan"

Using the Challenge Model

Step 1. Review your organizational mission and strategic priorities

With your team, agree on a common understanding of your organization's mission and strategic priorities. This understanding will help shape your vision within the context of your organization´s priorities.

Step 2. Create a shared vision of the future

With your team, imagine what you and others will see when your team has made its contribution to improvements in your organization's strategic priorities. This shared vision will inspire the team to face each new challenge.

Step 3. Assess the current situation

With your team, scan your internal and external environments within the context of your organization's priorities. Consider such factors as the prevalence of the health problem, government policies, and current interventions. Describe what is rather than what the problem is. This will help you identify the challenges and select your measurable result.

Step 4. Agree on one measurable result

Based on your organization priorities and your current situation, define a measurable result that can be achieved within the time frame of this LDP+. This desired measurable result is what will drive your work together and allow you to monitor and evaluate your progress toward achieving it. Your team will most likely need to adjust the result as you gain more information about the current situation and the obstacles you need to overcome.

Step 5. Identify the obstacles and their root causes

Make a list of obstacles that you and your team will have to overcome to reach your stated result. Consider gender equity issues and four broad categories into which most obstacles fall: policies and procedures; providers; equipment, infrastructure, and supplies; clients and communities. Use a root cause analysis tool to understand why the current situation isn´t better and what factors maintain the status quo so you can address the causes and not just the symptoms.

Step 6. Define your key challenge

State what your team plans to achieve (your measurable result) in light of the root causes of the obstacles you have identified. It helps to begin your challenge statement with: "How will we (your measurable result) given that (your main obstacles)?"

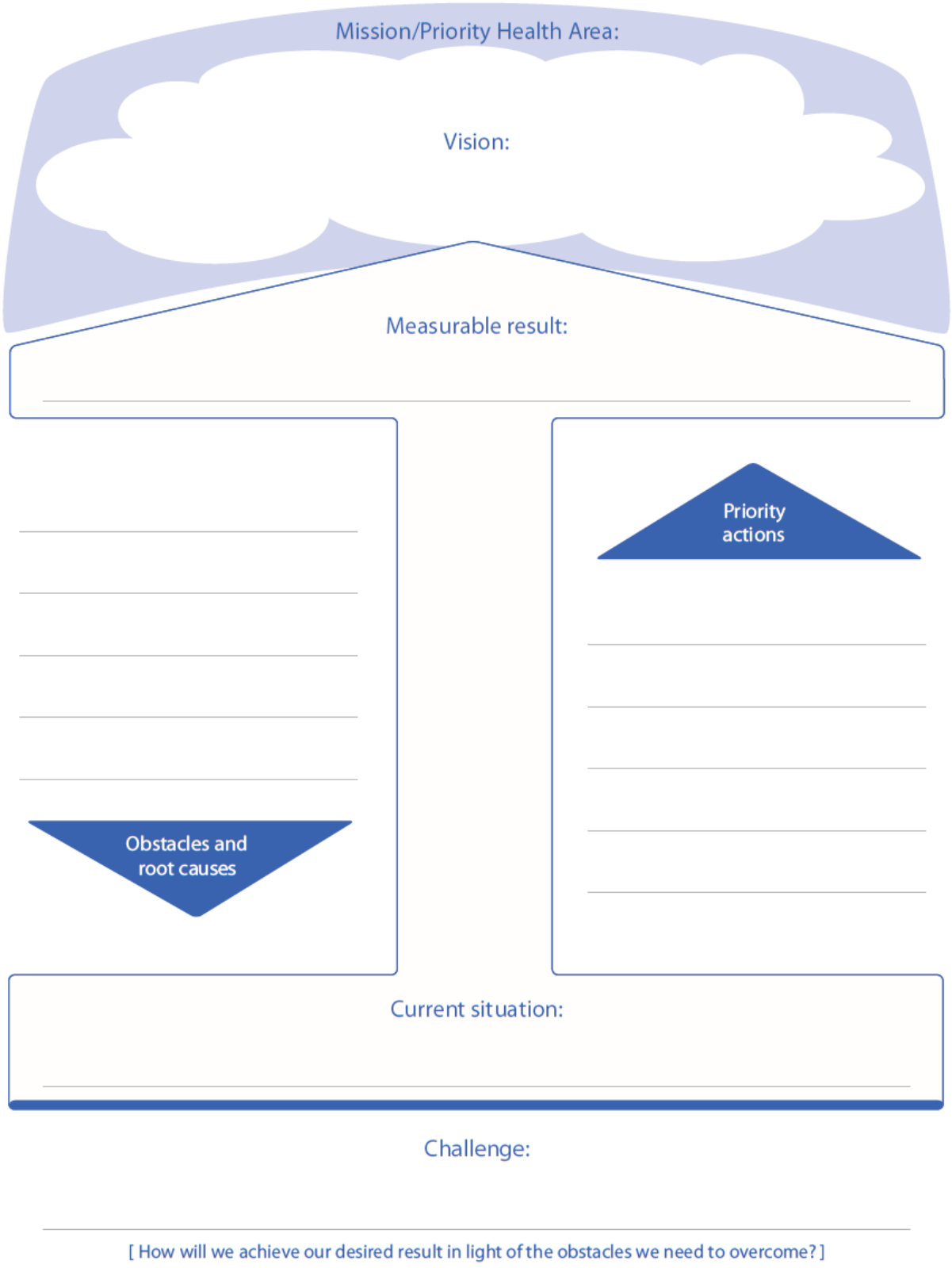
Step 7. Select priority actions

Select key interventions that can address the root causes of each of the main obstacles identified. Be creative and avoid proposing interventions that have been already implemented without results. The process is not linear; one intervention may contribute to address two or more obstacles.

Step 8. Develop an Action Plan

Develop an Action Plan that details activities needed for each priority actions to meet your challenge. Include estimates of the human, material, and financial resources needed and the time line for implementing your actions.

The Challenge Model



TOOL: CLIENT EXIT INTERVIEW

Introduction to Clients:
We want to learn how to make this health facility serve its clients in the best way it can. Can you please answer a few questions so that we can learn from your experience about what is needed at this facility?

Questions:

1. How often do you come here?

2. What did you hope to get from this visit? Did you get it?

3. Why do you use the services at this facility?

4. What do you like/dislike about the services at this facility?

5. What is the most important reason you use this facility? Why is that important to you?

6. How do you feel now, as you leave the facility?

FOCUS GROUP GUIDING QUESTIONS

Group:
From five to ten participants from the community who use health services. The process can take from one-half hour to one hour. Have someone in the room with you who can take notes as participants respond to the questions.

Begin: Introduce yourself and say:

- I am here to learn about the health needs in your community and your expectations of your health service facility.
- I am going to ask several questions.
- We want to hear both what is working well and what needs to be improved, so please speak freely.

Questions:
Some questions list examples of prompts that may help you get additional details, presented as bullets below the question. Use these as appropriate depending on the responses you receive.

1. What are the most important health needs in this community? How are those needs being met?

2. What are your reasons for coming to the health facility?

3. What is your experience when you are at the facility?
   - How did you feel you were treated?
   - What needs improvement first?

4. If you gave advice to the health care providers, what would you tell them??

5. What do you tell others about the health facility?
   - When you tell people this facility is a good place to go, what do you say is good about it? OR When you tell people this facility is not a good place to go, what do you tell them is wrong with it?

6. What health services would you like to see here that you have seen or heard about somewhere else?
   - Why would you like the health service(s) to be available?

7. If you described the best health facility, what would it be like?

8. What have you seen yourself, or heard about, that happened in the health facility that you would not like to see happen to you or to anybody else?

9. What would you describe as the worst thing in the health service? Why?

10. If you have the chance to change something in the health service, what would you like to change or see done differently?
    - What would be the first thing to change? Why?
    - What would come after that? Why?
    - What else? Why?

Common Data Sources

Policy or Governmental Program Level

Data Sources:

- Official documents and records (legislative and administrative documents)
- National budgets or other accounts
- Policy inquiries
- Websites

Services Level

Data Sources:

- Facility records (service statistics, HMIS data, financial data)
- Inventories or facility assessment surveys
- Provider performance or competency assessments, training records, quality-of-care data
- Client visit registers

Population Level

Data Sources:

- Government census
- Vital registration systems (birth and death certificates)
- Sentinel surveillance systems
- Household or individual surveys

Individual Level

Data Sources:

- Case surveillance for specific diseases
- Medical records
- Interview data (e.g., client exit interviews)
- Observation of provider-client interactions

Developing SMART Results

To meet the **SMART** criteria, results must be:

Specific

- Is the result clear so that others can understand what it will look like when it is accomplished?
- Does your result have an indicator of what will change over time?
- Is your result limited to 1 to 2 indicators?

Measurable

- Can progress towards the result be measured using numbers, rates, proportions or percentages?
- Does the result state a baseline value for the indicator?
- Does it state a target value for the indicator?
- Is the indicator expressed in numbers as well as in percentages?

Appropriate

- Is the result aligned with the strategic priority of your organization and your team?

Realistic

- Can your team achieve this result with your current activities and resources?

Time-bound

- Does your result have a start date and an end date?

Example of a SMART result for an improvement project whose priority health area is preventing the spread of HIV & AIDS:

Between January and July 2012, the number of fully functioning voluntary counseling and testing sites, as per MOH standards, in the district will increase by 50%, from 6 to 9.

By looking at the measurable result, you will see that it is Specific, Measurable, and Time-bound.

Start and end dates: *Between January and July 2012* (Time-bound)

Indicator: *the number of fully functioning voluntary counseling and testing sites, as per MOH standards, in the district* (Specific)

Percent, baseline, target: *will increase by 50%, from 6 to 9.* (Measurable)

By looking at data sources and discussing their situation, team members would be able to confirm that it was Appropriate and Realistic. Let us assume that this result is both appropriate given the team's authority and mandate, and realistic (at least at the moment).

Elements of a Monitoring and Evaluation Plan

1. **Indicator—a measurement of progress towards a result**
   Each indicator should be stated using clear terms that are easy to understand, and should measure only one thing at a time. If there is more than one thing to measure in the indicator, it should be restated as separate indicators.

2. **Definition of an indicator**
   Provide a detailed definition of the indicator and the terms used, to ensure that different people at different times would collect identical types of data for that indicator, and measure it the same way. When possible, include a numerator and denominator with the description of how the indicator measurement will be calculated.

3. **Baseline (in relationship to your intended result)**
   Collect the measurement of indicators of the situation before activities begin. This provides the starting point for tracking changes in the indicators over the life of an action plan.

4. **Data source**
   Specify the data source for each indicator. Examples of data sources include facility records, surveys, Websites, published research, and health information systems (HIS). Consider the pros and cons of each source (accuracy, availability, cost, etc.) to ensure access to the data.

5. **Data collection method**
   Specify the method or approach for collecting data for each indicator. For primary data (data that teams collect themselves), note the type of instrument needed to gather the data (e.g., structured questionnaires, direct observation forms, scales to weigh infants).

   For indicators based on secondary data (data from existing sources), give the method of calculating the indicator.

6. **Frequency of data collection**
   Note the timing of data collection for each indicator. Depending on the indicator, this may be monthly, quarterly, annually, or even less frequently. Baseline data are collected for each indicator before activities begin.

7. **Responsibility for collecting data**
   Identify who is responsible for data collection. Responsibility should be assigned to a specific office, team, or individual.

Numerators and Denominators for Indicators

Numerators and denominators

The numerator and the denominator represent two groups of people, events, or documents that you compare.

The numerator is a subgroup of the denominator. (See example below.)

When you put the numerator over the denominator, you create a fraction (X/Y) that you can use to calculate percentages, proportions, and other rates to show how things are changing.

- **The numerator** is the actual number of people or events that exhibit a particular trait.
  - *Example:* The number of women attending antenatal clinics in Makumba District who receive counselling and testing services.
- **The denominator** is the total number of possible people or events that exhibit that trait
  - *Example:* The total number of women attending antenatal clinics in Makumba District.
  - The denominator you choose should:
    - Be relevant to the intervention you are implementing.
    - Include only units (e.g., people, clinics, households) that could be affected by your intervention.

How to use numerators and denominators

If you simply count the number of women who received HIV counselling and testing in the past 6 months, and find that the number is 280, it is difficult to know if that is a significant achievement.

But you can know if this is a significant achievement if you know that 300 women attended antenatal clinics in Makumba District in the 6 months. If you know that, then you know that 80% percent of those women received counselling and testing services.

(280 out of 300 women, or 280/300 = .80 = 80%).

If the total number of women attending antenatal clinics in Makumba District was 600, then only 40% of those women received counselling and testing services.

(280 out of 600 women, or 280/600 = .40 = 40%).

The numerator remains the same (280), but the denominator (either 300 or 600 in these cases) provides information on the scope of the result.

As you can see, different denominators can have dramatic effects on the results!

Monitoring and Evaluation Planning Worksheet

INDICATOR	INDICATOR DEFINITION	BASELINE	MO 1	MO 2	MO 3	MO 4	MO 5	MO 6	GOAL	DATA SOURCE	DATA COLLECTION FREQUENCY	RESPONSIBILITY
	What is the definition of the numerator? What is the definition of the denominator?	What is the value of the indicator the month before beginning LDP+ activities?							What goal have you set for the value of the indicator by the end of LDP+ activities?	Where will we get the data to measure this indicator?	How often will we collect the data?	Who is the person responsible for data collection?
		Numerator										
		Denominator										
		Percent (Numerator/ Denominator)										

Categories of Obstacles

As you consider the obstacles that are in the way of achieving your result, consider these common categories of obstacles. . Please note that gender is also a cross-cutting issue that needs to be taken into account in conducting this analysis. There are many examples of how gender could affect the provision and use of rehabilitation services in all categories. For example, policies can restrict women's access to services, (e.g., women often need "permission" to go out of the house or provider attitudes can be biased and therefore limit women's use of services in general.

1. **Policies and procedures**
   They can be norms, standards, guidelines, etc.

2. **Providers**
   The obstacle can be related to the number of service providers, their knowledge, their attitudes, their skills, etc.

3. **Equipment, infrastructure, and supplies**
   The obstacle can be related to the quality and quantity of equipment, if it is usable and available, the layout of the clinic, the stocks of basic medicines and supplies, etc.

4. **Patients, clients, individuals, or communities**
   The obstacle can be related to client knowledge, skills, and attitudes; community awareness and socio-cultural conditions that impact the delivery of services, etc.

Priority Matrix

Score each obstacle from 1 to 3 in each of the three criteria: Importance, frequency in which the obstacle appears and feasibility to be solved by the team. You will score 1 if the obstacle is low in those criteria, 2 if it is medium and 3 if it is high. If some obstacles get the same score, review their scores comparing among them by saying. Which of these two obstacles is more important? Or which of this two appears more frequently etc.

	Obstacle	Importance, how much affects	Frequency in which it appears	Feasibility to be solved by the team	Total
	Policies and procedures				
1					
2					
3					
4					
	Providers				
5					
6					
7					
8					
	Infrastructure, equipment, supplies				
9					
10					
11					
12					
	Beneficiaries: Patients, clients, individual or communities				
13					
14					
15					
16					

The Five Whys Technique

Purpose

The Five Whys exercise is a questioning technique, developed by Imai Masaaki, for getting beyond obvious symptoms and identifying the primary, or root, causes of a problem. Asking "why" five times prevents mistaking symptoms for causes, so that you can work on addressing the underlying factors that are causing the problem rather than working on the wrong causal factor.

Process

When you are working with a cause-and-effect diagram and have identified a probable cause, ask, "Why is that true?" or "Why is that happening?" To each answer, ask "why" again. Continue asking "why" at least five times, until the answer is "That is just the way it is," or "That is just what happened." The questioning will help you to arrive at a deeper understanding of the causes keeping the current situation as is.

Be sure that you are asking about things that are in your sphere of influence to affect. If you find yourself talking about conditions such as "the economy" or the "level of literacy," begin again and go down the chain of "whys" so that you are sure that you are discussing something you can affect.

To practice this method, take a current situation that you would like to change.

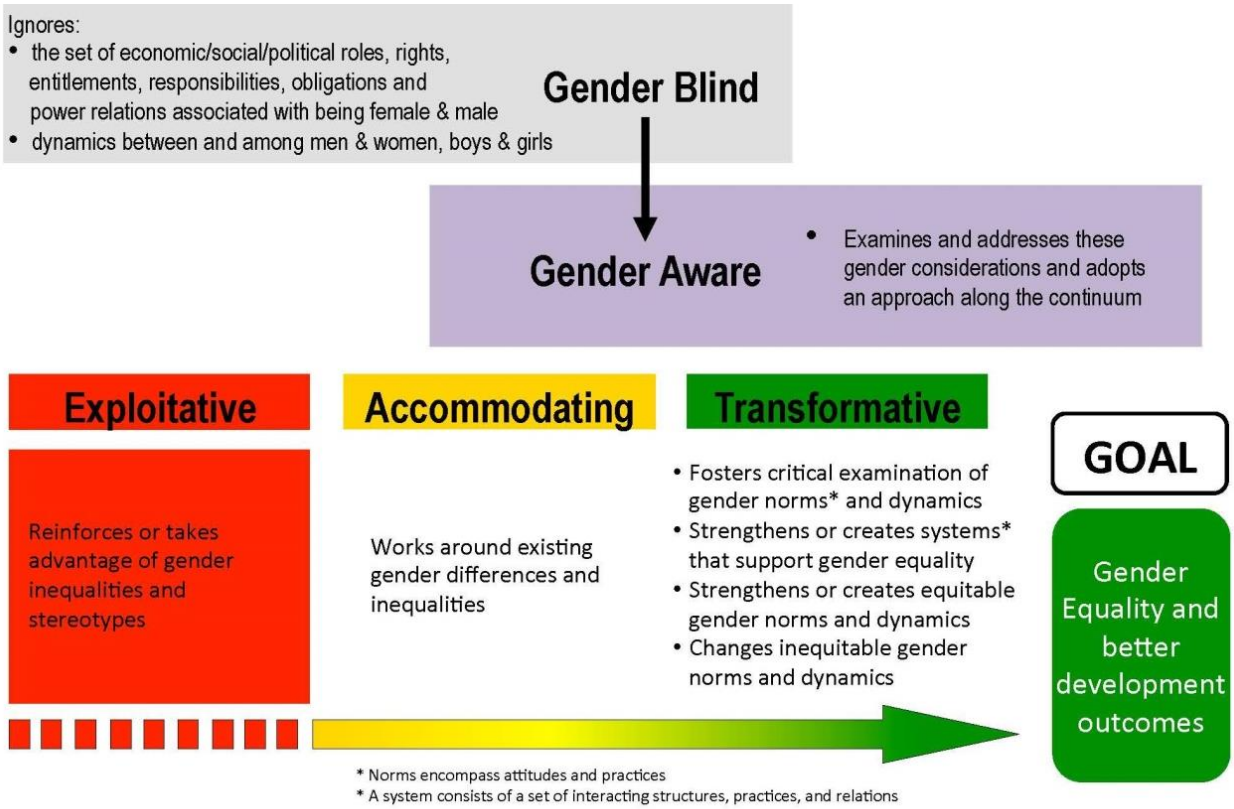
For example, the **cold chain frequently breaks down, interrupting vaccination campaigns:**

- **Why** is the current situation like this? Response: Because there is **no backup** during power outages.
- **Why** is this so? Response: Because there was **no money** in the budget for a backup arrangement.
- **Why** is this so? Response: Because **no one thought about it** when the budget was made.
- **Why** is this so? Response: Because the budget was **made by an accountant who does not know the importance** of an uninterrupted cold chain.
- **Why** is this so? Response: Because **technical experts do not get involved** in budgeting.

At this point you might see that what is missing is more involvement of technical experts in setting budgets.

Note: It is possible that asking "why" three times is sufficient. You may stop when you reach a point when you respond, "That is how things are, that is life…" or when you are no longer able to find a useful response.

Gender Continuum Framework



There is a continuum on the type of interventions categorized by how they treat gender norms and inequities in the design, implementation, and evaluation of interventions.[23]

Gender blind interventions/actions give no prior consideration for how gender norms and unequal power relations and the dynamic among men and women, boys and girls affect the achievement of the interventions, or how the interventions impact gender.

Gender aware interventions/actions examine and address how gender norms, dynamics between female and male and unequal power relations affect the anticipated gender-related outcomes during both design and implementation.

Gender exploitative interventions/actions intentionally or unintentionally reinforce or take advantage of rigid gender norms, stereotypes, and existing imbalances in power to achieve the health interventions objectives. The approach exacerbates inequalities.

Gender accommodating interventions/actions acknowledge, but work around gender differences and inequalities to achieve program objectives. Although this approach may result in short term benefits, it does not attempt to reduce gender inequality or address the gender systems that contribute to the differences.

[23] WHO/ICRW (2002). *Guidelines for Integrating Gender into HIV/AIDS Programmes*. http://www.igwg.org/igwg_media/Training/FG_GendrIntegrContinuum.pdf Used by permission.

Gender transformative interventions/actions seek to transform gender relations to promote equality and achieve program objectives.

This approach attempts to promote gender equality by:

1. Fostering critical examination of inequalities and gender roles, norms, and dynamics;
2. Recognizing and strengthening positive norms that support equality and an enabling environment;
3. Promoting the relative position of women, girls, and marginalized groups, and transforming the underlying social structures, policies, and broadly held social norms that perpetuate gender inequalities.

Take away messages:

This continuum can be used as a diagnostic tool or a planning framework. In either case, it reflects a two-tiered process of analysis that begins with determining whether interventions are "gender blind" or "gender aware," and then considers whether they are exploitative, accommodating, or transformative.

As a planning framework, it can help determine how to move along the continuum toward more transformative gender programming. In this context, it is important to emphasize that programmatic interventions should always aim to be "gender aware," and to move towards "transformative gender programming."

The most important consideration is to ensure that the program does not adopt an exploitative approach in keeping with the fundamental principle in development of DOING NO HARM. The tool attempts to reflect this visually, using the color red and the dotted line to highlight that while some interventions may be, or contain elements that are (intentionally or unintentionally) exploitative, the aim should always be to move them towards transformative approaches.

Gender blind interventions may be unintentionally exploitative or accommodating. They are much less likely to be transformative, as this approach presumes a proactive and intentional effort to promote gender equality.

The continuum reflects a spectrum - a particular project may not fall neatly under one type of approach, and may include, for example, both accommodating and transformative elements.

Transformative elements can be integrated into ongoing projects, without having to start the project over.

Gender Continuum Scenarios

Scenario 1

A PMTCT (prevention of mother-to -child transmission of HIV) program faces the challenge of low male support to women in accessing the service. One of PMTCT strategies is to test women for HIV during their antenatal care (ANC) visits. In cases where women are HIV positive, they are encouraged to bring their partners to be tested. Women are afraid to disclose their HIV status to their husbands, so they don't invite them to come to be tested. The community health workers started an intervention to involve community and religious leaders in sensitizing men about their role in the pregnancy, their shared responsibility of taking good care of the health and safety of their wives, and to their unborn children. They encourage male partners to join their wives at the ANC visits. With this intervention, male involvement in ANC and VTC (HIV voluntary counselling and testing) is increasing. Now, men and women are counselled and tested together, giving the opportunity to disclose their status with appropriate post-test counselling.

Scenario 2

In an effort to increase contraceptive use and male involvement in it, a family planning project started a campaign encouraging men to participate in family planning decision-making. The campaign reinforced messages such as: "It is your choice;" "It is easy to be a winner;" "Play the game right;" "You are in control." As a result of the campaign, the use of contraceptive methods increased. However, when they were evaluating impact, they found out men interpreted the campaign messages to mean that family planning decisions should be made by men alone.

Scenario 3

In a rural and very traditional community, the use of contraceptive methods was very low. Males believed that they should have all the children God sends them—and that if their wives wanted to use a family planning method, she was unfaithful and having other partners. Women, on the other hand, were aware of the importance of spacing their pregnancies to take care of their own health and limit their children so they could take good care of them. The family planning program started promoting the injection. They explained to women that their husbands didn't need to know they were using a family planning method; they just need to come to the clinic every two or three months to get the injection. The number of women using contraceptives increased and the injection became the most popular family planning method among women.

Action Plan for Team

Challenge:		**Indicator(s):**		
Desired measurable result:				
Priority actions:				
Activities	**Person responsible**	**Start date**	**End date**	**Resources**

Quick Check on the Quality of an Action Plan

To check the quality and logic of your Action Plan, answer the following questions:

- Are there activities for each of the priority actions?
- Have you included activities for aligning, mobilizing, and inspiring?
- Is the desired result SMART?
- Have measurable indicators been defined that will tell you whether or not your team has achieved the desired result?
- Do the activities listed in the plan contribute to the achievement of your desired result?
- Are specific people identified to be responsible for the completion of each activity?
- Have all the resources been identified?
- Does each activity have a time frame?
- Is there anything else that you should add to your Action Plan?

Pre-service Integration Guide

Module 4:

Monitoring & Evaluation and Data Management

(6 Units)

Module 4: Monitoring & Evaluation and Data Management

Competencies Addressed

After completion of the module, learners will be expected to demonstrate the following competencies:

1. Knowledge of the difference between monitoring and evaluation, and why both are needed
2. Ability to check an intervention's logic using a results framework
3. Ability to design an M&E Plan for an intervention
4. Knowledge of what indicators are appropriate for measuring the intervention's progress toward achieving the desired measurable result
5. Ability to identify data sources to use in collecting M&E information, collect baseline data, and establish a plan to share and use data
6. Ability to plan for an evaluation

Performance Objectives

At the end of the module, learners should be able to:

1. Explain the difference between monitoring and evaluation, and why both are needed to assess an intervention's success
2. Use a results framework to check the logic of an intervention design
3. Develop an M&E Plan for an intervention and choose the right result
4. Select appropriate indicators to measure the intervention's progress toward achieving the desired measurable result
5. Identify data sources to use in collecting M&E information, collect baseline data, and set a plan to share and use data
6. Plan for an evaluation

Timeline

8 hours, 50 minutes

Contents

Units	Learning Objectives At the end of the unit, learners should be able to:	Contents
Unit 1: Managing Information with M&E (1 hour)	• Articulate the difference between monitoring and evaluation • State who should be concerned with M&E and why • Explain routine monitoring and its importance	• M vs. E • Who "owns" M&E? • Routine monitoring and producing actionable information

Units	Learning Objectives	Contents
Unit 2: M&E Frameworks (1 hour, 30 minutes)	• Explain each level of the Results Chain, and provide examples of what it may include • Create a Pathway to Change map, and use it to check the logic and underlying assumptions about a program	• Results chain • Pathway to Change
Unit 3: Developing an M&E Plan (1 hour 20 minutes)	• State the steps required to develop and use an M&E Plan, and its importance. • Choose the right result, and understand results levels • Identify M&E activities to include in the action plan	• Choosing the right result and understanding results levels • Identifying M&E activities to include in the Action Plan • Checklist for reviewing Action Plans from an M&E perspective
Unit 4: Identifying Indicators (1 hour, 30 minutes)	• State the definition of an indicator and what the criteria of a good indicator are • Provide examples of commonly used indicators for health interventions • Explain how indicators relate to the result level of your desired measurable result	• Selecting an indicator for the measurable result • What makes a good indicator?
Unit 5: Identifying Data Sources and Collecting Data (1 hour, 30 minutes)	• Explain what a data source is and considerations to make when selecting a data source • Identify example data sources for indicators in health interventions • Describe the importance of collecting baseline data and how to do so • State different ways in which M&E data can be visualized and shared out	• Collecting accurate baseline data • How to select data sources • Health information system (HIS) data: strengths and limitations • Sharing and using your data
Unit 6: Planning an Evaluation (2 hours)	• Explain why evaluation of an intervention is important, in addition to monitoring • Describe the 2 broad types of evaluations • State the 5 key evaluation topics that your evaluation should address to answer the "So what?" question. • State the different types of data sources that can be used for an evaluation, along with strengths and weaknesses of each	• Types of evaluations • Considerations in planning an evaluation • Selecting your data sources

Unit 1: Managing Information with M&E

Purpose of this Session

This session will introduce students to the distinction between monitoring and evaluation and that all staff should be concerned with M&E so that actionable information can be produced and used to make decisions.

Learning Objectives

At the end of the session, learners should be able to:

1. Articulate the difference between monitoring and evaluation
2. State who should be concerned with M&E, and why
3. Explain routine monitoring and its importance

Duration

1 hour

Session Description

	ACTIVITY	TIME
1	Presentation: Monitoring and Evaluation	30 minutes
2	Discussion: Who Needs M&E?	10 minutes
3	Discussion: Routine Monitoring	20 minutes

Preparation Required

- Read over the activity steps and adapt discussion to country context
- Print copies of Matching Worksheet Handout

Materials/Equipment

- N/A

Resources/Handouts

- Handout: "Matching Worksheet"

Step-By-Step Process

Activity 1 (30 minutes)

Presentation: Monitoring and Evaluation

Step 1. You and your team need the information gained from both monitoring and evaluation to manage activities and produce results. M&E are key management functions of an organization. Together, they serve to support informed decisions, efficient use of resources, and an objective assessment of the extent to which an organization's services and other activities have led to a desired result.

Step 2. Explain both monitoring and evaluation activities are necessary to satisfy information needs. The differences between monitoring and evaluation lie in their purposes, time frames, and sources of information.

*"**Monitoring** is used to regularly track changes in indicators – measurable markers of change over time – in order to manage the implementation of a program. This may involve monitoring progress against your Action Plans, operational plans, and/or monitoring the services you provide. Common procedures for program monitoring include tracking service statistics and reviewing records and training reports.*

***Evaluation** is used to assess the effectiveness of efforts to improve services and to prevent and manage priority health problems. It assesses the extent to which your organization achieves its desired results and helps you understand why the results were or were not achieved. Evaluation provides an opportunity for continuous learning from experience.*

For example, you can monitor the distribution of contraceptive products to track progress but cannot conclude that the products were actually used without an evaluation."

Handout. "Matching Worksheet"

Step 3. *"Based on what you know about M&E, look at 'Matching Worksheet', and match monitoring or evaluation to its appropriate purpose, time frame, and data sources."*

The correct answers are:

<u>Purpose</u>
M: Focus on operational implementation
E: Focus on effects of the activities on the health of the target population
<u>Time frame</u>
M: Ongoing, routine process used throughout an intervention
E: Requires the collection of baseline and post-intervention data that allow you to compare changes during the period of the intervention
<u>Data sources</u>
M: Data come from what is readily available, such as from the HIS or routine service records
E: Data must be obtained by taking measurements at the beneficiary or target population level

Step 4. Make sure participants matched correctly. Discuss the purpose, time frame, and data sources for monitoring vs. evaluation.

Activity 2 (10 minutes)

Discussion: Who Needs M&E?

Step 1. *"Who do you think needs to concern themselves with M&E?"*

Step 2. *"M&E is not just for M&E or HIS staff. The audience is much broader and includes directors and other senior managers in civil society organizations (CSOs), non-governmental organizations (NGOs), faith-based organizations (FBOs), etc.; managers of donor-funded projects implemented by CSOs; district- and facility-level managers from the public sector; M&E and HIS staff from public sector and donor-funded organizations."*

Step 3. *"Staff members at all levels of an organization have a stake in using information as the basis for taking action. The collection, analysis, and use of information to carry out health management functions create a cyclical, ongoing process."*

Step 4. *"What happens if M&E is not integrated into an organization or program?"*

Step 5. Discuss some of the consequences of not having M&E integrated into your program. For example, results (both good and bad) may not be fed back to the people who need them, and the information is not used for making decisions. If you want to advocate for your program or organization, you need M&E data to back you up.

Activity 3 (20 minutes)

Discussion: Routine Monitoring

Step 1. **"***Monitoring provides progress indicators or benchmarks that enable you to track progress toward operational goals. A good monitoring system gives you the critical information to manage the intervention and take prompt corrective action, if necessary."*

Step 2. *"You want to think about what information you are going to need while you are doing any sort of activity. Just like the activities you wrote down in your action plan. What kind of information would you need to make sure that things are going along as planned?"* Ask for an example from a participant on a planned activity.

"Let's say we want to gather information about whether this action is working. What information would we want to gather?" Write some ideas on a flip chart.

Step 3. "***Actionable information*** *is data you can use to make a decision and take action. To be actionable, information gained from monitoring must be based on useful indicators, produced in a simple format, and be in on time for the planning or reporting cycle."*

Step 4. **"***There are different ways to monitor your data with useful indicators.* ***Process monitoring*** *tracks processes, such as trainings: who was trained, on what topics, and when. This is important, but it is not enough. Process monitoring does not monitor progress towards results; it simply tracks the completion of activities."*

"What sort of process monitoring would we do to make sure that things are coming

along as anticipated?" Write examples on a flip chart.

***"Proxy indicators** are indirect measures that approximate or represent a target or result when direct information is not available. They are often as close as you can get to the actual results during the implementation of a set of activities when results are not yet easily measurable. Sometimes that's all you can measure, and it is always better than nothing."*

"Can anyone think of an example of an indicator that could give us an approximate, but not accurate, result?" Write examples on a flip chart. "*Is this still useful?"*

Step 5. **"***Managers are often given too much information in a format that is too complicated. You need a simple tool that feeds back only the essential information to make it usable. You will read more about "Features of a Good Monitoring Tool" as an assignment."*

Points to Remember/Notes to Facilitator

Adapt the content according to the national/local context.

Assignments

Read "Features of a Good Monitoring Tool" in "Health Systems in Action: An eHandbook for Leaders and Managers" (p. 9:28-30).
https://www.msh.org/resources/health-systems-in-action-an-ehandbook-for-leaders-and-managers

Session Closure

Close by reiterating that monitoring and evaluation are both vital exercises that must be integrated into program activities so that actionable information can be produced and used by staff at all levels to make decisions.

References

Management Sciences for Health. Health Systems in Action: an eHandbook for Health Leaders and Managers, by Management Sciences for Health. Cambridge, MA: Management Sciences for Health; 2010. Available at:
https://www.msh.org/resources/health-systems-in-action-an-ehandbook-for-leaders-and-managers

Unit 2: M&E Frameworks

Purpose of this Session

In this session, students will learn about commonly used M&E Frameworks that can be used to frame their program activities. Students will learn how to create and use a Pathway to Change to check a program's logic and underlying assumptions.

Learning Objectives

At the end of the session, learners should be able to:

1. Explain each level of the Results Chain, and provide examples of what it may include
2. Create a Pathway to Change map, and use it to check the logic and underlying assumptions about a program

Duration

1 hour 30 minutes

Session Description

	ACTIVITY	TIME
1	Exercise: Results Chain	30 minutes
2	Discussion: Pathways to Change	1 hour

Preparation Required

- Read over the activity steps and adapt discussion to country context
- Prepare "Results Chain Activity" Handout by printing and cutting out each graphic
- Print Handouts to distribute during the session

Materials/Equipment

- Tape
- Flipchart
- Flipchart markers

Resources/Handouts

- Handout: "Levels in the Results Chain"
- Handout: "Results Chain Activity"
- Handout: "Pathway to Change"
- Handout: "Pathways to Change Checklist"
- Handout: "'So That' Chain"
- Voluntary Supplemental Reading: "Conceptual Frameworks"

Step-By-Step Process

Activity 1 (30 minutes)

Exercise: Results Chain

Step 1. "*The results of health services and programmatic interventions can be measured at different levels. Many M&E guidelines are based on a chain of five levels of results: inputs, activities, outputs, outcomes, and impact. "Levels in the Results Chain" summarizes the results levels that can be monitored and evaluated."*

Handout. "Levels in the Results Chain"

Step 2. Review "Levels in the Results Chain" and the components of each level.

Handout. "Results Chain Activity"

Step 3. Pass out copies of the blue rectangle set and arrow page from "Results Chain Activity". Ask participants to order the appropriate definitions of each level of the Results Chain on the arrow.

Step 4. Review each level of the Results Chain, starting with Inputs and ending with Impact, while explaining the definitions of each.

Activity 2 (1 hour)

Discussion: Pathways to Change

Handout. "Pathway to Change"

Step 1. ***"****The Pathway to Change is a particularly useful example of a conceptual framework. This model uses an "if-then" format to show, step-by-step, how the outcomes were conceptualized and will be achieved. See 'Pathways to Change' to review an example of a Pathway to Change for a 6-month municipal health project in Nicaragua.*

Developing a Pathway to Change is usually a participatory process that allows your team or unit and other stakeholders to design an intervention and determine how it will work. The final product is a map that shows how one action relates to another and another and how they all add up to the desired result. Constructing a pathway often exposes the underlying beliefs and assumptions that people hold about how their actions achieve change."

Step 2. ***"****How do you read a Pathway to Change map? A pathway can be read like a flow chart, with boxes and arrows showing the relationship between actions and effects, as shown in the example on 'Pathways to Change'. The desired result appears at the top of the pathway, and the outcomes that must be reached in order to get there are arranged on the next layer. The outputs that must be produced in order to achieve the outcomes are arranged on the next layer down. And, finally, the activities are at the bottom.*

When read from bottom to top, the map shows which activities are needed to get to the outputs and which outcomes are needed to reach the desired result at the top. You must always be able to trace a pathway from the beginning of your actions to the expected result."

Handout. "Pathways to Change Checklist"

Step 3. *"Creating a Pathway to Change has several benefits. First, it requires your team to examine each proposed action and answer the critical questions on the 'Pathways to Change Checklist'. Second, your team must make explicit, and agree on, the underlying logic of an intervention plan. That is, they must show, on paper, how each action will lead to the desired change at each level of the map. Finally, the pathway outlines what outputs and outcomes the team should monitor and which indicators you should use."*

Step 4. *"Review the example Pathway to Change from 'Pathways to Change' against the questions on 'Pathways to Change Checklist'. Does it answer these questions sufficiently?"*

Step 5. Use a flipchart and markers to draw a sample pathway while explaining, below.

Step 6. *"How do you create a Pathway to Change? To develop a Pathway to Change, your team maps the change backwards. You start at the top of the pathway and define the long-term goal or desired result of an intervention. Then you fill in the map by working from top to bottom, where you finally identify the main activities: the first elements in your implementation plan. As you move down the pathway, ask 3 questions:*

- *What outcomes need to happen to contribute to the long-term goal?*
- *What outputs need to happen before that to achieve the outcomes?*
- *What activities need to happen before that to produce the outputs?*

Designing an intervention in this way can help reveal the necessary conditions for reaching the outcomes and long-term goal. It may take several tries to develop a Pathway to Change that everyone can agree on. Outcomes, outputs, and actions may be added, changed, and removed until eventually a map emerges that tells a story your team can agree on. The debate is often the most valuable part of the experience because the team jointly defines the expectations, assumptions, and features of the change process. "

Handout. "'So That' Chain"

Step 7. *"Use a 'so that' chain to check the pathways in the Pathway to Change by reversing the process above. The example in 'So That Chain' shows you how to do this for Activity 5 in 'Pathway to Change'. Place each activity at the top of its own chain, and move down through the chain to the goal or desired result: the exact opposite of the process used to create the Pathway to Change. This sequence helps confirm that each individual pathway in the larger Pathway to Change makes logical sense."*

Step 8. *"Use 'Pathway to Change' with the example Pathway to Change and check the 'so that' logic of each step."*

Points to Remember/Notes to Facilitator

Adapt the content according to the national/local context.

Assignments

Following the example in the handouts, create your own Pathway to Change related to the challenge and action plan developed in Module 3, and check its logic using the "so that" method.

Session Closure

Close by explaining that there are various M&E frameworks that can help you to organize your activities, outputs, and outcomes along a results chain to lead to your desired result. One examples that is commonly used is the Conceptual Framework. Share the handout "Conceptual Frameworks" if any students are interested in supplementary reading. Then reiterate that creating a Pathway to Change is a highly useful, participatory exercise that allows you to design and map out an intervention, determine how it will work, and check your underlying beliefs about how these actions will achieve change.

References

Management Sciences for Health. Health Systems in Action: an eHandbook for Health Leaders and Managers. Cambridge, MA: Management Sciences for Health; 2010. Available at: https://www.msh.org/resources/health-systems-in-action-an-ehandbook-for-leaders-and-managers

Unit 3: Developing an M&E Plan

Purpose of this Session

In order to track progress toward achieving desired measurable results and determine to what degree the results are achieved, an M&E Plan must be in place. This session explains the importance of selecting the right result and result level for your intervention, and including M&E activities (and the resources required) in your action plan.

Learning Objectives

At the end of the session, learners should be able to:

1. State the steps required to develop and use an M&E Plan, and its importance
2. Choose the right result and understand results levels
3. Develop SMART results
4. Identify M&E activities to include in the action plan

Duration

1 hour, 20 minutes

Session Description

	ACTIVITY	TIME
1	Discussion: M&E Plans Overview	15 minutes
2	Discussion: Developing an M&E Plan	15 minutes
3	Exercise: Creating Measurable Results	25 minutes
4	Discussion: Including M&E Activities in Action Plans	25 minutes

Preparation Required

- Read over the activity steps and adapt discussion to country context.
- Print copies of the Handouts below.

Materials/Equipment

- Flipchart
- Flipchart markers

Resources/Handouts

- Handout: "Steps for Developing and Using an M&E Plan"
- Handout: "Measure Results"
- Handout: "Selecting Results"
- Handout: "5 Basic M&E Components"
- Handout: "Checklist for Reviewing Action Plans with an M&E Lens"
- Handout: "Review an Action Plan"

Step-By-Step Process

Activity 1 (15 minutes)

Discussion: M&E Plans Overview

Step 1. *"An M&E Plan will help you and your team outline how you will track progress towards achieving your desired results during program implementation. Your M&E Plan should specify which indicators you will measure, how they will be measured, when, and by whom. A well-designed M&E Plan answers 5 questions:*

- *Is your expected result measurable?*
- *What indicators will you use to monitor your outputs and evaluate your outcomes?*
- *What are your data sources, and how will you gather data from these sources?*
- *What are the time frames for each indicator?*
- *Who will collect the data?*

Developing and using an M&E Plan ensures that comparable data will be collected on a regular and timely basis, even when staff changes over time."

Handout. "Steps for Developing and Using an M&E Plan"

Step 2. Review "Steps for Developing and Using and M&E Plan", which outlines the steps for developing and using an M&E plan, by having students take turns reading each step and pointer aloud.

Activity 2 (15 minutes)

Discussion: Developing an M&E Plan

Step 1. "*The first step in developing the M&E Plan is to determine an appropriate level for results. Consider the type and scope of the intervention, available resources, and time frame for implementation to determine a feasible result. Interventions led by donor-funded organizations and government services typically lead to outputs or outcomes. Although impact takes a long time to achieve and is usually not within the scope of a single set of activities, it is important to include it in your M&E Plan so it is clear what your intervention will contribute to in the long term.*

To determine at which level you should monitor and evaluate your results, it is useful to revisit and expand on the ***pathway to change****, beginning with the highest result level (impact) and moving down to the necessary materials and resources (inputs)."*

Step 2. Review the different results that can be measured at each level of the results chain or **pathway to change**, from Impact to Input, from the previous activity's handout. Have students share example results they think of for each level.

Step 3. **"***How does action-planning fit into these results levels?"*

Step 4. "*Action planning is a Process, developing the action plan and desired measurable results (DMRs) is an Output, and the measurable results you achieve when you*

complete the action plan are Outcomes."

Facilitator: Include a country-specific example here.

Activity 3 (25 minutes)

Exercise: Creating Measurable Results

Step 1. ***"****How do you choose the right result to work on? In action planning, you select one measurable result on which to focus your attention. Selecting your result is a critical step in this process, since accomplishing your selected result – or, at a minimum, progress toward this result – will form the basis for determining your level of success. You've all worked on developing your Desired Measurable Results in previous sessions."*

Step 2. *"Results are your **intended benefits** for the end-users of your organization's services; namely, individual clients, communities, populations, or other organizations. In other words, what difference did your team make to clients, communities, populations, or organizations? Results are the logical expected accomplishment that can be measured after your team implements its action plan. There are many types of results. For example, there can be changes in: knowledge, attitude, behavior, skills, policy, processes, systems, or services.""*

Handout. "Measure Results"

Step 3. *"Review 'Measure Results', and remember that results can be measured at different levels. Because of the short time frame with action planning activities, results are typically measured at the output level, and occasionally the outcome level. For teams who work in service delivery, for example, service improvement outcomes may be possible to measure in this time period by focusing on one particular service (e.g. improvement in child vaccination rates); however, many results at this level may be too broad and ambitious to measure in a short period of time."*

Handout. "Selecting Results"

Step 4. Complete Handout #9 on selecting the right result. Discuss any relevant questions, considerations, and comments on the desired measurable result. Remember to ensure that your result is 'SMART', which we learned about in our previous module.

Activity 5 (25 minutes)

Discussion: Including M&E Activities in Action Plans

Step 1. ***"****Now that you have SMART results statements for your intervention, you will need to identify M&E activities to include in your action plan so you can determine to what degree desired results have been achieved, and keep track of progress*

towards those results. If you want to know whether implementation of your action plan led to progress your team must measure those indicators in an organized way. This means your team's action plan should explain how the indicators will be measured, when, and by whom.

You may all remember looking at an M&E Plan from our previous module. We will now spend a little more time examining the M&E Plan in depth.

You can also develop a standalone M&E plan, a more robust and comprehensive plan that covers M&E for an activity in its entirety, including the results framework and an explanation of the indicators selected to monitor the activity. If you would like to develop a standalone M&E Plan, go back and review, 'Steps for Developing and Using an M&E Plan', which covers the steps to develop an M&E Plan."

Step 2. *"To add M&E activities directly into your action plan, your team should ask itself:*

- *What indicators will we use to monitor the action plan outputs and evaluate its outcomes?*
- *What are the data sources, and how will we gather information from these sources?*
- *What time frames are needed for each indicator?*
- *Who will collect the data, and what financial resources will we need?"*

Step 3. *"Why are these things important?"* Collect answers on a flipchart. They could include: advocacy purposes, reporting, corrective action, decision-making, etc.

Handout. "5 Basic M&E Components"

Step 4. Review "5 Basic M&E Components," and discuss.

Points to Remember/Notes to Facilitator

Adapt the content according to the national/local context.

Assignments

Read "Checklist for Reviewing Action Plans with an M&E Lens," which provides a checklist for reviewing an action plan with an M&E lens. Complete the exercise on "Review an Action Plan" using the checklist to review the action plan developed in Module 3.

Session Closure

Remind participants that including M&E activities in the action plan, or developing a standalone M&E Plan, is key to measuring the results of your intervention and determining whether the desired measurable result was achieved. Ensure that a result is selected at an appropriate result level for the intervention and time period and that the results statement is SMART to facilitate accurate and consistent measurement.

References

Management Sciences for Health. Health Systems in Action: an eHandbook for Health Leaders and

Managers. Cambridge, MA: Management Sciences for Health; 2010. Available at: https://www.msh.org/resources/health-systems-in-action-an-ehandbook-for-leaders-and-managers

Unit 4: Identifying Indicators

Purpose of this Session

Indicators are the metrics used to track and measure progress toward the measurable result. Indicators must meet 8 criteria to be of good quality – that is, conceptually clear and allowing for easy, explicit, unambiguous measurement. By learning how to select or develop a good indicator that is appropriate for the result level, students will be able to accurately and consistently monitor an intervention.

Learning Objectives

At the end of the session, learners should be able to:

1. State the definition of an indicator and what the criteria of a good indicator are
2. Provide examples of commonly used indicators for health interventions
3. Explain how indicators relate to the result level of your desired measurable result

Duration

1 hour, 30 minutes

Session Description

	ACTIVITY	TIME
1	Presentation and Discussion: Identifying Indicators	45 minutes
2	Exercise: What Makes a Good Indicator?	45 minutes

Preparation Required

- Read over the activity steps and adapt discussion to country context.
- Print handouts.

Materials/Equipment

- Flipchart
- Flipchart markers

Resources/Handouts

- Handout: "Results and Sample Indicators"
- Handout: "Qualities of a Good Indicator"
- Handout: "Analyzing Indicators"

Step-By-Step Process

Activity 1 (45 minutes)

Presentation and Discussion: Identifying Indicators

Step 1. *"In our last module, you were introduced to indicators. Who can give the definition of an indicator? Who can give an example of an indicator?"*

Step 2. **"***What are the different types of indicators that are commonly used in health*

interventions?" Write down participant answers on a flipchart.

Step 3. **"***Indicators are normally percentages or proportions representing the extent of a specific condition in the population of interest. They can also be an absolute value, such as the number of occurrences of a health event (e.g. a maternal death or a case of malaria). Indicators can be classified as indicators of health status or of the performance of services. Note that disaggregating data will be useful in all indicators where possible and appropriate.*

Indicators of health status might include the:
- *Number of cases and deaths due to specific diseases in a given time period*
- *Proportion of the population that has a disease or condition at a particular point in time or over a period of time*

Indicators of performance might include the:
- *Proportion of a beneficiary population having received a specific service*
- *Proportion of facilities and staff demonstrating adherence to particular service standards or achieving stated objectives"*

Step 4. Explain that the measurable result should have no more than 1 or 2 indicators. More indicators would make monitoring progress and evaluating results complicated, difficult, and perhaps costly. Remind participants that the indicator(s) they choose should correspond with the results area for measuring their intervention.

Handout. "Results and Sample Indicators"

Step 5. Review the handout and discuss sample indicators for the various results levels. Ask students to share their own examples. Draw attention to the reasons for choosing output and/or outcome indicators as stated at the top of the handout.

Activity 2 (45 minutes)

Exercise: What Makes a Good Indicator?

Step 1. ***"****What makes a good indicator?"*

Step 2. ***"****An ideal indicator is conceptually clear. It allows easy, explicit, unambiguous measurement. An indicator measures only one thing at a time. For example, an output indicator could be the number of health personnel (midwives, nurses, etc.) completing a given training program in a given year. A related outcome indicator could be the scores these providers obtain on a test of knowledge and skills application. It is important to remember that measuring the number of people trained does not tell you anything about the knowledge, skills, or capabilities of those people."*

Handout. "Qualities of a Good Indicator"

Step 3. Review the handout on the 8 qualities of a good indicator. Have students read each of the criteria aloud, and think of an example of an indicator with or without this quality. Use the discussion points on the following page to talk through some examples.

Step 4. Explain that every indicator needs a detailed definition that is clear enough to ensure that different people at different times can collect identical types of data for the indicator. It should also cover the following questions:

- Is it a qualitative or quantitative indicator?
- If it is a percentage, what are the numerator and denominator?

Handout. "Analyzing Indicators"

Step 5. Have students test their knowledge by analyzing the indicators on the handout. Review and discuss their responses.

Points to Remember/Notes to Facilitator

Adapt the content according to the national/local context.

Assignments

Think of 3 to 5 indicators that are appropriate for your action plan developed in Module 3. Check to make sure they meet all the criteria of a good indicator per the handout on "Qualities of a Good Indicator."

Session Closure

Indicators are vital to the monitoring and evaluation of your intervention. By understanding the qualities of a good indicator and how to choose an indicator that is at the appropriate level for your desired measurable result, you will be able to use these milestones to gauge progress toward achieving your measurable result.

References

Management Sciences for Health. Health Systems in Action: an eHandbook for Health Leaders and Managers. Cambridge, MA: Management Sciences for Health; 2010. Available at: https://www.msh.org/resources/health-systems-in-action-an-ehandbook-for-leaders-and-managers

Unit 5: Identifying Data Sources and Collecting Data

Purpose of this Session

There are many options of data sources for health interventions; however, only certain data sources will be appropriate for an intervention and its desired measurable result. Selecting the right data source and collecting baseline data is the key to being able to measure an intervention's progress and results. A plan should also be made early on to share and use this data to continue to improve the intervention.

Learning Objectives

At the end of the session, learners should be able to:

1. Explain what a data source is and considerations to make when selecting a data source
2. Identify example data sources for indicators in health interventions
3. Describe the importance of collecting baseline data and how to do so
4. State different ways in which M&E data can be visualized and shared out

Duration

1 hour, 30 minutes

Session Description

	ACTIVITY	TIME
1	Exercise: Finding Data Sources	45 minutes
2	Presentation: Collecting Baseline Data	30 minutes
3	Presentation: Visualizing and Sharing M&E Data	15 minutes

Preparation Required

- Read over the activity steps and adapt discussion to country context.
- Print handouts.

Materials/Equipment

- Flipchart
- Flipchart markers

Resources/Handouts

- Handout: "Identifying Sources of Data"
- Handout: "Example of a Baseline"
- Handout: "Measuring Baselines"

Step-By-Step Process

Activity 1 (45 minutes)

Exercise: Finding Data Sources

Step 1. *"Once you've established your indicators, you need to identify a data source for each indicator in the M&E plan, selecting data that are readily available from a credible source and that your organization can afford. Ideally you would choose data that are already available through the organization rather than launch a new data collection strategy, which could be costly and time-consuming."*

Step 2. *"You may remember reading about Data Sources in the last module. It's important to have knowledge about the difference between **primary data** and **secondary data** and how each are collected."*

Handout. "Data Sources" from Module 3.

Step 3. Explain that once you have decided upon your plan's indicators, the next step is to define the methods or tools that you will use to collect data for each indicator. For indicators based on ***primary data*** (data that you collect yourself), participants should describe the type of instrument needed to gather the data.

"Can anyone give an example?" (If participants are struggling, guide them to include examples like structured questionnaires, direct observation checklists, or scales to weigh infants.)

Explain that for ***secondary data*** (data collected by others that is available for your use), participants should explain the method of calculating the indicator and the source of data, providing enough detail on the calculation method so that others can replicate it.

"Can anyone give an example of where you would find secondary data?" Allow time for participants to answer in plenary.

"Remember, although it is easier and less expensive to use secondary data, its quality is often less reliable than that of primary data."

Step 4. *"It is also important to note the **frequency** of data collection for each indicator. Depending on the type of indicator, you may need to collect data monthly, quarterly, annually, or even less frequently."*

Step 5. *"An important way of monitoring routine data over time is through health management information systems (HMIS). An HMIS is a system for routine collection and reporting of data on service delivery. In many countries, this system is organized at the national level. The data typically cover topics such as drug stockouts, births, mortality, morbidity, number of clients seen and referred (inpatient and outpatient), and number of clients by types of service.*

While an HMIS can be a valuable data source in the service delivery context, it is often plagued with many difficulties, including incomplete data and overestimation due to faulty denominators. If you are using HMIS data, always try to supplement it with data from other sources, such as the demographic health surveys (DHS) or other household surveys that may be available. This allows you to cross-check the reliability of the HMIS data as much as possible. Remember, data do not need to be perfect to be useful. Timely information that is 95% accurate but arrives several months too late."

Handout. "Identifying Sources of Data"

Step 6. Complete the exercise in the handout to identify sources of data for example indicators, and discuss your responses with the class.

Activity 2 (30 minutes)

Presentation: Collecting Baseline Data

Step 1. ***"****Collecting accurate baseline data is one of your most important M&E tasks. Baseline data provides the starting point for setting the goals that you and your team hope to reach and for tracking changes in indicators over the life of your intervention. In this way, baseline data help fine-tune an expected end result."*

Step 2. ***"****What is a baseline?"* Solicit answers from participants and write them on the flipchart.

Step 3. "A ***baseline*** is the value of indicators of the situation before activities begin. Gathering baseline data allows for 2 things:

- A baseline provides information teams can use to set the desired measurable result they hope to reach by the time they complete activities in their action plans. It might tell the team the desired result is too ambitious and/or not at the right result level and prompt the team to focus on what is achievable in 6 months.
- It provides the starting point for tracking changes in the indicators over the life of an action plan. Why track changes in indicators? The indicators are linked to the immediate (output) and longer-term results (outcomes) that teams want to monitor or achieve. Changes over time in the indicator values show whether the results are going up, going down, or staying the same. In turn, this tells teams whether their planned activities and strategies are working as planned to achieve the desired results."

Handout. "Example of a Baseline"

Step 4. Review the example of a baseline on the handout and discuss.

Step 5. ***"****You will need to collect baseline data on each indicator before your activities begin. These data identify the starting point from which you can assess progress. Without a baseline, teams cannot track their progress, determine whether activities are going according to plan, or measure the extent to which they have achieved their*

results. Without a baseline, it is difficult to correctly implement an M&E Plan. Then, at different points during implementation, you will collect follow-up data on each indicator for comparison with baseline levels and anticipated results. This allows you and other decision makers in your organization to assess the progress of each intervention or service and make needed changes along the way."

Step 6. *"At the end of the implementation period, you will need to collect data on your indicators in order to compare final levels to your baseline and to your anticipated results. Depending on your indicators, you may also need to collect follow-up data at an agreed-upon time to determine whether the changes are maintained after the completion of your intervention."*

Activity 3 (15 minutes)

Presentation: Visualizing and Sharing M&E Data

Step 1. *"In the rush to start collecting data, sometimes one can forget to plan a process for reflecting on the information and making changes to improve the performance of activities. To make sure that data will be used – not just collected – think about how you and your team will disseminate the M&E information and obtain feedback from different stakeholders. A few basic questions will guide you:*

- *Who needs what kind of information, and when do they need it?*
- *What type of setting should you use to communicate results to staff, senior management, and other key stakeholder? Is it sufficient to circulate a report, or should you organize a meeting or workshop?*
- *Should you also organize community meetings to solicit feedback from your beneficiaries on the initial M&E findings?*
- *How should you present information so it will be useful to different decision makers? Should the information be presented visually, in charts, graphs, or maps? Or in a written report, newsletter, or other communication piece?"*

Step 2. *"What are different ways in which you could visualize and share your M&E data? Which audience would like what type of presentation of results?"*

Step 3. Explain to participants that M&E should be undertaken with the purpose of immediately using the results to identify gaps in performance and take action to reduce or fill those gaps. M&E results should always be used for learning and action. For example, if project activities are not leading to the desired products, what should you do about it? If essential services are not achieving anticipated coverage levels or reaching specific groups of people, what needs to change? And how can you bring these facts to the attention of the right people in order to obtain a rapid response?

Points to Remember/Notes to Facilitator

Adapt the content according to the national/local context. This content can be summarized in a PowerPoint to facilitate the presentation.

Assignments

Complete the exercise in "Measuring Baselines," and check your answers.

Session Closure

Selecting appropriate data sources and collecting and using baseline data go a long way in enabling you to monitor and evaluate your intervention. Before you begin your intervention, establish a plan for how you will share out and use your M&E data for various audiences and stakeholder groups.

References

Management Sciences for Health. Health Systems in Action: an eHandbook for Health Leaders and Managers. Cambridge, MA: Management Sciences for Health; 2010. Available at: https://www.msh.org/resources/health-systems-in-action-an-ehandbook-for-leaders-and-managers

Unit 6: Planning an Evaluation

Purpose of this Session

Evaluation is a necessary activity in ascertaining the success of an intervention, as monitoring progress cannot tell us why an intervention achieved or did not achieve the desired results. There are various types of interventions and data sources that are appropriate for different interventions, stakeholders, time, and financial resources. These factors should be taken into account when planning an evaluation – before the start of your intervention.

Learning Objectives

At the end of the session, learners should be able to:

1. Explain why evaluation of an intervention is important, in addition to monitoring
2. Describe the 2 broad types of evaluations
3. State the 5 key evaluation topics that your evaluation should address to answer the "so what?" question
4. State the different types of data sources that can be used for an evaluation, along with strengths and weaknesses of each

Duration

2 hours

Session Description

	ACTIVITY	TIME
1	Presentation: The Importance of Evaluation	15 minutes
2	Presentation: Types of Evaluation	30 minutes
3	Discussion: Answering the "So What?" Question	30 minutes
4	Presentation: Data Sources for Evaluation	45 minutes

Preparation Required

- Read over the activity steps and adapt discussion to country context.
- Print handouts.

Materials/Equipment

- Flipchart
- Flipchart markers

Resources/Handouts

- Handout: "5 Evaluation Topics in Designing an Evaluation"
- Handout: "Common Data Sources"

Step-By-Step Process

Activity 1 (15 minutes)

Presentation: The Importance of Evaluation

Step 1. *"Most M&E efforts emphasize the selection of well-defined indicators to set goals and measure changes in health conditions or services, but it is important to remember that indicators simply serve as markers. Indicator data provide clues as to whether an intervention or set of activities is on schedule and expected results are being achieved. They do not answer questions about why results are – or are not – achieved. They do not explain unintended results, or causes of perceived results that arise outside the intervention. Thus, they cannot prescribe actions that should be taken to improve results. Indicator data must, therefore, be interpreted carefully. They simply point to results that need further exploration rather than providing a definitive assessment of success or failure. An* ***evaluation study*** *is normally carried out to determine whether an intervention can be considered a success and why."*

Step 2. Explain that in general, as you move along the results chain from activities to long-term outcomes, M&E becomes more complicated. At the process and output levels, you can easily track which activities have been completed and their immediate results. This is operational information – information you can use for day-to-day management decisions; however, to identify and measure the outcomes that result from the synergy of outputs, participants will probably need to integrate qualitative and quantitative information and rely less on single quantitative indicators.

Step 3. *"Remember that when a desired improvement – in service performance, providers' or beneficiaries' knowledge and behavior, or the trend of a health problem – is confirmed through M&E, it does not prove that the intervention itself brought about that change. Other things may have been going on within the service delivery site or in the larger environment that caused the change. Of course, the same is true for negative results or results indicating no change in outcomes."*

Activity 2 (30 minutes)

Presentation: Types of Evaluation

Step 1. *"Despite the importance of routine monitoring, monitoring is not sufficient for you to be able to answer the 'so what?' question. In other words, how have your activities and products contributed to improving coverage of services, increasing knowledge, or encouraging health-enhancing behaviors?"*

Step 2. Explain that there are 2 reasons for carrying out an evaluation:

- Evaluation provides information about the success of your team, unit, or organization in meeting its objectives. This information helps determine which activities to expand, modify, or eliminate. It can also reveal ways to improve the design and management of future activities.
- Evaluation can demonstrate accountability to your donor and other stakeholders, including your government and the beneficiaries of your services.

Step 3. *"There are 2 broad types of evaluations: formative and summative. A **formative evaluation** is conducted during the development and implementation of a program. Its purpose is to guide the design and implementation of activities that include the most promising practices that will increase the chances of success.*

*Formative evaluation includes a needs assessment to discern the desires and requirements of a population group and determine how best to meet them. It also includes a **process evaluation** to investigate the process used for delivering an intervention. You can use process evaluation to assess whether activities have been conducted according to plan.*

A process evaluation typically includes several approaches. It may involve a review of output data (e.g. number of bed nets provided, number of training workshops conducted, number of workshop participants), as well as individual interviews or focus groups among beneficiaries. It is good practice for small interventions to carry out process evaluation, even if it is limited to participant feedback."

Step 4. ***"Summative evaluation** is conducted after the completion of a set of activities or intervention to assess the quality of the intervention and its key results. Summative evaluation includes outcome evaluation, impact evaluation, cost-effectiveness, cost-benefit analysis, and operations research.*

*Summative evaluation includes **outcome evaluation**, which assess the extent to which a team, unit, or entire organization has achieved its intended results. Outcome evaluation is used to demonstrate accountability, improve the design of organizational activities, better allocate resources, and promote successful future interventions. The main questions addressed are:*

- *What has changed in the lives of individuals, families, or the community as a result of our work?*
- *What difference did we make?*

As mentioned earlier, outcomes are typically measurable and observable changes in 2 dimensions. The first dimension encompasses awareness, knowledge, attitudes, values, and skills of participants in a program or beneficiaries of services during or after their involvement in the intervention. The second dimension involves changes in behavior in these same groups."

Step 5. ***"Impact evaluation** is another component of summative evaluation. It is broader than outcome evaluation and assesses the overall or net effects – both intended and unintended – of an entire program, group of programs, or group of organizations. Impact evaluations usually take place over 3 to 5 years."*

Activity 3 (30 minutes)

Discussion: Answering the "So What?" Question

Step 1. ***"What should you evaluate to answer the 'so what?' question?"***

Step 2. Explain that if participants want to know when their activities are really successful, they need to design all interventions with evaluation in mind and incorporate evaluation into their overall organizational planning. When defining objectives, they should ask, "How will we know whether we are meeting these objectives?" This is the starting place for the evaluation.

Step 3. *"Regardless of the size of your intervention or service and the scope of the evaluation, you need to answer 3 questions during the design and planning phase:*

- *What will your intervention or service achieve in the short and long terms? If you successfully implement a set of activities over time, what will be different?*
- *How do you conceptualize your activities – what is the underlying logic?*
- *Which indicators can you use to identify progress toward the outcomes?*

To answer the "so what?" question, you need to assess factors over which you have reasonable control. For example, a new service designed to provide housing for people living with AIDS (PLWA) cannot control or affect the life expectancy of the people it serves. By providing a stable living environment, however, the service can reduce the stress and improve the quality of life of PLWA who were previously forced to move frequently."

Handout. "5 Evaluation Topics in Designing an Evaluation"

Step 4. Review the handout and write the 5 key evaluation topics on the flipchart. Explain that once participants have addressed the "so what?" question, they should also make sure that their evaluation is designed so that when the process is complete, they can address 5 key evaluation topics:

- Relevance: Was the intervention a good idea, given the situation and the need for improvement? Did it deal with the priorities of the target or beneficiary group? Why or why not?
- Effectiveness: Have the intended outcomes, outputs, and activities been achieved? Why or why not? Is the intervention logic correct?
- Efficiency: Were inputs (resources and time) used in the best possible way to achieve outcomes? Why or why not? What could you and your team do differently in the future to maximize outcome results at an acceptable cost?
- Impact: To what extent has your intervention contributed to longer-term or national goals? What unintended consequences (positive or negative) did your activities have? Why did these consequences arise?
- Sustainability: Will there likely be continued positive results once your intervention has ended? Why or why not?

Step 5. Discuss the evaluation topics and questions. *"What might different evaluations*

look like considering these questions?"

Step 6. *"A final word of caution here: Like monitoring, evaluation can be made too complicated. When developing an evaluation plan, you will be wise to select a small set of key indicators and resist the urge to evaluate every aspect of your intervention."*

Activity 4 (45 minutes)

Presentation: Data Sources for Evaluation

Step 1. **"***There are 3 types of data sources that are commonly used for evaluation: routinely collected data, large-scale surveys, and rapid assessment techniques."*

Step 2. *"Data collected and analyzed on a routine basis by an HIS are referred to as* ***service statistics****. You can draw on several routine service information systems to monitor services. These include the basic HIS recording and reporting system; special program reporting systems (e.g. tuberculosis [TB], malaria, immunization, HIV, family planning, etc.); special community agent reporting systems (e.g. community health workers' records); the disease surveillance and outbreak control notification and response information system; and reports for special support systems (e.g. medicines, referrals, and human resources and financial management)."*

Step 3. Explain that **large-scale surveys** constitute another readily available source of information. These include population-based surveys such as the DHS, comprehensive facility assessments such as the Population Council's Situation Analysis, and the national census. In many cases, participants can use data from an existing large-scale survey to provide context for interpreting the data captured through their own evaluation.

Caution participants to remember that because they are carried out only every 3 to 5 years, the information that large-scale surveys provide may not be sufficiently up to date for their evaluation needs. Despite this, DHS data are useful for understanding national or regional trends that may help explain data gathered in a focused evaluation.

Step 4. **"Rapid assessments** are quick, inexpensive ways to obtain information for decision making, especially at the activity level. Examples include client exit interviews, small-scale facility assessments, rapid sample surveys, record reviews, focus group interviews, and other participatory methods. You may use rapid assessment techniques to supplement information from routine data or large-scale surveys. Rapid assessments can provide you with valuable information about your catchment area and your wider responsibility area – the communities and populations that are supposed to have access to essential services provided by a given facility."

Handout. "Common Data Sources"

Step 5. Review and discuss the common data sources for an evaluation on the handout. Ask students to share what types of data sources would be best suited for which kinds of evaluations and information needs.

Points to Remember/Notes to Facilitator

Adapt the content according to the national/local context. This content can be summarized in a PowerPoint to facilitate the presentation.

Assignments

Draft a tentative evaluation plan for your intervention plan. This should include what type of evaluation is appropriate for your intervention's desired results, time frame, and budget, as well as possible data sources to use in your evaluation.

Session Closure

Explain that evaluations are a necessary supplement to monitoring to assess an intervention's success. Establishing a plan for the evaluation – before you begin your intervention – helps ensure that you've considered available and appropriate data sources and that key questions about your intervention will be answered in the evaluation you've selected.

References

Management Sciences for Health. Health Systems in Action: an eHandbook for Health Leaders and Managers. Cambridge, MA: Management Sciences for Health; 2010. Available at: https://www.msh.org/resources/health-systems-in-action-an-ehandbook-for-leaders-and-managers

Module 4 Handouts

Unit 1: Managing Information with M&E

- "Matching Worksheet"

Unit 2: M&E Frameworks

- "Levels in the Results Chain"
- "Results Chain Activity"
- "Pathway to Change"
- "Pathways to Change Checklist"
- "'So That' Chain"
- Voluntary Supplemental Reading: "Conceptual Frameworks"

Unit 3: Developing an M&E Plan

- "Steps for Developing and Using an M&E Plan"
- "Measure Results"
- "Selecting Results"
- "5 Basic M&E Components"
- "Checklist for Reviewing Action Plans with an M&E Lens"
- "Review an Action Plan"

Unit 4: Identifying Indicators

- "Results and Sample Indicators"
- "Qualities of a Good Indicator"
- "Analyzing Indicators"

Unit 5: Identifying Data Sources and Collecting Data

- "Identifying Sources of Data"
- "Example of a Baseline"
- "Measuring Baselines"
- 5 Evaluation Topics in Designing an Evaluation
- Common Data Sources

Matching Worksheet

Draw lines to connect the appropriate purpose, time frame, and data sources with either monitoring or evaluation.

Purpose

Monitoring	Focus on operation implementation
Evaluation	Focus on effects of the activities on the health of the target population

Time frame

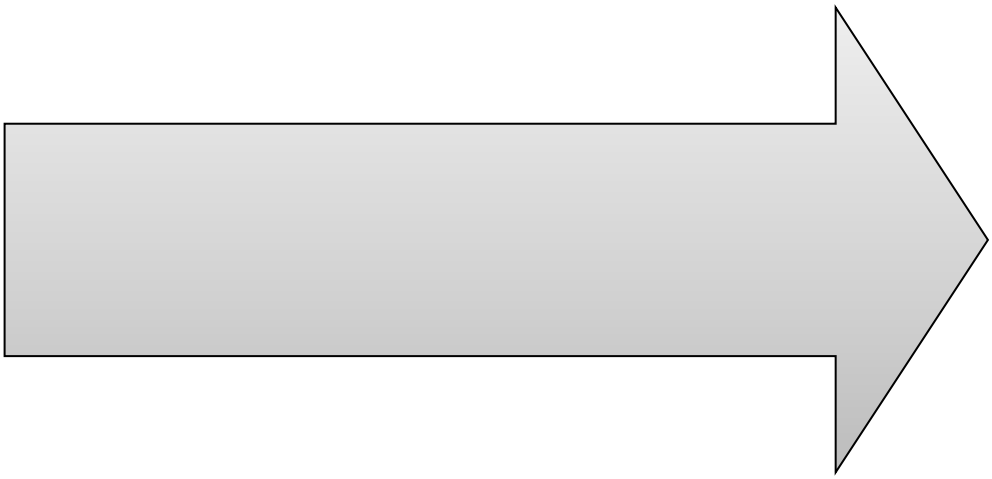
Monitoring	Requires the collection of baseline and post-intervention data that allow you to compare changes during the period of the intervention
Evaluation	Ongoing, routine process used throughout an intervention

Data sources

Monitoring	Data must be obtained by taking measurements at the beneficiary or target population level
Evaluation	Data come from what is readily available, such as from the HIS or routine service records

Levels in the Results Chain

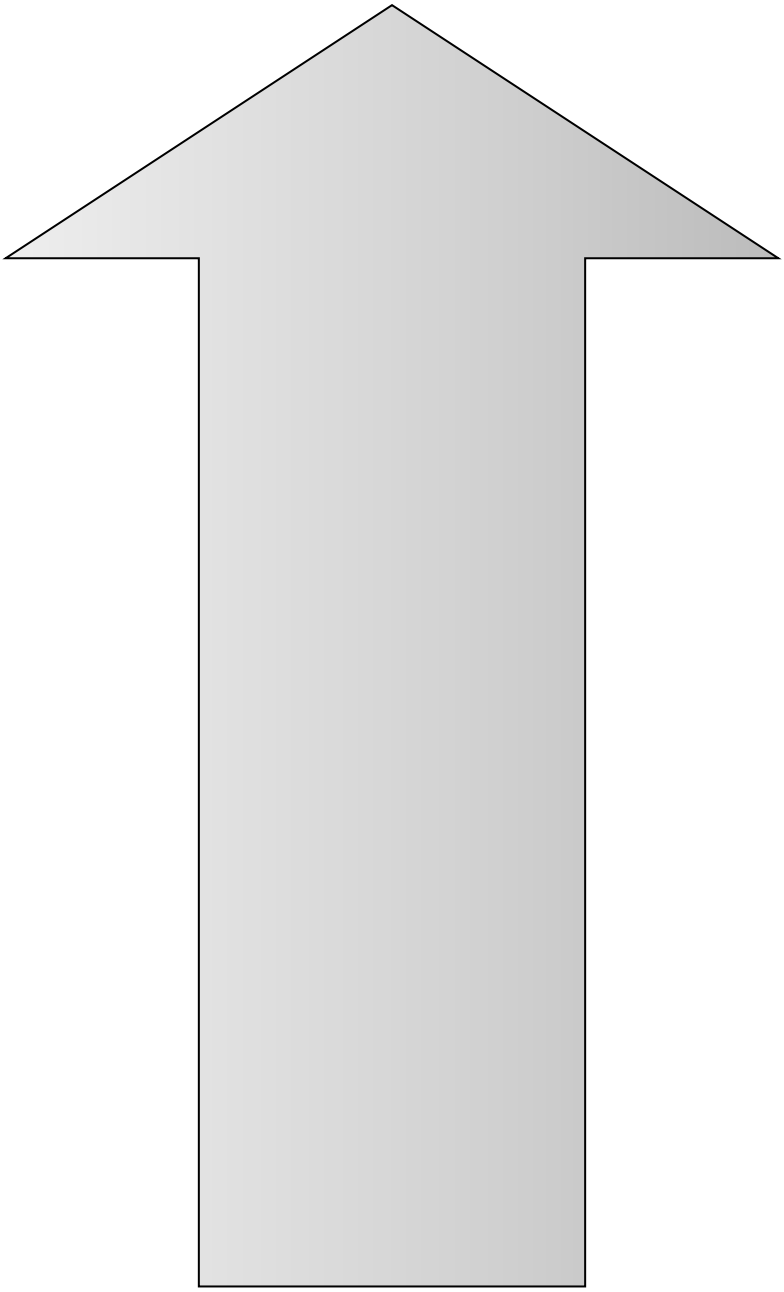
The materials and resources needed to carry out your team or unit's implementation plan and achieve the desired result. Examples include financial, technical, human, supply, and commodity resources.	The activities carried out through your implementation plan. Examples include training service providers, improving the supply management system, and distributing family planning methods.	The immediate product of an activity. Examples include the number of people trained, number of new users of contraceptives, and the quantity of products distributed.



Results Chain Activity

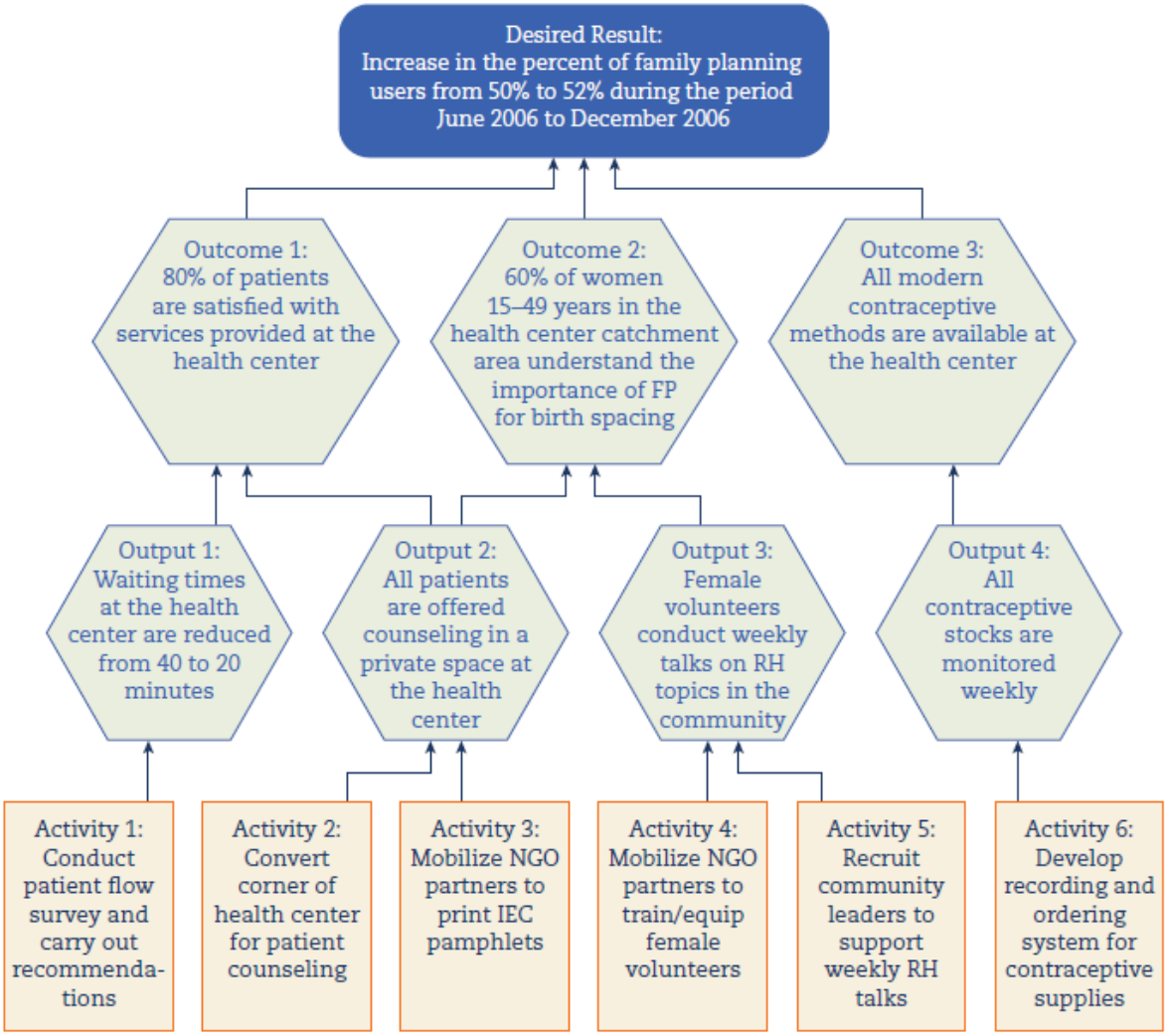
Cut out each of the blue rectangles - but not the label - on this page below. The labels corresponding to each rectangle serve as your answer key. Hand out the blue rectangles as set together with the arrow on the next page. Have participants put in order each of level of the Results Chain, from Inputs to Impact, on top of the arrow while reviewing the definitions of each level.

INPUTS	ACTIVITIES	OUTPUTS	OUTCOMES	IMPACT
Human resources	Meetings	Number of staff trained	Change in knowledge	Change in disease rates
Financial resources	Trainings	Number of clients	Change in behavior	Change in death rates
Equipment	Supervision	Number of products	Change in practices	Change in birth rates
Facilities	Services	Improved supervision	Improved services	Change in fertility rates
Policies				



Pathway to Change

Example of a Pathway to Change.



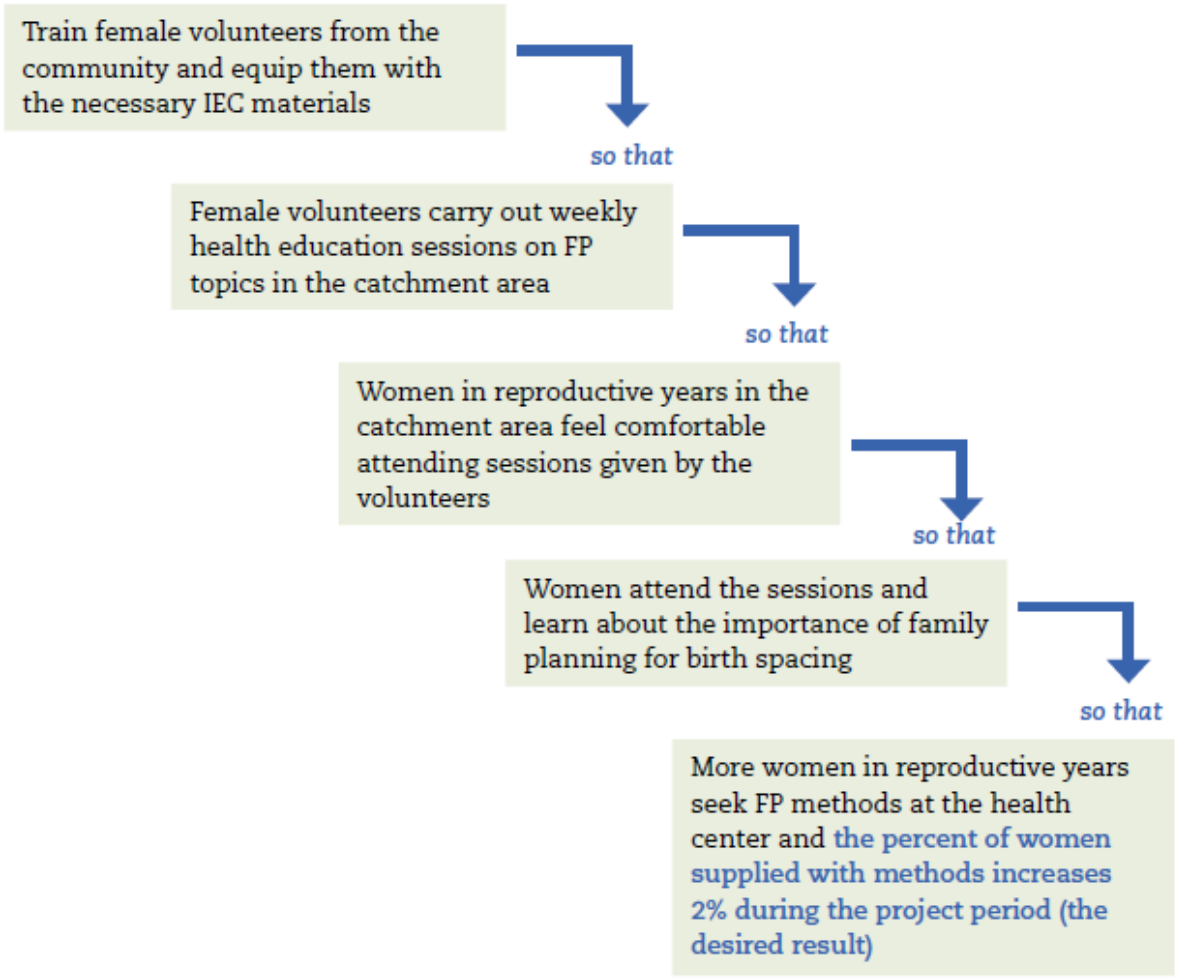
Pathways to Change Checklist

Make sure your Pathway to Change sufficiently answers the following questions:

- ✓ Does every activity lead to our desired result? If not, should some activities be changed, added, or eliminated?
- ✓ Are the activities sequential? Are they connected in a logical way? Do they build upon one another as a rational and coherent set of actions?
- ✓ Have we thought of all the outputs and outcomes needed to reach our desired result?
- ✓ Do we have the resources we need to implement our proposed activities?
- ✓ How long will it take to reach our desired result?
- ✓ What other factors might enhance or impede each of the activities in the pathway?

'So That' Chain"

"So that" chain for one activity in a Pathway to Change.



Conceptual Frameworks

One type of framework commonly used to plan and organize the design of an intervention or service and its M&E plan is the conceptual framework.

Conceptual Frameworks

Conceptual Frameworks describe a chain of results, but also take into account the underlying reasons why changes occur along the results chain. Conceptual frameworks allow you to map out the factors you believe to be critical and to explain why these factors are important to success.

This type of mapping helps you decide which factors should be monitored during the implementation of activities. When the data show that these critical elements have or have not been achieved, you can better understand why an intervention was or was not successful and what could be changed in the future.

Its advantages are:

- It provides a flexible, visual mapping of complex intervention plans.
- When used regularly during implementation, it allows for early feedback about what is or is not working and why.
- It assists in the identification of unintended adverse effects.
- It helps in prioritizing which issues to investigate in greater depth, perhaps using more focused data collection methods or more sophisticated M&E techniques.

However, disadvantages include:

- It can become overly complex if the scale of activities is large or if an exhaustive list of factors and assumptions is assembled.
- Stakeholders might disagree about which determining factors they feel are the most important.

Steps for Developing and Using an M&E Plan

Steps	Pointers
1. Define expected results	• Results should be identified according to the scope and time frame of your intervention • Results should meet the SMART criteria (Specific, Measurable, Appropriate, Realistic, Time bound).
2. Select and define indicators	• Indicators should conform to the qualities of a good indicator. • Indicators should be affordable, easy to collect, and comparable over time and in different locations. • For priority health problems and essential services, use standard or national core indicators. • Select a minimum number of key indicators, making sure that selected indicators are really necessary to measure your desired results.
3. Identify data sources	• Identify where the data for each indicator will come from. Common data sources include service statistics, organizational records, clients, or the community.
4. Determine data collection methods	• Select the most appropriate and reliable data collection method for each indicator. These could include a review of logbooks or registers for service statistics, the use of observation checklists, client exit interviews, or a sample survey for community-based data. • Decide on the frequency of data collection. You could collect only baseline data and post-intervention data, or you may need to collect daily, monthly, or quarterly data, depending on the type of indicator. • For each indicator, assign responsibility for data collection to a particular office, team, or individual.
5. Collect baseline and post-intervention data	• Recognize that baseline results will be used to determine your targets. • Clearly define the duration covered by the baseline, since you need a similar time period for comparison at the end of the implementation period. • Use the same methodology and tools for data collection as for the baseline and post-intervention measures.
6. Set a plan for program assessment/ evaluation	• Develop an evaluation plan that includes the timeline, methodology for data collection and analysis, data sources, persons responsible for each step of the process, and type of results dissemination.
7. Share and use your results	• Schedule meetings, workshops, and reports to present results to project staff, management, and other key stakeholders. • Present options for learning and action based on M&E results.

Measure Results

How do you measure results at each level of the results chain?

These results are measured at the population level, take a relatively long time to achieve (usually 3 - 5 years), and require the combined effort of several interventions and even several organizations. You will not be responsible for measuring impact, but you want to include it in the logic of your M&E plan so you know what you aim to achieve in the long run.

In most cases, you will be responsible for measuring results at the output and/or outcome levels. Outcomes are a result of activities designed to produce a behavioral change in providers or clients. Outcomes are often measured in terms of changes in service coverage and changes in the knowledge, attitudes, and practices of a beneficiary population.

An outcome could be the initiation of a proven practice for service delivery, the adoption of new management approaches, or the successful advocacy for health policy design. It could also be an increase in women delivering at a health facility or children fully immunized. In most cases, a clear relationship between outputs and outcomes can be established.

Outputs are the direct products of activities. They should be monitored throughout implementation as an essential element of good management. M&E plans should define the expected output of each activity as a product. For service delivery units, this usually means service outputs (for example, number of clients served or length of client waiting times).

For organizations that do not provide direct health services, this might mean the distribution of health products or the provision of training (for example, number of family planning commodities distributed or number of participants trained).

Monitoring processes or activities is largely an accountability measure, ensuring activities are conducted on time and with sufficient resources. Monitoring at this level plots implementation progress against proposed time frames and the use of resources against budgets. It is usually carried out through traditional quarterly, semiannual, and annual reporting.

When developing an intervention, you must identify the number and types of resources needed to implement the activities. Performance can be monitored in terms of quantity and types of inputs provided, and the number and timing of activities carried out.

Selecting Results

Instructions: Read the following example of a desired result statement, accompanied by the team's mission, vision, and the goal of the intervention. Analyze the result statement using the following questions and write your answers in the box.

Does the result appear to be important to the organization's mission and the intended results of the intervention?

Is the result measured by an indicator at the appropriate level?

Intended objective of the intervention: To improve access to HIV/AIDS counselling and testing services in South Wollo Zone, Ethiopia

Administration level: Kutaber Woreda (District) health office in South Wollo Zone

Mission: To improve the quality of life of the people of South Wollo Zone through provision of basic public health and clinical interventions, and management of all communicable diseases.

Vision: The population of South Wollo is free from disease burden, men and women are using HIV/AIDS services to safeguard health and well-being, and citizens' productivity increases as a result of their improved health status.

Desired measurable result: Between March 2010 and September 2010, the Kutaber District Health Office will increase the HIV voluntary counselling and testing rate from 21% to 30%.

Your feedback:

Answer to exercise in "Selecting Results" Handout.

Feedback:

This is a great measurable result that is directly in line with the goals of the program and your mission!

How will this be measured? An indicator that measures the rate of HTC is an example of an output indicator. This indicator permits comparison of trends in the quantity of HTC services delivered and also demonstrates the strength of scaling-up HTC services over time. This indicator also provides key measures of how effectively HTC has been promoted because it only counts those individuals who were tested and counseled.

However, this indicator has a number of weaknesses that need to be improved. For example, in order to measure the quality of services offered, you need to count individuals who were not only tested and counseled but also received their results. Also, in order to avoid double-counting of re-testers, which is a very common phenomenon in HTC services, the indicator could be improved to measure only first-time testers.

The desired measurable result could be refined and redefined to read: "The Kutaber District Health Office will increase the rate of HIV testing and counseling for first-time testers who also receive their test results from 21% to 30% between March 2010 and September 2010."

5 Basic M&E Components

1. Indicators and their definitions
Every indicator needs a detailed definition. The definition should be detailed enough to ensure that different people at different times would collect identical types of data for that indicator.
2. Data sources
Identify the data source for each indicator. Consider the pros and cons of each source as you add them to your action plan.
3. How data will be collected
Specify the method or approach to data collection for each indicator. For primary data (data that teams collect themselves), note the type of instrument needed to gather the data (e.g. structured questionnaires, direct observation forms, scales to weigh infants). For indicators based on secondary data (data from existing sources), provide the method of calculating the indicator and the source data. Provide enough detail on the calculation method for it to be easily replicated. Keep in mind that secondary data may cost less and require less effort to gather, but its quality may not be as reliable as that of primary data.
4. Frequency of data collection
Note the timing of data collection for each indicator. Depending on the indicator, this may be monthly, quarterly, annually, or even less frequently. When developing the schedule for each indicator, consider the need to provide timely information to management for decision-making.
5. Responsibilities for collecting data
For each indicator, the responsibility for data collection should be assigned to a specific office, team, or individual. All human or financial resources needed to collect the data, such as transportation costs, printing costs, or assistance with data entry should be identified.

Checklist for Reviewing Action Plans with an M&E Lens

Step 1. Review the desired measurable result to see if it is a right result

- ✓ Does the result appear to be important to the organization's mission, as well as the intended results of the intervention?
- ✓ Is the result measured by an outcome or output indicator?

Step 2. Review the desired measurable result using the SMART criteria

Does the result meet all five SMART criteria? It should be:

- ✓ (S) Specific: Includes one or two indicators that are clearly written so different interpretations are not possible
- ✓ (M) Measurable: Allow the team to monitor and evaluate progress toward achieving the result
- ✓ (A) Appropriate: Be in line with the scope of the program and activities, and within the team's ability to control or influence
- ✓ (R) Realistic: Be sufficiently demanding to stretch the team's abilities, yet achievable within the time allowed with resources that can be mobilized
- ✓ (T) Time-bound: Have a specific time period for completion

Step 3. Review the current situation (baseline)

Teams usually collect data for the baseline after their training on action planning has ended, although some teams use existing service statistics to describe the current situation. If a team does not have a baseline for its desired measurable result, the team's action plan should clearly spell out how it plans to collect data for the baseline, and when.

To assess the team's baseline, look for the following:

- ✓ Is the current situation (baseline) described in relation to the desired measurable result?
- ✓ Is it complete (did the team include all the facts to which they have access)?
- ✓ Is the description of the current situation as objective as it can be, or does it include assumptions, inferences, and/or subjective interpretations?
- ✓ Is it feasible for teams to collect the necessary data?

Step 4. Review the proposed indicators

Reference the handout from Unit 4, which outlines the characteristics of a good indicator. Ask:

- ✓ Does the indicator really measure the desired result? Is it at the right level, and is it specific enough to capture the result?
- ✓ Is the language in the indicator specific enough to avoid misinterpretations by different people? If the indicator includes vague or qualitative language, are these terms defined?
- ✓ Can the team use data that are already being collected to measure the indicator?
- ✓ Does the indicator (or set of proposed indicators) measure all aspects of the desired result?

TIP: Many teams propose indicators that are neither specific nor concrete enough to be usable. You can use questions to help the team probe more deeply. You can also suggest alternative ways to phrase the indicator to improve its clarity, or you can suggest alternative indicators that are more feasible to use.

Step 5. Review the overall action plan

To assess the logic of the action plan, ask:

- ✓ Is the selection of activities based on a thorough root cause analysis of the challenge?
- ✓ Is the action plan logical? If the team takes these steps (not more, not less), would they produce the result(s) they want to achieve?
- ✓ Can you logically trace a pathway to change given the activities in the action plan?
- ✓ Are steps missing to achieve the desired measurable result?
- ✓ Are the descriptions of the activities accurate, brief, and concise?
- ✓ Does every activity indicate the human and financial resources needed?
- ✓ Does every activity have a due date?
- ✓ Does every activity have a person who is accountable for completing it?

Review an Action Plan

Instructions: Follow the steps below and write your responses directly in the action plan. Then check the actual feedback that was provided to this team on the following page.

1. Read through the sample action plan
2. Apply the following steps:
   - Step 1: Review the desired measurable result statement
   - Step 2: Review the indicators
   - Step 3: Review the logic of the action plan
3. Ask yourself the following questions
   - What is strong about this plan?
   - What is missing?
   - What is unclear?
   - What feedback would you give to the team?

Sample Action Plan for a Network of HIV & AIDS Organizations (December 3, 2008)

Challenge: How can we strengthen the sustainability of HIV & AIDS service organizations in the face of lack of donor support and few grant writers **Measurable Result:** To improve the capacity of HIV & AIDS service organizations in writing fundable proposals	**Indicators:** 1. Number of capacity building workshops conducted 2. Number of development partners in partnership with the network 3. Number of proposals developed by AIDS service organizations 4. Number of organizations accessing funds 5. Centers of excellence formed

Activities	Who is responsible	Dates	Resources
Capacity building workshops	Capacity building officer	Ongoing	Funds, time, training materials
Follow-up visits	Network staff	Quarterly	Funds, time
Dissemination of information on funding opportunities	Information Officer	Monthly	Funds, publications, telephone/email equipment/facilities
Partnership with donors	Executive Director	Ongoing	Telephone, transport, public relations and advocacy skills
Consultative and feedback meetings	Advocacy Officer	Monthly	Funds, time
Lobbying for funds to be accessed by CSOs	Advocacy Officer	Ongoing	Funds, time

Answers to exercise in Handout "Review an Action Plan"

Sample Action Plan for a Network of HIV & AIDS Organizations
(with feedback comments in *italics*)

Challenge: How can we strengthen the sustainability of HIV & AIDS service organizations in the face of lack of donor support and few grant writers *Good challenge statement that captures the tension between where you are and where you want to go!* **Measurable Result:** To improve the capacity of HIV & AIDS service organizations in writing fundable proposals *What you have written is more like a challenge statement. To be a desired result, it needs to be SMART. For example, by what date? How many organizations will have developed proposals that meet the standards for quality disseminated in the network's workshops and technical visits?*	**Indicators:** 1. Number of capacity building workshops conducted *You should put the actual number you plan to conduct. That will give you a target.* 2. Number of development partners in partnership with the network *This indicator seems unrelated to achieving your desired measurable result. Do donors need to be partners to approve a proposal, or is it the quality of the proposal that counts?* 3. Number of proposals developed by AIDS service organizations *This is your primary indicator. Put it at the top. All the others will lead to this primary output.* 4. Number of organizations accessing funds *This is a long-term outcome. This indicator probably cannot be achieved in the short time frame of the program.* 5. Centers of excellence formed *This indicator is not on the pathway to change unless these centers are an intermediate step in you helping organizations get more funding. If not, you should probably not use this as an indicator.*

Activities	Who is responsible	Dates	Resources
Capacity building workshops	Capacity building officer	Ongoing *Supply start/end date for each activity*	Funds, time, training materials
Follow-up visits	Network staff	Quarterly	Funds, time
Dissemination of information on funding opportunities	Information Officer	Monthly	Funds, publications, telephone/email equipment/facilities
Partnership with donors *Do these partnerships guarantee that member organizations will be more likely to achieve the result?*	Executive Director	Ongoing	Telephone, transport, public relations and advocacy skills
Consultative and feedback meetings	Advocacy Officer	Monthly	Funds, time
Lobbying for funds to be accessed by CSOs	Advocacy Officer	Ongoing	Funds, time

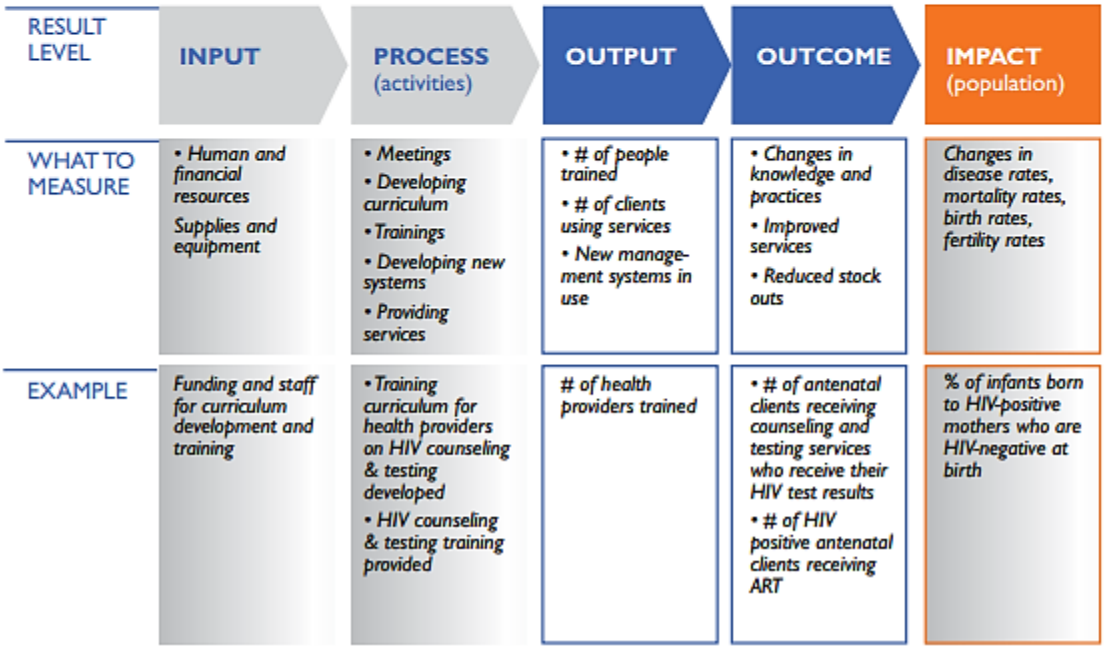
Results and Sample Indicators

Improvement Teams should define measurable results at the output or outcome level.

- An impact indicator requires more time and more interventions than a six- to eight-month project can achieve.
- Input and process indicators are too limited and activity-related to show a real public health result.

What is the difference between an output and an outcome indicator?

- An output indicator shows short-term results of activities—usually within one to six months. It can include changes in knowledge, short-term behaviors, goods or products created, amount of services provided, or the volume of work completed.
- An outcome indicator shows the medium-term result of activities—usually between six months and three years. Outcomes are changes in behaviors, practices, and benefits to the wellbeing of people as a result of inputs, processes (activities), and outputs.



Qualities of a Good Indicator

Valid	The indicator measures what it is intended to measure. It has a direct relationship to the result it is measuring.
Reliable	Measurement of the indicator would be the same no matter how many times measurement is carried out.
Precise	The indicator is defined in clear, specific terms so that it can be measured. The indicator may be qualitative (descriptive), discrete (Yes/No), or based on quantitative levels or proportions, as long as it is clearly measurable.
Easily understood	Both experts and non-experts can grasp the meaning of the indicator.
Discrete	The indicator captures a single component or aspect of a more complex result. It measures only one thing, not a set of things.
Timely	The indicator can be measured at appropriate time intervals according to the availability of data.
Comparable	When possible, the indicator avoids narrow or unique definitions whose values would be difficult to compare with other results. Indicators should be comparable across different population groups and program/project approaches.
Feasible to use	Data for the indicator are easy to obtain from a credible source and are relatively inexpensive – affordable within your organization's resources. If such data are not available, methods exist for obtaining them in the future.

Discussion points "Qualities of a Good Indicator"

Valid	*For example, a team's desired result might be an increase in men aged 15-49 years who use a condom during every sexual relation. The indicator "Men aged 15-49 years can name three ways to avoid HIV infection" is not a valid indicator for this result. Knowing how to avoid HIV infection does not necessarily mean that a condom is used. The desired result is a change in behavior; the indicator in the example measures only a change in knowledge.*
Reliable	*Self-reports about contraceptive use often suffer from a lack of reliability. For instance, if a woman is using contraceptives in secret, she may say "no" to a question on use of a modern method on a day when her husband is present, but she would say "yes" on a day when her husband is absent. Therefore, self-report on contraceptive use would not be a reliable indicator.*
Precise	*Terms such as "new user," "knowledge of diarrheal diseases," "quality of care," "leadership," or "trained provider," can mean different things to different people. The more you can explain and describe about the indicator, the less chance there will be for confusion. For example, how do you define a new family planning (FP) acceptor? Do you mean the first time a woman begins using any (modern) contraceptive method, or do you mean any client who starts any method any time at any service delivery point? In this case, you need a good, detailed definition of what you expect to measure.* *The definition of an indicator must also remain consistent over time. This means that the same definition is used every time the indicator is measured so that data collected multiple data collectors over time are not biased due to the different collectors or the different times. An indicator should also be based on universally accepted definitions, rather than ones invented or made up on the spot. This helps to ensure they are comparable over time. Finally, the same measurement instrument should be used every time to ensure consistent data collection.*
Easily understood	
Discrete	*For example, rather than using an index made up of many different aspects summed together to measure quality of care, it is better to have separate indicators that would measure key aspects of quality of care (e.g. time spent waiting, time spent in counselling, provider technical skills, client satisfaction, etc.)*
Timely	*For example, if district health clinics compile statistics every three months on contraceptive distribution by a network of community-based distribution agents, it is not a good idea to use an indicator counting contraceptives distributed in the last 30 days. At the same time, indicators should be selected that allow data collection frequently enough to inform managers about progress and to influence decisions.*
Comparable	*For example, if the general standard for measuring contraceptive prevalence rate (CPR) is a percentage of all women aged 15-49, then you should not construct your CPR indicator as a percentage of unmarried women aged 19-45.*
Feasible to use	*When possible, data should be taken from existing management processes (e.g., preparing of service statistics, hospital registries, and training reports).*

Analyzing Indicators

Instructions: Review the following two indicators and note whether they meet the basic criteria for a good indicator. In the space below each indicator, write the feedback you would give to each team. Then check the actual feedback provided to the team on the next page.

Desired Result #1: By June 2008, 100% of the 26 intended antiretroviral therapy (ART) clinics countrywide are operational (providing ART to patients).

Indicator #1: Number of ART clinics with sufficient staff trained in HIV & AIDS management and care

Your feedback:

Desired Result #2: By December 2008, there will be an 8% reduction in teen pregnancy in Uttar Pradesh State in India.

Indicator #2: Number of teenage girls receiving pregnancy counseling services.

Answers to exercise in "Analyzing Indicators"

Feedback on Indicator #1:
How would you define 'sufficient'? Is it a proportion of staff in relation to patient load, or in proportion to the catchment area? Is this the only indicator of a functional ART clinic? What about equipment and supplies?

Feedback on Indicator #2:
The result, reduction in teen pregnancy, is an outcome-level result, and an appropriate indicator for this result would be the teen pregnancy rate. The proposed indicator, the number of teenage girls receiving pregnancy counseling services, would not be a valid indicator for this result. However, it might be a good output indicator for monitoring the service delivery necessary to reduce pregnancy rates.

Identifying Sources of Data

Instructions: Review the following two examples. These are actual indicators that were used by teams in the past. Please identify one or two potential data sources for each indicator in the space provided.

Indicator #1: Number of district health units with adequate stocks of family planning contraceptives at each supervisory visit.

Data source(s):

Indicator #2: Organizational capacity assessment scores of local health clinics.

Data source(s):

Answers to exercise in "Identifying Sources of Data"

Indicator #1 data sources:

- Supervisory visit reports
- Results from a facility assessment could be used, but because this is usually a one-time assessment, it can only provide an approximate measure (a snapshot at one point in time, which may not show whether there is a pattern) of this indicator, which should be measured at every supervisory visit.

Indicator #2 data sources:

- Organizational capacity assessment or similar tool measuring capacity at the clinic level
- Individual and group interviews with clinic staff

Example of a Baseline

Let us say team members in a health center have defined a specific and measurable result, such as, "Between October and December 2010, the health center will see a 100% increase in the average number of new family planning clients per month." The team began their intervention in July, but feel that they need three months before their intervention will produce results.

To determine what they actually need to do to achieve this result, they have to know where they are before they begin to implement their work plan. For this, they review records at the health clinic for the three-month period just prior to beginning the intervention in July 2010, and discover that the clinic served an average of 150 new family planning clients per month. That is their baseline.

You might realize it will not be possible to reach **150** additional new family planning clients per month over the next six months, given the current number of staff available to take on this challenge. However, you think it would be possible to reach an additional 75 new family planning clients per month. You help the team to revise its expected result to something that is reasonable and still important, for example: "a 50% increase in the average number of new family planning clients per month." Because teams may select a percentage increase for a measurable result without thinking through the actual number over the baseline that will be needed to reach that percentage, it is advisable to ask the teams to use the actual baseline number and desired number in their final measurable results statement.

The measurable result for the team in this example should read: "The health center will see a 50% increase in the average number of new family planning clients per month, from an average of 150 new family planning clients per month between April and June 2010, to an average of 225 new family planning clients per month between October and December 2010."

The exact time period for which the baseline is measured required some judgment on the part of the team members. As a general rule, measuring the indicators for the three-month period before the intervention is sufficient. They may select a longer or shorter period, however. If the baseline measure cannot be collected through record review and requires a special data collection effort, the team may choose to collect baseline data during a shorter period, such as one month. If the team is measuring an indicator with a lot of seasonable variation, they may choose to take a baseline measurement for the same months in the previous year. For instance, if measuring the incidence of diarrheal disease in children under 5 years old between the months of October and December 2010, the team may choose a baseline of October through December 2009.

Measuring Baselines

Instructions: Review the following baseline example and note whether it meets the baseline criteria. In the space below the baseline, write the feedback you would give to the team. Then check the next page for the actual feedback that was provided to the team.

Desired Result: Between March 2010 and August 2010, the Bonne Santé Health Centre will see a 50% increase in the number of women delivering at the clinic per month, from 100 deliveries per month to 150 deliveries per month.

Baseline: Average number of deliveries per month in 2009 at the Bonne Santé Health Centre.

Your feedback:

Answer to exercise in "Measuring Baselines"

Feedback on baseline:
This measurable result clearly defines the six-month period of the project, and the projected increase in deliveries at the clinic per month as a result of implementing the project. The baseline should be amended to cover the specific months and time period for which data will be collected: "Average number of deliveries per month between October 2009 and December 2009 at the Bon Santé Health Centre." If there are factors, such as more difficult travel during the rainy season, that could change the average number of births at the clinic at different times of the year, the team may choose to use the same March to August time period in 2009 as the baseline period. Using a baseline that covers the same period as the project helps ensure that before-project and after-project comparisons are valid when there are seasonable variations in data.

5 Evaluation Topics in Designing an Evaluation[24]

Relevance	Was the intervention a good idea, given the situation and the need for improvement? Did it deal with the priorities of the target or beneficiary group? Why or why not?
Effectiveness	Have the intended outcomes, outputs, and activities been achieved? Why or why not? Is the intervention logic correct?
Efficiency	Were inputs (resources and time) used in the best possible way to achieve outcomes? Why or why not? What could you and your team do differently in the future to maximize outcome results at an acceptable cost?
Impact	To what extent has your intervention contributed to longer-term or national goals? What unintended consequences (positive or negative) did your activities have? Why did these consequences arise?
Sustainability	Will there likely be continued positive results once your intervention has ended? Why or why not?

[24] Riley, Kevin F. (2009). Programme Management and Assessment In *Conflict and Catastrophe Medicine: A Practical Guide.* (pp. 267-279). London: Springer-Verlag London. Used by permission.

Common Data Sources

Data Source	Strengths	Limitations
Service statistics: Data on the client population and clinic services that are routinely collected in client registers and clinical records	• Readily available • Cover all types of health services and all areas of a country • Can be disaggregated to district and local levels • Inexpensive to use • Can be disaggregated by sex	• Only tell you about current clients, with no information about the people who do not use the health services and might be potential users • Do not provide information about community values, perceptions, or behaviors • Do not reflect people who turn to private sources for services • Can be inaccurate if the service sites fail to record data accurately, legibly, and on time
Large-scale surveys: Population-based surveys and large-scale facility assessments	• Relevant, precise, reliable data • Can measure national health trends, identify problem areas, and help focus country resources on areas of greatest need • Generate averages for rural and urban areas, male and female, regions, and provinces • Provide a context for interpreting data collected locally • Can generate additional information from their computerized data sets	• Usually cannot disaggregate data to provide averages for sub-regional areas (districts or municipalities) • Usually not conducted annually; data become quickly outdated if populations or health conditions are changing rapidly
Rapid assessments: Focused methods for assessing local needs and making local decisions	• Quick and inexpensive • Lead to local action • Guidelines exist to assist managers in many of these techniques • Empower managers to collect the data they need • Household surveys (e.g. LQAS or KAP) can achieve sufficient precision for evaluation purposes	• Balance the need for representative, objective results with the need to use slightly less rigorous designs that are most feasible in local areas • Use reduced scope and scale to produce timely and low-cost results

Pre-service Integration Guide

Module 5:

Resource Management

(5 Units)

Module 5: Resource Management

Competencies Addressed

After completion of the module, learners will be expected to demonstrate the following competencies:

1. Mobilizes required resources for HSS
2. Allocates and prudently manages resources, including people to strengthen health systems
3. Maintains an efficient and effective supply chain in the context of health systems

Performance Objectives

At the end of the module, learners should be able to:

1. Map out sources of resources for strengthening health systems
2. Mobilize resources to support the process of HSS
3. Equitably allocate available resources to strengthen the health system
4. Describe the key components of an effective human resource management (HRM) system
5. Describe the characteristics of an efficient and effective supply-chain management system

Timeline

8 hours, 15 minutes

Contents

Units	Learning Objectives At the end of the unit learners should be able to:	Contents
Unit 1: Types and Sources of Resources (1 hour)	• List the sources of resources in the context of HSS • Discuss types of resources for HSS	• Sources and resources for HSS
Unit 2: Introduction to Resource Mobilization (2 hours)	• Define concepts used in resource mobilization • Explain the rationale for health financing through resource mobilization in HSS • Describe steps in developing a resource management strategy	• Resource mobilization • Health financing • Resource mobilization strategy
Unit 3: Resource Allocation, Use, and Management (2 hours)	• Define concepts of resource allocation • Outline criteria for resource allocation in HSS • Describe the process of resource allocation • Discuss mechanisms for managing available resources	• Resource allocation • Resource management

Units	Learning Objectives	Contents
Unit 4: Introduction to Human Resource Management (2 hours)	• Describe key components of HRM system • Explain the process of staff recruitment, orientation, supervision, and performance management	• HRM systems
Unit 5: Introduction to Pharmaceutical Supply Chain Management (1 hour 15 minutes)	• Define concepts and practices of pharmaceutical supply chain management • Explain the benefits/importance of pharmaceutical supply chain management • Explain components of pharmaceutical supply chain • Describe strategies for designing and maintaining efficient	• Pharmaceutical supply chain • Pharmaceutical supply chain management

Unit 1: Types and Sources of Resources

Purpose of this Session

The purpose of this session is to introduce participants to the various types and sources of resources that are needed to strengthen health systems in order to improve service delivery and health outcomes.

Learning Objectives

At the end of the session, learners should be able to:

1. List the sources of resources in the context of HSS
2. Discuss types of resources for HSS

Duration

1 hour

Session Description

	ACTIVITY	TIME
1	Presentation: Sources and Types of Resources for HSS	20 minutes
2	Exercise: Classifying and Mapping Types and Sources of Resources	40 minutes

Preparation Required

- Read the *Facilitator´s Guide* notes, and view PowerPoint slides for this unit. You might want to add your own notes to further guide you.
- Prepare copies of all handouts and group worksheets.
- Prepare the required flipcharts.

Materials/Equipment

- Computer/projector
- Flipchart
- Flipchart markers

Resources/Handouts

- Worksheet: "Classifying and Mapping Resources"

Step-By-Step Process

Activity 1 (20 minutes)

Presentation: Sources and Types of Resources for HSS

Step 1. Put the following questions on the PowerPoint or flipchart paper in advance. Start the session by asking participants to discuss these questions in pairs:

- How would you define "resources" in the context of HSS?
- What types of resources would a typical health organization need to meet its goals and mission?
- Where are those resources found?

Step 2. Harvest some responses from the pairs. Give participants the opportunity to share and discuss their answers to the questions in plenary.

Step 3. Capture participants' responses on a flipchart, and using their own ideas, explain the meaning of resources, as well as types and sources of resources.

Step 4. Using the PowerPoint presentation, provide a definition of resources, why these resources are important, and the relationship between internal and external resources. Wrap up the presentation by explaining that by being conscious of the types and sources of resources at our disposal, we strengthen our capacity to make effective decisions about resource allocation and utilization.

Activity 2 (40 minutes)

Exercise: Classifying and Mapping Types and Sources of Resources

Handout. "Classifying and Mapping Resources"

Step 1. Distribute copies of the worksheet "Classifying and Mapping Resources." Explain to the participants that they will do a practical group exercise to discuss, classify, and map the types of resources a typical health organization uses to fulfill its mission.

Step 2. Ask each group to appoint a note taker, who will also complete the worksheet. Give groups ample time (20 minutes) to discuss and capture their findings.

Step 3. Invite each group to share their responses and briefly explain how they classified and mapped the resources.

Step 4. Conclude this activity by explaining that in this unit you have learned that resources are more than just money or even people and that leaders and managers need to examine together ways to identify and pursue a healthy mix of resources that will enable your organization to weather (or adapt to) changes in the funding landscape.

Points to Remember/Notes to Facilitator

- Participants may be familiar with some of the key terms, but they may not share a common understanding. As such, defining terms as a group from the start helps everyone approach this and all the other units in this module with a shared set of expectations. Throughout the session, write definitions of key words on flipchart paper, and post as ready reference.

Assignments

None.

Session Closure

Close the session by explaining how this unit links with the entire program. Explain that participants have just finished Unit 1, which is related to the types and sources of resources needed to strengthen health systems in order to improve health services and health outcomes. Say: *"Since we now know the types and sources of resources that we need, In Unit 2, we will explore how to mobilize those resources, including the steps we need to take to develop a resource mobilization plan."*

References

New Partners Initiative Technical Assistance Project (NuPITA). *Resource Mobilization Module Facilitators' Guide*. Washington, DC: USAID: 2010. Available at: http://www.usaid.gov/sites/default/files/documents/1864/Resource-Mobilization-Module-Facilitators-Guide.pdf

Unit 2: Introduction to Resource Mobilization

Purpose of this Session

The purpose of this session is to introduce participants to the concept of resource mobilization in the context of health care financing and some of the steps in developing a resource mobilization strategy and plan.

Learning Objectives

At the end of the session, learners should be able to:

1. Define concepts used in resource mobilization
2. Explain the rationale for health financing through resource mobilization in HSS
3. Describe steps in developing a resource mobilization strategy

Duration

2 hours

Session Description

	ACTIVITY	TIME
1	Activity: Understanding Resource Mobilization	45 minutes
2	Case Study: Understanding the Imperatives of Health Financing	45 minutes
3	Presentation: Developing Resource Mobilization Strategy	30 minutes

Preparation Required

- Read the *Facilitator´s Guide* notes, and view PowerPoint slides for this unit. You might want to add your own notes to further guide you.
- Adapt the case study scenarios to the reality of your country.
- Prepare copies of all handouts.
- Prepare the required flipcharts.

Materials/Equipment

- Computer/projector
- Flipchart
- Flipchart markers
- Tape

Resources/Handouts

- Handout: "Resource Mobilization – Who Does It and How?"
- Handout: "Resource Mobilization Checklist"
- Handout: "Case Study: Understanding the Imperatives of Health Financing"

Step-By-Step Process

Activity 1 (45 minutes)

Activity: Understanding Resource Mobilization

Step 1. Start the session by reminding participants about the types and sources of resources that they discussed in Unit 1 and why it's essential to mobilize those resources to strengthen health systems and improve health service delivery and health outcomes.

Step 2. Ask participants to reflect individually for a couple of minutes and on a piece of paper, write down their response to this question: What is resource mobilization?

Step 3. Go around the room and ask participants to share some of their responses.

Step 4. Share definition of Resource Mobilization, taking into account participants' responses.

Handout. "Resource Mobilization – Who Does It and How?"

Step 5. Organize the group into 4 subgroups. Distribute worksheet "Resource Mobilization – Who Does It and How?" to each subgroup.

Step 6. Assign one organizational theme to each of the 4 subgroups:

- Ministry of Health
- National NGO
- Local CBO
- Private Hospital

Ask each subgroup to discuss who and how they will mobilize resources for their organization/entity. Ask each group to nominate a chair who will guide the discussion and note taker who will also complete the worksheet.

Step 7. After 15 minutes, ask each subgroup to share their findings and specific examples that they discussed in the plenary.

Handouts. "Resource Mobilization Checklist"

Step 8. Wrap up this session by reminding participants that in any organization, staff members at every level have a role to play in mobilizing resources. Some staff members are responsible for representing the organization to its donors and at official functions. Others are the lead writers on proposals that will be approved for funding. In other words, resource mobilization, especially in private and NGOs, is everyone's responsibility.

Activity 2 (45 minutes)

Case Study: Understanding the Imperatives of Health Financing

Step 1. Ask participants to continue working in the same 4 subgroups from the previous activity.

Handout. "Case Study: 'Understanding the Imperatives of Health Financing'"

Step 2. Ask each group to read the case and answer the questions at the bottom of the case study. Give the groups ample time to work on the activity.

Step 3. Ask each small group to share their responses and allow time for discussion in the plenary.

Step 4. Wrap the session by summarizing the key imperatives of health financing, including community engagement and mobilization, which should be taken into account when developing a resource mobilization strategy and plan.

Activity 3 (30 minutes)

Presentation: Developing Resource Mobilization Strategy

Step 1. In small groups, ask participants to discuss this scenario:

- Imagine your organization is planning to develop a long-term resource mobilization strategy. Your group has been asked to generate some broad steps that can be used to guide that process.
- Brainstorm in your group, and identify a few of those steps. Give each group a flipchart to write down their steps.

Step 2. Give each group an opportunity to share their steps in the plenary. Post all flipcharts on the wall, and see if there are some common patterns/similarities and sequence of the steps.

Step 3. Use the PowerPoint presentation to share some of the primary steps of developing a resource mobilization strategy, explaining some of the broad contextual details under each step, including source of information and data.

Points to Remember/Notes to Facilitator

- It is important to reiterate that in most organizations, resource mobilization is a shared responsibility that happens at different levels of the organization, and it is not just the responsibility of senior leadership teams.

Assignments

None.

Session Closure

Close the session by emphasizing that health care financing entails mobilizing resources for health spending. Explain that in Unit 3 you will discuss how to allocate and make the best use of those resources to maximize health benefits – all the while ensuring that everyone has access to health services and protection from catastrophic costs through a social safety net.

References

New Partners Initiative Technical Assistance Project (NuPITA). *Resource Mobilization Module Facilitators'*

Guide. Washington, DC: USAID: 2010.
Available at: http://www.usaid.gov/sites/default/files/documents/1864/Resource-Mobilization-Module-Facilitators-Guide.pdf

Schieber G, Baeza C, Kress D, Maier M. Financing health systems in the 20th century. In: Jamison DT, Breman JG, Measham AR, et al, eds. *Disease Control Priorities in Developing Countries*. 2nd ed. Washington, DC: World Bank; 2006.

Unit 3: Resource Allocation, Use, and Management

Purpose of this Session

The purpose of this session is to introduce participants to the concepts in resource allocation, criteria, and process for planning the allocation of resources and mechanisms used to manage, monitor, and evaluate the whole process to ensure equity, efficiency, and effectiveness.

Learning Objectives

At the end of the session, learners should be able to:

1. Define concepts in resource allocation
2. Outline criteria for resource allocation in HSS
3. Describe the process of resource allocation
4. Discuss mechanisms for managing available resources

Duration

2 hours

Session Description

	ACTIVITY	TIME
1	Presentation: Resource Allocation and Criteria for Resource Allocation	30 minutes
2	Discussion: Process of Resource Allocation	45 minutes
3	Activity: Mechanisms for Managing Available Resources	45 minutes

Preparation Required

- Read the *Facilitator´s Guide* notes for this unit. You might want to add your own notes to further guide you.
- Prepare copies of all handouts.
- Adapt the PowerPoint presentation with local statistics.

Materials/Equipment

- Computer/projector
- Flipchart
- Flipchart markers
- Tape

Resources/Handouts

None.

Step-By-Step Process

Activity 1 (30 minutes)

Presentation: Resource Allocation and Criteria for Resource Allocation

Step 1. Introduce the purpose of the session. In small groups, ask participants to imagine they are the resource allocation committee of a large urban hospital and answer these questions:

- What criteria would you use to allocate the financial, human, and other resources?
- How would you make choices about what to find and what not to fund?

Each group will generate a list of resource allocation criteria and should be ready to defend them.

Step 2. Give each group an opportunity to share their responses. Using the participants' ideas, use PowerPoint slides to explain common resource allocation criteria in the public health sector of low- and middle-income countries.

Step 3. Explain some of the economic principles, such as opportunity cost and shifting or changing the resource mix, underlying health care priority setting in order to improve benefits to populations being served.

Activity 2 (45 minutes)

Discussion: Process of Resource Allocation

Step 1. Explain that resource allocation is a process with multiple steps and players involved. Start the conversation by reminding participants about the previous activity by explaining that health care organizations all over the world are required to allocate resources and set priorities often within the constraint of limited resources, especially funding.

Step 2. Ask the participants to form 4 small groups. Assign each group one of these institutional labels:

- Ministry of Health
- Large public hospital in capital city
- Rural health center
- Large private hospital

Ask them to imagine that they have limited resources to allocate, but they would like to do so using a fair, evidence-based and open process:

- Who should be involved or consulted in the process of discussing how the resources should be allocated?
- What are some of the key steps of the process of resource allocation?

Step 3. Give each group a flipchart divided into 2 columns: barriers and facilitators.

- Ask the group to discuss some of the barriers and facilitators for priority

setting in the process of resource allocation
- Ask them to capture/summarize their thoughts on the flipchart

Step 4. Invite participants to share their discussion in plenary. Take additional notes on the flipchart about barriers and facilitators of the process of resource allocation.

Activity 3 (45 minutes)

Activity: Mechanisms for Managing Available Resources

Step 1. Ask the group to continue working in the same small groups. Explain that leaders and managers are stewards of finite and precious resources at their disposal and that they need to manage and account for how such resources are used.

Step 2. Invite the group to brainstorm about what kinds of mechanisms they can use to manage and account for resources? Give them ample time to generate some ideas before asking each group to share them. Take notes on flipchart.

Step 3. Present the framework for managing various types of resources in health setting. These include budgets, audits, procurement procedures, asset disposal mechanisms, etc.

Step 4. Conclude this activity by reinforcing the importance of being accountable for all resources and avoiding waste and abuse and not complying with procedures to improve performance and health outcomes.

Points to Remember/Notes to Facilitator

- It is important for the facilitator to be aware that resource management is a complex and sensitive issue, especially in contexts where accountability standards are weak or lax and corruption is a challenge. As such, it is important for the facilitator to maintain neutrality and just facilitate the inquiry and the conversation so that creative responses can be generated
- Emphasize that being accountable means having the obligation to answer questions on decisions and actions, including how resources are allocated and managed.

Assignments

Ask the participants to read the MSH e-Manager, 2009: "Strengthening Human Resource Management to Improve Health Outcomes" in preparation for Unit 4.
http://www.msh.org/sites/msh.org/files/emanager_2009no1_hrm_english.pdf

Session Closure

Close the session by explaining that all health organizations, including ministries of health, have an obligation to safeguard the resources that are available to them. They can do this by putting in place clear criteria for resource allocation—a process for planning, managing, and monitoring health spending—and ensuring a social safety net to protect people from catastrophic costs, and helping to improve the efficiency with which finite resources are used. A key step in the whole process is fostering an

environment in which resource allocation, re-allocation, and management becomes part of routine planning and various stakeholders become more directly involved in the process.

References

Anselmi L, Lagarde M, Hanson K. Equity in the allocation of public sector financial resources in low and middle-income countries: a systematic literature review. Health Policy Plan. 2015;30:528-545.

Mitton C, Donaldson C. 2004: Health care priority setting: principles, practice and challenges. Cost Eff Resour Alloc. 2004;2:3.

Unit 4: Introduction to Human Resource Management

Purpose of this Session

The purpose of this session is to introduce participants to the key components of an effective HRM system and its benefits for employees and organizations, and explain the process of staff recruitment, orientation, supervision, and performance management.

Learning Objectives

At the end of the session, learners should be able to:

1. Describe the key components of an effective HRM system
2. Explain the process of staff recruitment, orientation, supervision, and performance management

Duration

2 hours

Session Description

	ACTIVITY	TIME
1	Presentation: Key Components of an Effective HRM System	45 minutes
2	Discussion: Process of Staff Recruitment and Orientation	30 minutes
3	Exercise: Supervision and Performance Management	45 minutes

Preparation Required

- Read the *Facilitator´s Guide* notes for this unit. You might want to add your own notes to further guide you.
- Prepare copies of all handouts.
- Adapt the PowerPoint presentation with local statistics.

Materials/Equipment

- Computer/projector
- Flipchart
- Flipchart markers
- Tape

Resources/Handouts

- Handout: "Effective, Transparent and Efficient Recruitment and Hiring Process"

Step-By-Step Process

Activity 1 (45 minutes)

Presentation: Key Components of an Effective HRM System

Step 1. Introduce the purpose of the session. Ask participants to reflect on the following questions and jot down their thoughts:

- How would you define "human resource management"?
- What are some of the benefits of an effective HRM to an organization?
- What are some of the benefits of an effective HRM system to employees?

Give participants sufficient time to reflect and develop their responses to the questions.

Step 2. Harvest a few responses in the plenary and flipchart them. Give short presentation on definition of HRM and its benefits to an organization and employees. Make sure you use some of the responses provided by the participants.

Step 3. Give each participants a few Post-It sticky notes. Prepare 5 flipchart papers with one of these headings on each of them and post them on the walls –

- HRM capacity (staffing, budget, planning)
- Personnel policy and practice
- Performance management
- Staff training and development
- Personnel data

Individual task: Ask each participant to write on each sticky note one HRM function in any typical organization and who is responsible for it. When they are finished, ask them to walk over and attach their cards to an appropriate poster on the wall. In plenary, discuss and see if all the cards are on the appropriate posters and if there are some that may need to be moved, switched, or removed.

Step 4. Explain that an effective HRM system has several interrelated components and that they all need to be robust and functional in order to improve the performance of the organization and staff.

Activity 2 (30 minutes)

Discussion: Process of Staff Recruitment and Orientation

Step 1. Explain that the time and effort invested in planning the process of staff recruitment and orientation carefully can help to get the right person for the job, reduce turnover, build a strong team, and enhance organizational performance.

Step 2. In small groups, ask the participants to imagine that they work in a typical large district hospital in the country. Ask them to define "recruitment," and also answer these questions:

- How is a vacancy determined?
- Where are jobs advertised?
- Who is responsible for recruitment in your organization?
- Who interviews and selects?
- Who checks references?
- Who provides orientation
- What are the goals and content of orientation?

Step 3. Give each group an opportunity to share their ideas and responses. Using their feedback, provide a definition of recruitment and facilitate a conversation on a typical recruitment process.

Handout. "Effective, Transparent and Efficient Recruitment and Hiring Process."

Step 4. Discuss some of the steps of the process in the checklist.

Activity 3 (45 minutes)

Exercise: Supervision and Performance Management

Step 1. Start the session by explaining that effective supervision and performance management is influenced by many factors, including job satisfaction. Mention that employees often ask 5 basic questions about their work environment.

Step 2. Introduce participants to the 5 employee questions. Show on PowerPoint or flipchart:

1. Am I treated fairly?
2. What am I supposed to do?
3. How well am I doing it?
4. Does my work matter to the organization?
5. How can I develop myself within the organization?

Step 3. In small groups, ask participants to discuss each question and identify what elements of supervision and management practices can be used to address them. Give them an example to get them started. For example, the question, "What am I supposed to do?" speaks to the importance of ensuring that every employee has clear job expectations. Often, this involves maintaining good, up-to-date job descriptions. Explain that job descriptions can provide supervisors with starting points for work plans with the staff whom they supervise and also form the basis for effective supervision. It also gives both parties a chance to identify any training that may be needed.

Step 4. Give the groups sufficient time to complete the group task before asking them to share their responses in the plenary. Facilitate a discussion on some of the HRM and performance management practices that speak to the 5 questions and how they can be enhanced or strengthened.

Points to Remember/Notes to Facilitator

- Emphasize that recruitment can be expensive, but so, too, is the appointment of an employee who is inadequately qualified, fails to perform well, or leaves the organization before he or she has been able to make a significant contribution. That is why it is important to pay sufficient attention to the various critical steps in the recruitment process to ensure that the right person for the right position is hired.

Assignments

None.

Session Closure

Close the session by explaining that effective recruitment processes are vital in ensuring that any organization has the people it needs to implement its strategy and meet its objectives. Ask the participants to refer to the recruitment action checklist in the handout. This checklist focuses on planning and undertaking the initial stages of the process. This involves assessing whether there is a need for additional or replacement staff, identifying the tasks to be carried out, specifying the kind of person needed, finding a pool of suitable candidates, drawing up a shortlist, conducting interviews, hiring, inducting the new hires, and deploying them.

References

Management Sciences for Health. *Strengthening Human Resource Management to Improve Health Outcomes*. Cambridge, MA: Management Sciences for Health; 2009. Available at: http://www.msh.org/sites/msh.org/files/emanager_2009no1_hrm_english.pdf

Unit 5: Introduction to Pharmaceutical Supply Chain Management

Purpose of this Session

The purpose of this session is to introduce participants to the concepts, functions, practices, and strategies for maintaining an effective supply chain management to enhance health service delivery.

Learning Objectives

At the end of the session, learners should be able to:

1. Define concepts and practices of pharmaceutical supply chain management
2. Explain the benefits/importance of pharmaceutical supply chain management
3. Explain components of pharmaceutical supply chain

Duration

1 hour, 15 minutes

Session Description

	ACTIVITY	TIME
1	Presentation: Key Concepts and Practices of Pharmaceutical Supply Chain Management	15 minutes
2	Activity: Benefits/Importance of Pharmaceutical Supply Chain	15 minutes
3	Presentation: Components of Pharmaceutical Supply Chain	45 minutes

Preparation Required

- Read the *Facilitator's Guide* notes for this unit. You might want to add your own notes to further guide you.
- Prepare copies of all handouts.
- Adapt the PowerPoint presentation with local statistics.

Materials/Equipment

- Computer/projector
- Flipchart
- Flipchart markers
- Tape

Resources/Handouts

- Handout: "Typical Public Sector Country Supply Chain"
- Handout: "Pharmaceutical Cycle Diagram"

Step-By-Step Process

Activity 1 (15 minutes)

Presentation: Key Concepts and Practices of Pharmaceutical Supply Chain Management

Step 1. Introduce the purpose of the session. Ask participants to reflect on the following questions and write down their thoughts:

- How would you define "supply chain" and "logistics"?
- What are the differences between logistics and supply chain management?

Give participants sufficient time to reflect and develop their responses to the questions.

Step 2. Harvest a few responses in the plenary, and flipchart them. Give short presentation on definitions of logistics and supply chain management and why it is important for delivery of health services. Make sure you use some of the responses provided by the participants.

Handout. "Typical Public Sector Country Supply Chain"

Step 3. In pairs, ask participants to discuss how a similar process works in their country. What are the similarities, and what are the differences? Ask a few pairs to share their responses, and facilitate a brief plenary discussion.

Step 4. Display the definition of supply chain and logistics on the PowerPoint presentation.

Explain to participants that, "*…'pharmaceutical' supply chain is a system of interconnected functions/components including organizations, people, information and resources to get pharmaceutical products to the end users.' According to the Council of Supply Chain Management Professionals (CSCMP), supply chain management encompasses the planning, coordination, collaboration, and management of all activities and partners involved in it…* ***Logistics management*** *is an integrating function, which coordinates and optimizes all logistics activities."*

Step 5. Before moving to the next activity, ask participants if they have questions about the definition of pharmaceutical supply chain management and logistics and their differences.

Activity 2 (15 minutes)

Activity: Benefits/Importance of Pharmaceutical Supply Chain

Step 1. In pairs, ask participants to discuss the purposes/benefits of a pharmaceutical supply chain.

Step 2. After 5 minutes, give some of the pairs an opportunity to share their ideas and responses. Harvest as many responses as possible, and ask the other pairs if they agree. Write them down on the flipchart.

Step 3. Display the PowerPoint slide "Why Pharmaceutical Supply Chain?"

Step 4. Explain that according to the World Health Organization (WHO), pharmaceutical products and technologies are one of the building blocks of a health system, and an efficient pharmaceutical supply chain assures that appropriate high-quality pharmaceuticals are available and accessible at the right quantity and cost where and when patients/users need; clients are satisfied and feel more confident about the health program; and health providers are motivated and satisfied with their jobs.

Step 5. Summarize this activity by mentioning that efficient pharmaceutical supply chain management helps to contribute to the overall health outcomes by avoiding stockouts and overstocks and reduces waste through losses and expiry.

Activity 3 (45 minutes)

Presentation: Components of Pharmaceutical Supply Chain

Step 1. Remind participants about the definition of pharmaceutical supply chain. It is a system of interconnected functions/components to get pharmaceutical products to the end users. Explain that there are different components of pharmaceutical supply chain that fit together and makes the system a chain. Each function or component is linked together to make a supply chain cycle.

Ask them if they know different components of supply chain. Ask more questions where supply chain starts.

Explain to participants that functions/components of supply chain are: **selection**; **quantification**; **procurement**; **distribution** — storage, inventory management, and transportation; and **use**. It starts from selection and ends when clients use pharmaceutical products and information is reported back.

Step 2. Now display the pharmaceutical supply chain cycle diagram. Explain that selection is at the top where the cycle starts and the functions are interconnected to each other. In the cycle, procurement includes both quantification and procurement processes. The cycle is a continuous one, ensuring that pharmaceutical products will be available without interruption. Also explain that at the center of the cycle, there is management support.

Step 3. Ask participants what "management support" is all about and to provide some examples of management support. Receive a few responses, and write them on the flipchart. Ask if there are any more ideas.

Step 4. Explain that management support is very critical for the supply chain cycle to continue revolving. It supports each function to perform very well. Management support comprises information systems, human resources, finance, and infrastructure. Use the PowerPoint to provide a very brief overview of each function.

Points to Remember/Notes to Facilitator

Make sure to adapt the material for the country context, looking at specific players. Depending on the experience of students and level of expertise required in supply-chain concepts, content should be elaborated upon or simplified.

Assignments

None.

Session Closure

Explain that the purpose of any supply chain system is to provide good customer service by ensuring pharmaceutical products are available and accessible in the right quantity, at the right place, in the right condition and, at the right cost.

Say: *"You should design your supply chain system to achieve these goals. When you design your supply chain system, you want to ensure that the system is as effective and as efficient as possible. If your supply chain system is effective, it will produce the results that you want: Pharmaceutical products will be available when and where your customers need them. If your supply chain system is efficient, then you can achieve your purpose with a minimum use of resources; including money, time, and effort.*

For example, a supply chain system can be very effective, but it is inefficient if products reach their destination at a high cost, or through a great deal of effort. On the other hand, a supply chain system may be efficient, but it is not effective if warehouse staff process a large number of orders in a short time but make many mistakes. Your goal is to design an effective system that is as efficient as possible."

References

Management Sciences for Health. *MDS-3: Managing Access to Medicines and Health Technologies.* Arlington, VA: Management Sciences for Health; 2012. Available at: http://www.msh.org/resources/mds-3-managing-access-to-medicines-and-health-technologies

World Health Organization. *Operational Principles of Good Pharmaceutical Procurement. Essential Drugs and Medicines Policy Interagency Pharmaceutical Coordination Group.* Geneva, Switzerland: World Health Organization; 1999. Available at: http://www.who.int/3by5/en/who-edm-par-99-5.pdf

USAID | DELIVER Project. *The Logistics Handbook: a Practical Guide for the Supply Chain Management of Health Commodities*. Arlington, VA: US USAID | DELIVER PROJECT; 2011.

OECD/World Bank. OECD Principles for Integrity in Public Procurement. Paris, France: OECD/World Bank; 2005

GOK (2007) Public Procurement and Disposal Regulations, 2006 government printers. Nairobi.

http://education-portal.com/academy/lesson/resource-allocation-in-management-methods-process-strategy.html#lesson accessed on 12/06/2014

Guenette P. The importance of input supply to value chain performance. Washington, DC: ACDI VOCA International Labour Organisation; 2006.

Nyenwa, J. World Bank Training Programme Managing Procurement and Logistics of HIV/AIDS Drugs and Related Supplies: Supply Chain Management. Beirut, Lebanon: World Bank; 2005.

Module 5 Handouts

Unit 1: Types and Sources of Resources

- "Classifying and Mapping Resources"

Unit 2: Introduction to Resource Mobilization

- "Resource Mobilization – Who Does It and How?"
- "Resource Mobilization Checklist"
- "Case Study: Understanding the Imperatives of Health Financing"

Unit 4: Introduction to Human Resource Management

- "Effective, Transparent and Efficient Recruitment and Hiring Process"

Unit 5: Introduction to Pharmaceutical Supply Chain Management

- "Typical Public Sector Country Supply Chain"
- "Pharmaceutical Cycle Diagram"

Classifying and Mapping Resources

Resource Type	Characteristics	Source
Example: Physical	Equipment, supplies, machinery, buildings, land, motor vehicles	Purchased; donations from NGO, donor, foundations, support group, government

Resource Mobilization – Who Does It and How?

The table below provides a summarized example of possible roles and responsibilities of Board, management and staff of a typical NGO. In this case, it is important to note that it is in everyone's best interest to reach out and share the NGO's work and successes with the wider community and, in turn, bring back important news, connections, and leads that may help the organization to thrive.

Players in Resource Mobilization	Roles and Responsibilities
Board of Directors/ Board of Trustees/ General Assembly	• Network with potential donors and implementing partners • Provide leadership and input to strategic planning activities • Oversee the Managing Director (CEO or Executive Director) • Share the organization's work and successes with the wider community • Inform management of important news, connections, and leads • Represent the organization at high level official functions, conferences, and meetings
Managing Director/ Chief Executive Officer (CEO)/ Executive Director	• Manage all resource mobilization activities • Lead or supervise business development/proposal development • Manage relationships with government • Monitor relevant trends and developments at international/national level • Represent the organization at high-level official functions, conferences, and meetings • Network with potential donors and implementing partners at international or national level • Provide leadership and input to strategic planning activities • Share the organization's work and successes with the wider community • Inform staff of important news, connections, and leads
Senior Managers	• Contribute to proposal development • Monitor relevant trends and new developments at local levels • Represent the organization at local functions and meetings • Develop project budgets • Provide leadership and input to strategic planning activities • Inform management of important news, connections, and leads
Program Staff/ Field Staff	• Maintain awareness of donor/implementing partner actions at local level • Maintain relationship with government at local level • Share important information with senior leadership • Maintain relationships with local communities • Share the organization's work and successes with the wider community • Share important news, connections, and leads
Finance Staff	• Collect and analyze all financial information • Contribute to budget development and financial projections • Share the organization's work and successes with the wider community • Inform management of important news, connections, and leads
Administration Staff/ Procurement Staff	• Contribute to cost calculations • Collect pro forma invoices & perform other procurement functions • Share the organization's work and successes with the wider community • Inform management of important news, connections, and leads

Resource Mobilization Checklist

The following guidelines will assist your organization in preparing for effective resource mobilization.

How does your organization demonstrate the following?

- Clear sense and commitment to your vision and mission—who you are, where you are going, and how your mission relates to the communities served.
- Innovative approach and programs that yield results.
- Evidence of past accomplishments.
- Effective management and leadership by your board members and staff who will ensure the accountability and transparency of the organization.
- Financial systems that will safeguard the resources, including adequate financial controls that demonstrate good management and builds trust.
- Solid reputation, credibility, and ability to add value to donors' or prime contractor objectives.
- Mutual respect and knowledge sharing between the organization and the community it benefits, as well as other stakeholders.
- The ability to attract and sustain new resources, especially those based in the local community.
- Cost effectiveness and cost competitiveness.

Additional resources for practical information, tools, and guidance on support:

- NGO and community-based organizations, see the Resource Mobilization Implementation Kit: http://sbccimplementationkits.org/resource-mobilization/.
- For information on foundations and tips on grant proposal writing and budgeting, see the Foundation Centre website: www.foundationcenter.org.
- For information on mobilizing funds and resources, see the Resource Alliance website: www.resourcealliance.org.

Case Study: Understanding the Imperatives of Health Financing

National Level Health Financing Strategy with Decentralized Operationalization in Rwanda

Rwanda has experienced fairly steady economic growth during the last 15 years but on average the country still remains very resource constrained with an estimated GDP per capita of slightly over US$500. Even with these financial constraints, Rwanda has been able to move towards a health financing system that has increased coverage from pooling mechanisms and reduced reliance on direct out-of-pocket payments. Rwanda has successfully integrated community-based mutual health insurance schemes ("mutuelles") within a national health financing system that is tailored to focus on increasing coverage among those outside the formal employment sector who are the vast majority of the population. This bottom-up health financing system pools resources at the mutuelle level from households, the government, employers and external partners, thus enabling risk sharing at the community level and permitting extension of coverage to also those who cannot directly contribute. Anchoring the health financing mechanism at the grassroots has allowed the communities to play an active role in assuring a significant level of adherence of the population to payment of premiums and in reinforcing the accountability and transparency of the health financing system as a whole.

While the operationalization of the health financing system and strategy happens at the local level, there is strong national stewardship consisting of laws and guiding instruments that give a top-down framework for the mutuelle-based system. The organization and coordination of the intermediary and peripheral levels of the health financing system are backed by the expertise inside the Ministry of Health, especially through the technical unit that supports the district and sub-district levels in managing and monitoring the mutuelles. While the mutuelles have been reinforcing access to health services and financial risk protection, another stream of public and external funding has been flowing through a performance-based financing system that has subsequently increased the quantity and quality of services provided. These reforms in the health financing system have been one of the key elements behind the remarkable improvements in many of the health outcomes in Rwanda where maternal mortality and under-5 mortality have been significantly reduced. The right health financing policy choices have ensured that Rwanda achieves good value for its (and its development partners') investments.

Instructions:

1. Spend 10 mins to read and understand the case study
2. In your group, discuss the following questions and be prepared to share your responses in the plenary:
    - What types of risk pooling measures did Rwanda use to develop the health financing strategy?
    - What role did the community play in the way the strategy was designed and operationalized?
    - What are the major sources of funding for the strategy?
    - If you think the scheme was successful, what were some of the critical success factors?

Effective, Transparent and Efficient Recruitment and Hiring Process

Effective recruitment processes are vital in ensuring that any organization has the people it needs to implement its strategy and meet its objectives.

Yes, recruitment can be expensive, but so too is the appointment of an employee who is inadequately qualified, fails to perform well or leaves the organization before he or she has been able to make a significant contribution. The time and effort invested in planning the process of recruitment carefully can help to get the right person for the job, reduce turnover, build a strong team and enhance organizational performance.

Definition

Recruitment is the ***process of attracting, assessing, selecting and employing people*** to carry out the work activities required by a company or an organization. This checklist focuses on planning and undertaking the initial stages of the process. This involves assessing whether there is a need for additional or replacement staff, identifying the tasks to be carried out, specifying the kind of person needed, finding a pool of suitable candidates, drawing up a shortlist, conducting interviews, hiring, inducting the new hires and deploying them.

Recruitment Action Checklist

1. Review staff requirements

Take a broad view of your staffing needs and consider whether you really have a vacancy. For example, if an employee is leaving a clinic that you already feel is overstaffed, review the work load at that facility and decide whether a full-time permanent replacement is needed or whether an alternative option would be more appropriate. For example, would a part-time or temporary worker be sufficient? Should the job be restructured? What would the staffing implications of this be?

2. Consult with those involved

Always be sure to take any organizational policies and procedures into account. Authorization for a replacement or a new appointment may be needed from senior management. Consult with your personnel or HR department if you have one, as they will have expertise in this area.

3. Specify the sort of person you are looking for

List the duties, responsibilities and relationships involved in the job role and define the level of authority the post holder will have. Decide what qualifications and skills are required; what type and length of experience is needed and which personal attributes will be important. This will enable you to draw up an up to date job description and person specification. State the geographic location of the vacancy (office, hospital, clinic etc.) and set a target start date.

4. Research the labor market

Depending on the nature of the job, you may want to review the job description and person specification and ask yourself whether you are likely to find what you are looking for in one person. If so, undertake some research to gauge the pay and benefits package you will need to offer. Salary surveys are usually expensive, but in some countries are often summarized in the press at the time of publication. Monitoring job advertisements and networking with employers in your area and sector

can also give you an idea of current pay rates for certain common job categories.

5. Comply with local labor laws and other legal requirements

In most countries, recruitment activities are covered by a growing body of legislation and codes of practice designed to exclude favoritism, discrimination and unfair treatment. As such, the entire recruitment team needs to be aware of and keep themselves up to date with the latest developments to ensure that they follow good practice and don't infringe the regulations.

6. Plan how to find and attract male and female candidates into positions of leadership and management

Again, depending on the position you want to fill – you may want to start within your organization. Are there any employees suitable for promotion or re-assignment? Even if you are doubtful, it is important to advertise internally as a courtesy to staff who may wish to apply, and because they may have friends or relations who will be interested in the position.

- Refer to your existing database of previous applicants, whether unsolicited or otherwise. Draw on any appropriate contacts.
- Decide whether to use the services of a recruitment agency to identify and shortlist candidates for you, weighing the costs incurred, against the time and expertise at your disposal.
- Consider whether e-recruitment techniques, using either a government website (like in Kenya now) or an e-recruitment service would be appropriate.

7. Decide where to advertise

If you decide to advertise independently rather than use an agency, think through the options and decide which is most likely to reach the kind of candidates you have in mind:

- Local or national press; bulletin boards of professional associations etc.
- Internet recruitment sites and mailing lists.

Research the costs involved and decide what you can afford.

8. Write the advertisement

Decide if you and/or other staff have the skills and knowledge required to draw up an advert. If your organization has a HR department they will probably take on this task, but do ensure that you are involved throughout the process. In the case of a senior post, or if you are recruiting in large numbers, you may wish to hire an advertising agency to draft the advert and place it appropriately. It is preferable to name your organization in the advert rather than use a box number unless you have particular reasons for secrecy. Ensure that the advert provides the following details clearly and succinctly:

- Duties and responsibilities of the job
- Qualifications and experience required
- Personal qualities sought
- Location
- Some indication of the salary range
- Form of reply you require i.e. a CV and cover letter, copies of relevant certificates and testimonials

- Deadline for the submission of applications and where the application should be sent.
- Statement on Equal Opportunities

If you are requesting applicants to complete an application form, check that it requests all the details you will need to help you assess the candidates. It can also be helpful to ask a colleague to complete the form from the perspective of a candidate to ensure that it is clear.

9. Draw up a short-list

Decide how many people you wish to interview – this depends on the number of vacancies that need to be filled. Ask the recruitment team to sift through the applications. This should be an objective process, matching the candidates against the requirements you have defined. Look out for any unexplained employment gaps, and assess the quality of presentation and how well the replies are tailored to the specific job.

10. Selection interviewing

Depending on the number of people being interviewed, you may want to develop an interview schedule and identify interview panels – perhaps in multiple locations, in case of organizations with office branches in multiple locations. Also, it's important to standardize the interview questions and a scoring guide to foster transparency and equity.

Contact the candidates on the shortlist to check that they are still interested in the job and arrange a date and time for interview. Make sure that you provide directions so that candidates can find you and be clear about whether you are prepared to meet travel expenses.

Contact those you do not wish to interview as quickly as possible. Treat them courteously, thanking them for their interest in your organization and the position. In some cases, you may wish to keep a few candidates in reserve, in case none of those on the shortlist proves suitable.

11. Preparing and dispatching offer letters – you are now ready to hire

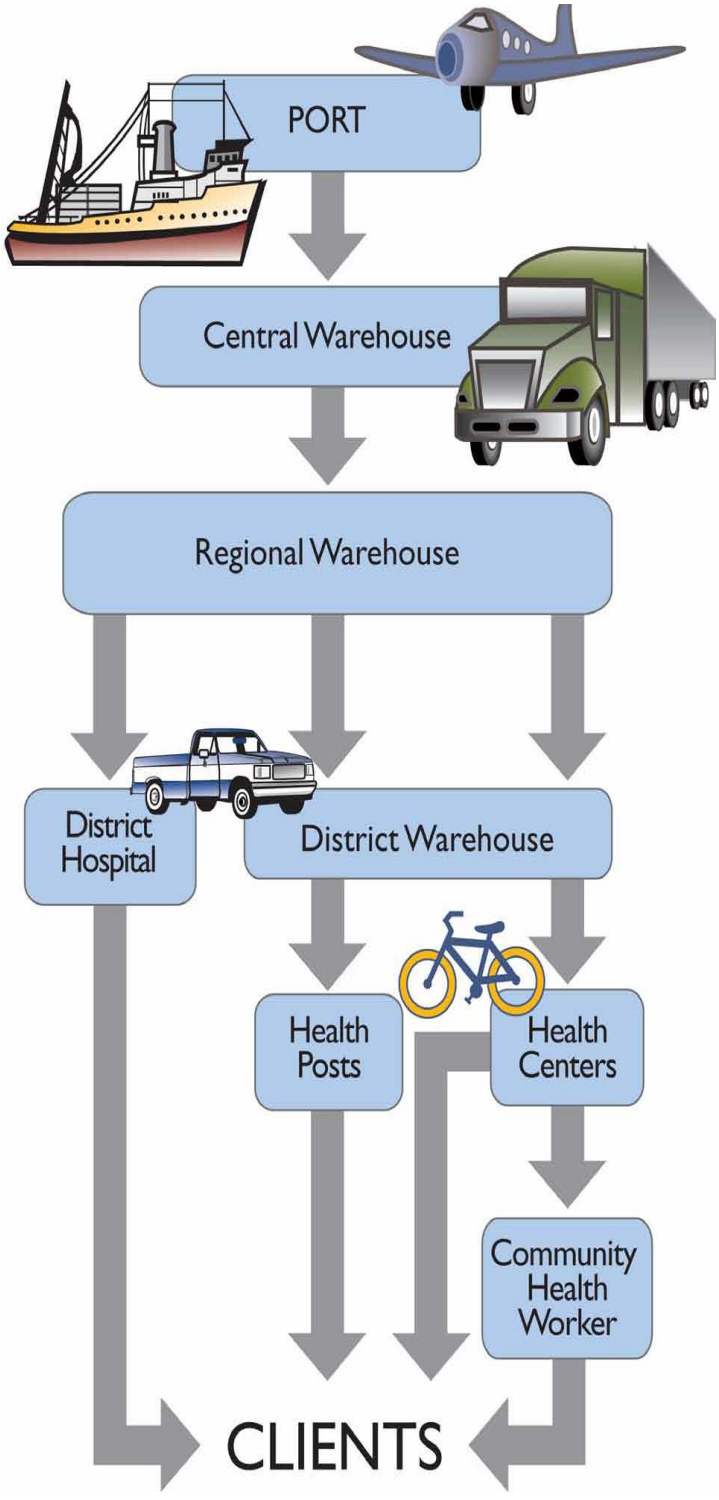
Prepare and send each successful applicant an offer letter specifying terms and condition of service, a start date, and requesting any other outstanding documents.

12. Organizing the Induction/Orientation of new hires

Contact all new recruits and share arrangements for their induction. Make sure all orientation session leaders use the same New Staff Orientation Manual.

REMEMBER: One of the critical steps in the recruitment process involves the actions you take to **SPEED UP** the process.

Typical Public Sector Country Supply Chain[25]



[25] USAID | DELIVER PROJECT (2011). *The Logistics Handbook: A Practical Guide for the Supply Chain Management of Health Commodities.* http://deliver.jsi.com/dlvr_content/resources/allpubs/guidelines/LogiHand.pdf Used by permission.

Pharmaceutical Cycle Diagram

Pre-service Integration Guide

Module 6:

Teamwork and Communication

(4 Units)

Module 6: Teamwork and Communication

Competencies Addressed

After completion of the module, learners will be expected to demonstrate the following competencies:

1. Application of appropriate interpersonal communication skills
2. Application of adequate strategies to promote horizontal organizational communication
3. Ability to build teamwork and a good work climate that leads to achieve desired results.
4. Ability to establish win-win negotiations and an environment of trust

Performance Objectives

At the end of the module, learners should be able to:

1. Practice good interpersonal communication skills
2. Apply effective strategies to promote horizontal organizational communication
3. Facilitate teamwork with respect, shared responsibility, and acknowledgement that maintains high motivation and a good work environment
4. Apply win-win principles and negotiation techniques

Timeline

8 hours

Contents

Units	Learning Objectives At the end of the unit, learners should be able to:	Contents
Unit 1: Interpersonal Communication Process and Skills (2 hours)	• Explain the interpersonal communication process and the effect of good communication in professional and personal life • In a given conversation, listen attentively without interrupting and paraphrase what was heard • Practice offering nonjudgmental feedback	• Interpersonal communication strategy • Listening skills • Giving effective feedback
Unit 2: Organizational Communication (1 hour)	• Describe the different types of organizational communication • Propose strategies to promote horizontal communication within a hierarchical organization structure	• Organizational communication strategies
Unit 3: Group Dynamics, Teamwork, Motivation, and Work Climate (3 hours)	• Explain key elements of group dynamics • Practice behaviors that build a high-performing team • Analyze the importance of different team members' roles and how they facilitate or hinder team effectiveness	• Group dynamics • Effective teamwork

Units	Learning Objectives	Contents
Unit 4: Negotiation and Building Trust (2 hours)	• Explain different approaches to negotiation and the advantages of win-win negotiations • Practice win-win negotiations with the PICO method	• Negotiation strategy

Unit 1: Interpersonal Communication Process and Skills

Purpose of this Session

A fundamental role leadership plays today is to coordinate the actions of talented individuals and multidisciplinary teams. This requires interpersonal communication skills for interaction among peers, with partners or customers. In this program unit, participants will practice conversational skills. These skills will help participants to investigate the needs of their customers, propose constructive ideas, and coordinate actions to be able to achieving the organizational goals.

Learning Objectives

At the end of the session, learners should be able to:

1. Explain the interpersonal communication process and the effect of good communication in professional and personal life
2. In a given conversation, listen attentively without interrupting, and paraphrase what was heard
3. Practice offering non-judgmental feedback

Duration

2 hours

Session Description

	ACTIVITY	TIME
1	Presentation: Interpersonal Communication Process and Skills	30 minutes
2	Exercise: The Art of Listening	45 minutes
3	Exercise: Providing Effective Feedback	45 minutes

Preparation Required

- Read the *Facilitator´s Guide* notes, and view the Power Point slides for this unit. You might want to add your own notes to further guide you.
- Prepare copies of all handouts.
- Prepare the required flipcharts.

Materials/Equipment

- Computer/projector
- Flipchart
- Flipchart markers
- Tape

Resources/Handouts

- Handout: "Practicing Good Listening"
- Handout: "Good Listening Observation Format"
- Handout: "Guidelines to Practice Feedback"
- Assignment "Practicing Good Listening"
- Assignment: "Practicing Feedback at Work"

Step-By-Step Process

Activity 1 (30 minutes)

Presentation: Interpersonal Communication Process and Skills

Step 1. Start the session asking participants to talk in pairs about this question:
- Why are interpersonal communication and communication skills critical for good leadership?

Step 2. Give some participants the opportunity to share their answers to the question in plenary.

Step 3. Take notes on the flipchart of some of the participants' comments, and use their own ideas to introduce your presentation

Step 4. Using the PowerPoint presentation, explain the importance of good communication, interpersonal communication process, and skills.

Step 5. Finalize the presentation by explaining good communication is all about practice. Explain during this unit they will practice good listening and providing feedback.

Activity 2 (45 minutes)

Exercise: The Art of Listening

Step 1. Explain how listening is probably the most important skill among all communication skills

Step 2. Ask participants what it takes to listen properly. Allow some participants to express their opinions, and take notes on the flipchart about key factors for good listening.

Step 3. Divide the group in trios.

Handouts. "Practicing Good Listening" and "Good Listening Observation Format"

Step 4. Review with the group the instructions for the exercise as explained in the 2 handouts, and clarify if there is any confusion.

Step 5. Give trios 30 minutes to practice following the instructions in the handout.

Step 6. After 30 minutes, invite participants to share how they felt when practicing in each of the 3 roles (when telling their story, when listening, when observing) and what they learned.

Step 7. Conclude the exercise by reinforcing in order to obtain a skill they will need a lot of practice. Tell them you will give them an assignment to practice.

Activity 3 (45 minutes)

Exercise: Providing Effective Feedback

Step 1. Ask participants to reflect about a time that they received positive feedback that helped them improve. When was this? What feedback was received? Let them reflect for 2 minutes.

Step 2. Invite participants to share how the feedback was provided.

Step 3. Collect participant's contributions by writing them on a flipchart with the title "Factors That Contribute to Positive Feedback." If necessary, add some important factors that were not mentioned.

Step 4. Ask participants now to think about a time they received feedback that made them feel defensive. When was this? What feedback was received?

Step 5. Ask participants to share what the person did to make them feel defensive? How was the feedback provided?

Step 6. Take notes on the flipchart labeled "Factors That Prevent Effective Feedback," with the participants' comments. If necessary, add to the list with your own opinions.

Handout. "Guidelines to Practice Effective Feedback"

Step 7. Read handout with the participants.

Step 8. Review with the group the instructions for the exercise, as explained in handout, and clarify if there is any confusion.

Points to Remember/Notes to Facilitator

- It is important to emphasize good communication skills are obtained with practice. During this session, participants will receive useful frameworks and exercises, but they need to continue practicing many times if they want to master a skill.
- Be aware of controlling the time and give enough time for the exercises. Don't invest much time lecturing. Communication skills are learned by practice.

Assignments

Between this session and the next, participants should:

- Practice good listening using the handout, "Practicing Good Listening."
- Practice providing effective feedback using the handout, "Practicing Feedback at Work."
- Read the following article on women's and men's differing communications styles: http://www.fastcompany.com/3031631/strong-female-lead/are-we-speaking-a-different-language-men-and-womens-communication-blind-s

Session Closure

Close the session explaining the connections of this unit to the entire program. Explain that you just finished Unit 1 related to communication skills. In Unit 2, you will continue working on organizational communication. Encourage participants to do their assignments to continue practicing their interpersonal skills.

References

Management Sciences for Health. *Managers Who Lead. A Handbook for Improving Health Services.* Cambridge, MA: Management Sciences for Health; 2005. Available at: http://www.msh.org/resource-center/managers-who-lead.cfm

Management Sciences for Health. *Coaching for Professional Development and Organizational Results, E-Manager*. Cambridge, MA: Management Sciences for Health; 2008. Available at: http://www.msh.org/sites/msh.org/files/emanager_no_01.pdf

Evans L. Are we speaking a different language? Men and women's communications blind spots. Available at: http://www.fastcompany.com/3031631/strong-female-lead/are-we-speaking-a-different-language-men-and-womens-communication-blind-s

Unit 2: Organizational Communication

Purpose of this Session

Although people working in an organization have to develop interpersonal communication skills, this is not enough. The purpose of this session is for participants to understand how these communication processes take place within the institution and what strategies they can use to make this communication effective.

Learning Objectives

At the end of the session, learners should be able to:

1. Describe the different types of organizational communication
2. Propose strategies to promote horizontal communication within hierarchical organizational structures

Duration

1 hour

Session Description

	ACTIVITY	TIME
1	Activity: Organizational Communication Structure and Strategies	30 minutes
2	Discussion: Strategies to Improve Organizational Communication	30 minutes

Preparation Required

- Read the *Facilitator´s Guide* notes, and view the PowerPoint slides for this unit. You might want to add your own notes to further guide you.
- Prepare copies of all handouts.
- Prepare the required flipcharts.

Materials/Equipment

- Computer/projector
- Flipchart
- Flipchart markers
- Tape

Resources/Handouts

- Handout: "Organizational Communication"

Step-By-Step Process

Activity 1 (30 minutes)

Activity: Organizational Communication Structure and Strategies

Step 1. Introduce the activity and explain that while interpersonal communication is critical, it is not enough by itself. It is important for managers and leaders to understand the different types of organizational communication and learn these skills to maintain a good work climate and achieve the organization results.

Step 2. Organize the group in 3 subgroups.

Handout. "Organizational Communication"

Step 3. Distribute the work:

- Team 1 will work on organizational downward vertical communication
- Team 2 will work on organizational upward vertical communication
- Team 3 will work on organizational horizontal/circular communication

Step 4. Explain that each team should read the handout and discuss:

- What are the advantages of this kind of communication?
- What are the disadvantages?
- What strategies do we propose to make the best use of this kind of communication?

Step 5. Give teams 30 minutes to prepare their work and be ready to present in plenary. Suggest they select a coordinator and note taker.

Activity 2 (30 minutes)

Discussion: Strategies to Improve Organizational Communication

Step 1. Give an opportunity to each team to briefly explain the type of organizational communication they worked on, describing its advantages and disadvantages.

Step 2. After the 3 groups have been explained a type of organizational communication, start a discussion on strategies to improve them.

Step 3. Start with downward vertical communication. Ask the team that worked on it to propose their strategies to improve this kind of communication. Allow other teams to add.

Step 4. Take notes on the flipchart labeled "Downward Vertical Communication" with all strategies suggested to improve it.

Step 5. Put the flipchart on the wall, and continue with the same procedure about "Upward Vertical Communication" and "Horizontal Circular Communication."

Step 6. Take notes on the flipchart about the key strategies presented by the subgroups.

Points to Remember/Notes to Facilitator

- It is important to emphasize that as health practitioners, participants will likely be in charge of leading a department team, a group of community health workers, or maybe an entire health region, or a health facility. Understanding the role of the manager who leads in terms of maintaining good organizational communication is key.

Assignments

Continue working on their field project and practicing their communication skills.

Session Closure

Close the session by reminding them that they will be in management and leadership positions and they will be responsible for good organizational communication. Explain that in Unit 3 they will continue with a key leadership challenge: how to facilitate effective teamwork and a good work climate.

References

Management Sciences for Health. *Managers Who Lead. A Handbook for Improving Health Services*. Cambridge, MA: Management Sciences for Health; 2005.
Available at: http://www.msh.org/resource-center/managers-who-lead.cfm

Unit 3: Group Dynamics, Teamwork, Motivation, and Work Climate

Purpose of this Session

This session intends to increase participants' understanding of team dynamics and create awareness of the role of the leaders and managers in creating a good work climate that enhances staff motivation and facilitates teamwork.

Learning Objectives

At the end of the session, learners should be able to:

1. Explain key elements of team dynamics
2. Practice behaviors that build a high-performing team
3. Analyze the importance of different team members´ roles and how they facilitate or hinder team effectiveness
4. Explain the main factors that influence work climate and the role a manager's behavior plays in work climate and staff motivation

Duration

3 hours

Session Description

	ACTIVITY	TIME
1	Presentation: Group Dynamics, Teamwork, and Building a High-performing Team	30 minutes
2	Discussion: Practicing High-Performing Teams' Behavior	45 minutes
3	Presentation: Team Roles	15 minutes
4	Activity: Practicing Different Team Roles	45 minutes
5	Presentation: Leader´s Role in Maintaining Good Motivation and Work Climate	45 minutes

Preparation Required

- Read the *Facilitator´s Guide* notes for this unit. You might want to add your own notes to further guide you.
- Prepare copies of all handouts.
- Prepare a flipchart reproducing the handout "Observing Team Interaction"
- Prepare a flipchart with the 4 roles of team members written on one page:
  - Initiate
  - Follow
  - Oppose
  - Observe

Materials/Equipment

- Computer/projector
- Flipchart
- Flipchart markers
- Tape

Resources/Handouts

- Handout: "Observing Team Interaction"
- Handout: "Understanding Roles in Team Work"
- Handout: "Observer Format of Roles in Team Work"

Step-By-Step Process

Activity 1 (30 minutes)

Presentation: Group Dynamics, Teamwork, and Building a High-performing Team

Step 1. Start the session asking participants what the difference is between a group and a team.

Step 2. Give the opportunity to participants to share their opinions. Based on what the participants offer, explain the definition of a team.

Step 3. Using the PowerPoint, continue presenting the elements of team dynamics, the process of building a team, and elements of high-performing teams.

Step 4. Conclude by inviting participants to practice some of the behaviors of high-performing teams in the next exercise.

Activity 2 (45 minutes)

Discussion: Practicing High-Performing Teams' Behavior

Step 1. Arrange the room with 2 concentric circles of chairs.

Step 2. Divide the group into 2 subgroups. The first subgroup, A, will be sitting in the inner circle. Subgroup B will sit in outside circle.

Step 3. Select a hot topic to discuss. Explain that the members of subgroup A will have 15 minutes to discuss and arrive at a decision.

Handout. "Observing Team Interaction"

Step 4. While group A is discussing, group B will be observers. Each member of the B group will be observing one member of the A group while taking notes in the handout "Observing Team Interaction."

Step 5. After 15 minutes, invite each A to meet with the B who was observing him or her and receive feedback about his or her interactions. Give 5 minutes for the individual feedback.

Step 6. Invite participants to reconvene. Show the flipchart you prepared, and ask observers to give you the totals of the people they observed. On the flipchart, add the interactions of each member to create a team score.

Step 7. Ask participants what they think about their interaction and their score. Conclude the exercise reinforcing that they now know exactly how to improve team interaction to build high-performing teams.

Activity 3 (15 minutes)

Presentation: Team Roles

Handout. "Understanding Roles in Team Work"

Step 1. Present 4 roles that people can play as team members:

- Initiate
- Follow
- Oppose
- Observe

Step 2. Explain that in a healthy team, people play all 4 roles in order to get results. Use the handout to explain that someone needs to "initiate" an idea or action; someone else needs to "follow" or accept the idea; someone needs to "oppose" or question the idea to make sure that decisions or actions aren't made impulsively and to improve the quality of the team's thinking; and someone needs to "observe" to give feedback on how the team is doing.

Step 3. Point out that these roles can also be played in a nonproductive way. (For example, one person can do all the initiating and dominate, or someone can only follow and never question the value of the actions. One person can get stuck in opposing and never go along with the proposals of the group. Finally, someone can be too passive and only observe and never actively participate.)

Step 4. Explain that for a team to function well, it needs all 4 roles played in a productive way. For a team member to be effective, he or she must be able to play any of the 4 roles.

Activity 4 (45 minutes)

Activity: Practicing Different Team Roles

Step 1. Divide the participants into small groups. Select two people from each group to act as "observers." It is good to choose natural "initiators" for this role, because it gives them a challenge to stay quiet and observe.

Handout. "Observer Format of Roles in Team Work"

Step 2. Ask the observers to mark on their handout when they see members of their team playing one of these roles.

Step 3. Give the teams a topic or challenge to discuss that is sufficiently real and related to their work to generate a spirited conversation.

Step 4. In plenary, ask the observers what it was like to be only an observer. Was it difficult? Ask them what they observed. Did they see each of the four roles played?

Step 5. Have the observers give feedback to their teams. Go around to each team and ask the team members whether the four roles were present in a balanced way, or whether there was too much of one role or the other.

Step 6. Have the teams discuss the feedback and propose ways to correct imbalances.

Step 7. Wrap up by emphasizing that there are no wrong roles, only sometimes that the roles are not balanced. Point out that we all need to learn how to be more effective in the roles that don't come most easily to us.

Activity 5 (45 minutes)

Presentation: Leader´s Role in Maintaining Good Motivation and Work Climate

Step 1. Start the session asking participants to think of a time when they were part of a workgroup that was not productive or was not successful. What was it like to be a member of that workgroup?

Step 2. Guide a discussion asking why do you think the workgroup was unproductive or unsuccessful? What were your feelings about the environment of that workgroup?

Step 3. Write the words people use on the flipchart.

Step 4. Invite participants to now think of a time when they were a member of a workgroup that was productive and successful in achieving results. What was it like to be a member of that workgroup? Ask: Why do you think that workgroup was able to be productive or successful? What were your feelings about the environment of that workgroup?

Step 5. Discuss one question at a time, and write the words people use on this flipchart. Now both the negative and positive responses are in view.

Step 6. Ask participants, *"What do we need to do to create a positive work climate?"*

Step 7. After discussing this question, using the PowerPoint, continue presenting about what a work climate is and how it affects people's motivation and what the role is of the leader in creating a positive work climate.

Step 8. In pairs, invite participants to explore how leading and managing practices contribute to a positive or a negative workgroup climate.

Step 9. In plenary: Discuss the actions the teams could take to improve work climate.

Points to Remember/Notes to Facilitator

- Use this session to emphasize how the leading, managing, and governing practices contribute both directly and indirectly to better services. Help participants to understand they have some control over these practices as they apply them in their daily work.

Assignments

Invite participants to observe behaviors in their meetings using the handout titled "Observing Team Interaction" and provide feedback to the team. It can be powerful to build high-performing teams.

Session Closure

Close the session explaining this session is the last one of the Team Work Unit within the Communication and Team Work Module. The last session of this module will cover a critical leadership competency: negotiation.

References

Management Sciences for Health. *Managers Who Lead. A Handbook for Improving Health Services*. Cambridge, MA: Management Sciences for Health; 2005. Chapter 3 and Tool-kit http://www.msh.org/resource-center/managers-who-lead.cfm

Covey S. *The Seven Habits of Highly Effective People*. New York, NY: Simon and Schuster, 2004.

Lozada M. The Role of Positivity and Connectivity in the Performance of Business Teams. *Am Behavi Sci*. 2004;47:740-765

Unit 4: Negotiation and Building Trust

Purpose of this Session

A fundamental role that leadership plays today is to respond to multiple demands from different actors, such as the community, families, individuals, health workers, and authorities at different levels of the health system. It is critical to understand the different needs and to be able to negotiate with them to get desired results for everybody. The intention of this session is to provide a framework and tools that help managers and leaders to establish win-win negotiations with the different actors within the health system.

Learning Objectives

At the end of the session, learners should be able to:

1. Explain the characteristics of effective negotiations and the advantages of principled negotiations
2. Practice effective negotiations using the PICO method

Duration

2 hours

Session Description

	ACTIVITY	TIME
1	Group discussion and plenary: What are the characteristics of an effective negotiation?	45 minutes
2	Activity: PICO Method of Effective Negotiation	1 hour, 15 minutes

Preparation Required

- Read the *Facilitator´s Guide* notes for this unit. You might want to add your own notes to further guide you.
- Prepare copies of all handouts.
- Prepare in advance potential topics for the negotiation.

Materials/Equipment

- Computer/projector
- Flipchart
- Flipchart markers
- Tape

Resources/Handouts

- Handout: "Format to Prepare a Principled Negotiation"
- Handout: "Using Principled Negotiation Method: PICO"
- Handout: "Principled Negotiation Observation Format"

Step-By-Step Process

Activity 1 (45 minutes)

Group Discussion: Characteristics of an effective negotiation

Step 1. Introduce the session by explaining the importance for managers and leaders to have negotiation skills. Explain that because resources are limited (time, money other resources), people compete for them, so we need to negotiate. We are negotiating all the time. Negotiations can be as simple as negotiating the timing for a meeting or as complex as negotiating the benefits in a contract with the workers' union. In this session, we will discuss the characteristics of good negotiation as well as practicing a method that can help us have effective negotiations.

Step 2. Divide the group into 4 subgroups and give them 15 minutes to discuss the following questions.

- What are the main challenges you find in having an effective negotiation?
- In your experience, what are the characteristics of an effective negotiation? (what must happen to say the negotiation was effective?)

Step 3. In plenary, invite each subgroup to share the challenges they have faced in having effective negotiations. Take notes on a flipchart summarizing the challenges to an effective negotiation.

Step 4. Give subgroups the opportunity to share their ideas on the characteristics of effective negotiations and take notes on the flipchart.

Step 5. After summarizing the participants' suggestions about effective negotiations, use the PowerPoint, to present the characteristics of an effective negotiation and continue presenting the principled negotiation method.

Step 6. Conclude by inviting them to practice the method with the following exercise.

Activity 2 (1 hour, 15 minutes)

Activity: PICO Method of Good Negotiation

Step 1. Arrange the room with 2 concentric circles of chairs.

Step 2. Divide the group into 3 subgroups.

- Group A will be one party in the negotiation
- Group B will be the second party in the negotiation
- Group C will be observers

Step 3. Explain they will role-play a negotiation. Discuss with the group the topic to negotiate, the situation, and the conditions in which the negotiation occurs. For instance, the topic could be the health facility negotiating the recovery of fees for services with the community health committee; or the union negotiating a salary increase with the hospital authorities; or the hospital negotiating with the regional office to be assigned a vehicle for supervision, etc.

Step 4. Distribute the roles in the negotiation. For instance, group A will be the community health committee, and group B will be the hospital board. Divide group C in two: Half of them will observe group A, and half of them will observe group B.

Handout. "Format to Prepare a Principled Negotiation"

Step 5. Give teams 15 minutes to prepare their negotiation using the PICO method. The observers start observing the teams during the preparation stage.

Step 6. After 15 minutes, invite group A and group B to come into the inner circle and the observers to sit in the outer circle, and start the negotiation.

Step 7. Instruct the observers to use the handout "Principled negotiation observation format" to look at the 4 steps of a principled negotiation and see how the group that was assigned to them is using it or not.

Step 8. After 30 minutes, bring the discussion to a close, and start the analysis of the process. First, give each party the opportunity to express how they feel about the result and what they think about their performance.

Step 9. After each party has expressed themselves, give the observers the opportunity to provide feedback to the group they observed about their use of the method.

Step 10. Close the exercise emphasizing the moments in which the method was used or how it could have been used to come to a win-win solution.

Points to Remember/Notes to Facilitator

- It is very important to select a good topic to negotiate. Try to think about something that is within the experience of participants and something that is realistic, so the discussion becomes interesting and challenging.
- Instruct the observers to provide facts that back-up their conclusions. For instance if they claim that the group was creatively providing alternatives, they should give specific examples of which ones.

- When the negotiation is finished, don´t let the group return to discuss the topic that was being negotiated. This is time to talk about how they used or did not use the PICO method and whether or not it helped them to come to a win-win conclusion.

Assignments

Participants will practice the method for a real negotiation:

- Read the handout "Using Principled Negotiation Method: PICO"
- Prepare a negotiation using the handout: "Format to Prepare a Principled Negotiation"
- Evaluate their negotiation by using the handout: "Principled Negotiation Observation Format"

They should bring the completed formats to discuss in the following session.

Session Closure

Close the session explaining this session gave them the opportunity to practice one of the most important leadership and management skills, but remind them that practice is critical. Invite them to use the method as much as they can, so they can master it. Explain that this is the last session of Module 4 related to communication skills and teamwork. The next module will continue developing leadership skills by working on coaching and mentoring.

References

Management Sciences for Health. *Managers Who Lead. A Handbook for Improving Health Services*. Cambridge, MA: Management Sciences for Health; 2005.
Available at: http://www.msh.org/resource-center/managers-who-lead.cfm

Fisher R, Ury W, Patton B. *Getting to Yes: Negotiating Agreement Without Giving In*. 2nd ed. New York, NY: Penguin Books; 1991.

Module 6 Handouts

Unit 1: Interpersonal Communication Process and Skills

- "Practicing Good Listening"
- "Good Listening Observation Format"
- "Guidelines to Practice Effective Feedback"
- Assignment: "Practicing Good Listening"
- Assignment: "Practicing Feedback at Work"

Unit 2: Organizational Communication

- "Organizational Communication"

Unit 3: Group Dynamics, Teamwork, Motivation, and Work Climate

- "Observing Team Interaction"
- "Understanding Roles in Teamwork"
- "Observer Format of Roles in Teamwork"

Unit 4: Negotiation and Building Trust

- "Format to Prepare a Principled Negotiation"
- "Using Principled Negotiation Method: PICO"
- "Principled Negotiation Observation Format"

Practicing Good Listening

During this exercise, you will work in groups of three to practice good listening that will help you find ways to improve future conversations.

You can practice listening by:

1. Pay attention when other person is talking, don't think in other issues
2. Focus on what she or he said instead of thinking what are you going to answer
3. After the person finishes talking, before presenting your point of view, make a summary of what she or he said, verify accuracy
4. At the end of the conversation recapitulate what the other person said.

The steps to this exercise are as follows:

Step 1. Distribute roles among your group of three:

- Person A share a personal experience
- Person B listen attentively.
- Person C observe the conversation and provide feedback.

Step 2. Person A describes a story, a personal experience, something that has a lot of meaning for her or for him. It can be a communication challenge with a friend, colleague or member of his/her family

Step 3. Person B listens to the entire story with great care and without interrupting.

He/she can help person A to relate his/her story asking good questions like:

- Tell me more about the context of the situation. Who was involved? Why?
- What happened? What was the result?
- How do you feel about what happened?
- What would you do differently if you were in that situation again?
- What can you do now about it?

Step 4. Person B summarizes the story and verifies accuracy with person A.

Step 5. The observer watches the whole performance without interrupting and, at the end, provides feedback to person B about his/her listening utilizing the format below.

Step 6. Repeat the process changing roles until all three persons have played the three roles. Allow 10 minutes for each round including feedback.

Good Listening Observation Format

Instructions: *Utilize this checklist to assess person A listening. Mark Yes or No depending on what you have observed. Describe the specific behaviors to support your evaluation and to help person A identify areas to improve.*		
Was person B demonstrating interest in the story?	**YES**	**NO**
Describe specific comments or behaviors that you observed that demonstrate to be interested: (eye contact, body language etc.)		
Did he or she listen well?	**YES**	**NO**
Describe specific behaviors that you observed that demonstrate he or she was listening: (Was observing attentively, not interruptions etc.)		
Did he or she ask questions to help person B think through the story?	**YES**	**NO**
Write down some of the good questions person A asked:		
Did he or she verify understanding by making a good summary?	**YES**	**NO**
Write down some of the issues person A may have left out of the summary or some things he or she misinterpreted.		

Guidelines to Practice Effective Feedback

Providing constructive feedback is key to become a good leader. To provide effective feedback you should:

- Select an appropriate time and private place to talk.
- Be specific about the action that you appreciated or that bothered you.
- Describe the facts
- Describe the impact of the action
- Express your feelings without blaming the other person for them.
- Make a specific request for a different behavior.

During this exercise, you will use role-playing in groups of three to practice how to provide effective feedback. Each of the group members will provide feedback to another member of the group, who will play the role of the person receiving feedback. The steps to this exercise are as follows:

Step 1. Individual work: Prepare your feedback

Each team member selects a person to whom s/he wishes to provide feedback. Prepare the feedback she or he will provide during the role play by filling in the following form:

- Describe the facts (context and behavior):_____
  Example: ""Last Tuesday, when we had an appointment at 8:30, you were 30 minutes late."
- Describe the impact (fact):_____
  Example: "As a result, I was late for my following meeting because I finished the meeting with you late."
- Express your feelings without blaming:_____
  Example: "That made me angry. I don't like to be late."
- Make a specific request:_____
  Example: "Can you please arrive on time or advise me if you are going to be late, so I can coordinate my work better?"

Step 2. Distribute roles among your trio:

- Person A is the person providing feedback.
- Person B is the person receiving feedback.
- Person C is the observer.

Step 3. Person A provides feedback to person B.

Person A explains the context to person B, so that both clearly understand the roles they are playing. Person A provides feedback to person B following the format above.

Step 4. Person B receives the feedback without comments.

Step 5. The observer watches the whole performance without interrupting and, at the end, provides feedback on whether or not person A followed the format. The observer can suggest ways person A might improve the process if necessary.

Step 6. Repeat the process changing roles until all three people have played each of the three roles. Allow 5 minutes for each round including feedback.

Step 7. Share your learning in plenary

Assignment: Practicing Good Listening

You can practice listening by using any opportunity in individual conversations or meetings:

- Pay attention when other person is talking, concentrate and don't think in other issues
- Focus on what she or he said instead of thinking what are you going to answer
- After the person finishes talking, before presenting your point of view, make a summary of what she or he said, verify accuracy
- At the end of any meeting or conversation recapitulate in your mind what the other person said

Assignment: Practicing Feedback at Work

To provide effective feedback you should:

- Select an appropriate time and private place to talk.
- Be specific about the action that you appreciated or that bothered you.
- Describe the facts
- Describe the impact of the action
- Express your feelings without blaming the other person for them.
- Make a specific request for a different behavior

Step 1. Prepare your feedback

Select a person to whom you wish to provide feedback. Prepare the feedback by filling in the following form:

- Describe the facts (context and behavior):_____
Example: "Last Tuesday, when we had an appointment at 8:30, you were 30 minutes late."

- Describe the impact (fact):_____
Example: "As a result, I was late for my following meeting because I finished the meeting with you late."

- Express your feelings without blaming:_____
Example: "That made me upset. I don't like to be late."

- Make a specific request:_____
Example: "Can you please arrive on time or advise me if you are going to be late, so I can coordinate my work better?"

Step 2. Provide feedback

Look for the person you would like to provide feedback. Select the right moment and place. Don´t do it in public or in a rush. Ask this person if you can talk to him or her just for a few minutes and express your feedback following the format you filled above.

Step 3. Reflect on your performance

Take some time to reflect on your performance:

- Did I express what I want to?
- Did I follow the format?
- What was the other person's reaction?
- What would I do different If I would do it again?

Step 4. Save your reflection to share with your group in the next module.

Organizational Communication[26]

While people working in an organization have to develop interpersonal communication skills, this is not enough. It is also necessary to understand how these communication processes take place within the institution.

Organizational communication is the process whereby an individual or entity of an organization establishes contacts another individual or unit of the structure. Organizational charts are the most common way to represent these structures.

The most common forms of organizational communication are: downward, vertical communication; upward, vertical communication; and circular, horizontal communication. All three serve different purposes. However, the traditional bureaucratic organization has favored downward, vertical communication, assuming that the head only has to give orders and does need not listen to what the operational levels have to say. Unfortunately, most organizations lack mechanisms to ensure upward and circular communication, making it particularly important to promote upward and horizontal communication.

Downward, vertical communication

In most cases, higher management communicates instructions, policies, and guidelines that then flow downward to the rest of employees. This communication is known as downward, vertical communication.

This key form of communication ensures that all employees are aware of the organization's intended direction, desired results, and distribution of responsibilities. Without this type of communication, work efforts are not coordinated, resources are misused, and poor results are common. The organization operates like a car without a steering system, or a body without a nervous system to transmit commands from the brain.

Some of the problems with downward communication occur when superiors forget to inform their staff, messages get lost and do not reach lower levels, and memoranda are sent but no one follows up to confirm they were received or even understood. When crucial information is not reported and offices are flooded instead with insignificant letters and messages, people stop listening.

One way that managers and supervisors at all levels can improve downward communication is to recognize its importance and implement permanent, efficient control measures, such as meetings with a specific agenda, clear and concise memoranda, and mechanisms to confirm that information has been received and understood. Managers and supervisors need to be well informed in order to convey accurate, pertinent information in a timely manner and gain the trust of employees so that they will listen.

[26] Adapted from Alberto Martínez de Velasco y Abraham Nosnik, *Comunicación Organizacional Práctica*. Mexico: Editorial Trillas, 2001.

Upward, vertical communication

For an organization to be healthy, senior management must listen to what is going on at other levels. What is happening with services? What are clients saying? What do the employees think? How do they feel? When people within an organization send messages up the chain of command, this is called upward, vertical communication. This type of communication includes service statistics, performance reports, employee feedback, and responses from clients and the community. This essential form of communication:

- Allows upper management to receive feedback on how employees receive and interpret its messages;
- Provides information on how services are really functioning, how the needs of service users and the community are being met, and whether the institutional mission is truly being carried out;
- Allows us to know the employees' level of satisfaction;
- Enables participation, which increases staff motivation since staff members feel their opinions are heard. Upward communication is critical in order for upper management to "hear" what is really happening and to properly plan next steps that take into account knowledge and information of all parties. This communication is essential for decision-making.

Problems with upward communication occur when formal mechanisms are not in place to facilitate communication. Staff members may be afraid to express their opinions even when given the chance. No procedures ensure that information concerning the services or employee opinions reach the upper levels in a timely manner.

Steps to improve upward communication include periodic meetings with employees, maintaining an open-door policy, that is, being open to meeting with and listening to employees at any time, leaving the office to visit service locations, talking with employees and clients, and using suggestion boxes and opinion surveys.

Circular, horizontal communication

Every organization performs activities related to the goals it aims to achieve. To achieve these goals, it must perform certain tasks assigned to specific employees. Employees working in the same department, service area, or program need to work together to perform tasks with other people in their department and people from other areas. This is especially important in ongoing quality control and improvement programs, where the employees involved in the processes that need improvement must work as a team. This is where the need for circular, horizontal communication arises. We call it circular because its objective is for all the people involved to communicate with one another, not just with the team leader.

The main purpose of this type of communication is to provide a means to coordinate efforts and solve problems without having to send the problem to a more senior level and wait for a solution come down.

Horizontal communication is essential in organizations because it:

- Avoids bureaucracy and delay in centralized problem-solving and decision-making at higher levels;
- Encourages participation of all employees to not only perform what is asked of them, but also share suggestions and be creative. This promotes greater flexibility in decision making, creative problem solving, and higher levels of employee satisfaction;
- Facilitates the implementation of actions when the people who develop and plan activities are the

ones who will implement them. People are more accepting of their own ideas;
- Is essential for developing ongoing quality assurance and improvement programs for health services.

Circular horizontal communication can also present problems, such as:

- Long, disorganized meetings that don't produce results;
- Not using other communication mechanisms, such as downward or upward communication, and attempting to meet all communication and information needs through meetings. This leads to too many meetings, misuse of time, and inactivity from inflated expectations for reaching consensus in all situations.

Some steps we can take to improve horizontal communication include creating teams to achieve ongoing quality improvement and to work on a project-by-project basis; delegating responsibility for team decision making, scheduling periodic team meetings for discussion and decision making, and holding meetings with other departments that share projects.

Observing Team Interaction[27]

Observe the interactions of the team member that was assigned to you. Each time he/she interacts you can put an x in the respective column accordingly with his/her interaction. If the team member says something that is encouraging put an x in the encouraging column. It he or she is asking questions with the intention of inquiry, put an x under inquiring. If he or she is advocating for one idea put an X under advocacy. Etc.

At last sum all interactions and save the results to share with the person observed and to make the team score.

Team member	Positive/negative		Inquiry/advocacy		We/them	
	Encouraging comment	Critical or opposing comment	Inquiring	Proposing	Talking about the team	Talking about outsiders
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

[27] Based on Lozada, Michael. *The Role of Positivity and Connectivity in the Performance of Business Teams*. American Behavioral Scientist, Vol. 47 No. 6, February 2004 740-765

Understanding Roles in Teamwork[28]

There are four roles in teamwork. These roles can be played at different times by different people.

Initiate: start action, propose new ideas

Follow: accept the idea or proposal for action and support it actively

Oppose: question the direction

Observe: watch what is going on

Role	Positive	Negative
Initiate	Gets action started	Dominates
Follow	Supports movement of action	Mindlessly agrees
Oppose	Thinks critically	Obstructs
Observe	Reflects and gives feedback	Acts passively

[28] Based on Kantor, David's Four Player Model. http://www.kantorinstitute.com/fullwidth.html

Observer Format of Roles in Teamwork

	Team members	Initiate	Follow	Oppose	Observe	Observations
1						
2						
3						
4						
5						
6						

Observe the interaction of team members. Each time they participate, put an X in the appropriate column depending on what kind of role they are playing: initiate, follow, oppose or observe and make comments about the process. Uses the column on the right to make comments on specific behavior you observe, and how it affected the team dynamic.

Format to Prepare a Principled Negotiation

People—Separate the people from the problem	Consider the background factors that may have contributed to their current positions and how to minimize them	
Interests—Look for the interests hidden behind the positions	Put yourself in the others' shoes: what motivates the others, where do your interests agree, and where do they differ?	
Criteria—Agree on objective criteria to test potential options	Define objective criteria for evaluating possible options, for example, what would be a fair outcome?	
Options—Look for alternative solutions	If anything is possible, what are the best solutions, and how would these benefit you and the other party?	

Using Principled Negotiation Method: PICO[29]

To achieve effective negotiation, it must be carried out as a process. Roger Fisher and William Ury, two professors from the Harvard University's Negotiation Program, have developed a method they call "principled," as opposed to the traditional "positional" approach to negotiation.

Fisher and Ury explain the essence of "principled" negotiation is to separate people from problems, to focus on interests and not on positions, to invent options for mutual gain, and to insist on objective criteria—some external standard or principle that both parties can agree on.

Whether negotiating a contract, family quarrel, or labor conditions, people routinely bargain from positions. Each side takes a position, argues for it, and makes concessions to reach an agreement. A classic example is haggling about prices in the market.

To achieve agreements and be effective, a method for negotiation should meet three criteria:

- Produce a wise agreement that meets the legitimate interests of each side to the extent possible, resolves conflicting interests fairly, and is durable;
- Be efficient—that is produce a good agreement in a reasonable amount of time;
- Improve, or at least not damage, the relationship between the parties.

Whichever negotiation method we choose, not being prepared is perhaps the biggest and most serious disadvantage. This is true whether the negotiation is already underway or has not yet begun, regardless of our experience.

If you do not like the choice between hard and soft negotiating, you can change the game, and use a method specifically designed to produce wise, efficient, amicable agreements. Principled negotiation, also known as the PICO method, comprises four basic points to plan for a negotiation:

- **People** — separate the people from the problem
- **Interests** — focus on interests, not positions
- **Criteria** — insist that the result be based on objective standards
- **Options** — generate alternatives before deciding on actions

Step 1. People — Separate the people from the problem.

If the parties view themselves as adversaries in a face-to-face confrontation, it is difficult to separate their relationship from the problem. Anything one negotiator says about the problem appears to be directed personally at the other and is received that way. Each side becomes defensive and reacts, ignoring the other side's legitimate interests.

However difficult our personal relations may be, we will be able to reach an amicable reconciliation of our various interests if we accept the task as a shared problem and face it together. To help the other party shift from a face-to-face to a side-by-side approach, we can discuss the issue with the person explicitly. "Look, we're both doctors and public servants." Or, we could start treating the negotiation as a joint process, and through our actions, make it desirable for the other to do the same.

[29] Adapted from: Fisher, Roger, Ury, William, and Patton, Bruce. Getting to Yes: Negotiating Agreement Without Giving In. 2nd ed. New York: Penguin Books, 1991

However precarious the relationship may be, try to structure the negotiation as a joint effort shared by both parties, with differing interests, perceptions, and emotional involvement. Remember that you are dealing with human beings, not abstract representatives of the other side. Humans have emotions, values, principles, different backgrounds, paradigms, and viewpoints. Failing to deal with others sensitively as human beings can be disastrous for a negotiation. Throughout the process, it is important to continually ask yourself, "*Am I paying enough attention to the people problem?*"

Every negotiator has two interests: the substance of the problem and the interpersonal relationship. Every negotiator wants to reach an agreement that resolves the problem and also protect his interests and future dealings.

Deal with people problems directly; don't try to solve them through concessions. If emotions run high, look for ways for each person involved to let off steam. When there are misunderstandings, work to improve communication.

Step 2. Interests — Focus on interests, not positions.
What do people really want? All parties have interests. The basic problem in negotiations lies not in conflicting positions, but in the conflict between each side's needs, desires, concerns, and fears. Interests motivate people; they are the motor behind the noise of positions. Your position is something you have decided upon, and your interests are what led you to that decision.

A position is simply a form of satisfying interests. It is a means, not an end. To have a successful negotiation, it is not enough to discuss or argue a position. An agreement must satisfy the interest of both parties. Behind opposed positions lie shared, compatible interests, as well as conflicting ones. To identify these interests, we have to ask ourselves: *Why? What for? Why do I want the report delivered on the fifteenth? Why do I want to be paid in cash?* These questions help us identify the needs that concern us most. They reveal the interest underlying our demands and requests.

If we are not sure if something is a position or an interest, we need to determine whether more than one solution exists. If there isn't another solution (such as when we say "I want the Ministry of Health to give me a car"), then it is a position, and we must continue inquiring. On the other hand, if there are many ways to satisfy a request, (such as, I want some means of transportation for supervisory activities, or I want more prestige at work), then it is probably an interest. Since more than one hidden interest can exist, it is always helpful to ask *Why?* and *What for?*

If we want to propose an acceptable option, we need to understand the other party's interests. Sometimes it is possible to hold a meeting to discuss interests before initiating a process of consensus building. We can also consult with people who work in the same profession or industry as the other party, or with people in our own organization who have a job similar to the other party. It may also be useful to read any available information on the other party.

Realize that each side has multiple interests. You will be simultaneously pursuing both your independent and shared interests. A common error is to assume that both parties have the same interests. It will be very difficult to influence the other if you fail to appreciate the differing interests involved. Remember that the most powerful interests are the basic human needs: economic well-being, security, and a sense of

belonging, recognition, and control over one's life.

Distinguishing between positions and interests is fundamental to reaching consensus and agreements that benefit all parties.

Step 3. Criteria — Insist on objective standards.
Even when you understand the other party's interests, you will always face unpleasant, conflicting interests. When this happens and before you discuss options, you should first agree which criteria those options must meet.

You will generally find more than one objective criterion available as a basis for agreement. Before generating options, agree on certain requirements that the options must meet, so that the discussion will have a common objective. At a minimum, objective criteria must be legitimate, practical, and applicable to both sides. Some examples of criteria, depending on the subject of the negotiation, may include scientific judgment, professional standards, and market value, among others.

For example, let's suppose you are talking with physicians about which antiretroviral to use. Before deciding on the brand or formulas, you need to agree on what requirements these antiretroviral must meet. For example, a recognized laboratory must manufacture them, and funds to fully cover their cost must be available in the current budget. For the previous example where we want transportation for supervisory activities, we could establish criteria such as the transportation must be comfortable, safe, and within the budget limits.

Having identified objective criteria, never yield to pressure, only to principle. Ask, "Does this alternative meet the criteria we established?" "Does it meet the needs of both parties?"

Step 4. Options — Generate alternatives before deciding on action.
Negotiation is not about minimizing the differences or convincing others they want the same things we want. It is about finding a way that satisfies the negotiators and creates value. The most successful negotiations are those who explore a number of possible options. We must remember that a problem has dozens of favorable solutions. That is why the process must be creative, resolving problems and reaching agreements for mutual gain instead of imposing wills.

The first solution the parties come up with that is acceptable to both isn't necessarily the best. The more options we invent, the greater the possibility that one or more will reconcile the parties' conflicting interests efficiently.

In most negotiations, four obstacles inhibit inventing options: premature judgment, searching for the single answer, assuming a fixed pie, and thinking that solving the other's problem is that person's problem, not yours.

- *Premature judgment:* a critical outlook that plans to condemn any new idea. Pre-judgment hinders the imagination.
- *Searching for a single answer:* a give-and-take process confined to that same option, often found in negotiation from positions.
- *Assuming a fixed pie:* occurs when each party focuses on only what is there, and sees the situation as either "I get what I want or you get what you want."
- *Thinking that solving the problem of the other party is their problem:* a self-serving, short-sighted concern that leads to partisan positions, partisan arguments, and one-sided solutions that will wreck the negotiation.

To invent creative options, we need to:

- Separate the act of inventing options from judging them;
- Broaden the options on the table;
- Search for mutual gains;
- Help resolve the other party's problems.

Principled Negotiation Observation Format

Instructions: *Utilize this check list to assess the use of PICO method. Mark Yes or No depending on what you have observed. Describe the specific behaviors to support your evaluation and to help group A or group B identifies areas to improve.*		
Were they separating the people from the problem? Were they gentle with the other party and being firm with their interest?	**YES**	**NO**
Describe specific comments or behaviors that you observed that demonstrate they were gentle with the other party and not giving up in their interest:		
Did they focus on their interest and the other party interest instead of focusing on fixed positions?	**YES**	**NO**
Describe specific comments or questions that you observed that demonstrate they were looking for the interest of both parties instead of discussing on fixed positions.		
Before discussing options, do they propose/agree on criteria to test the options? Criteria — Agree on objective criteria to	**YES**	**NO**
Write down some of the criteria they proposed:		
Did they generate a variety of alternatives that could satisfy both parties?	**YES**	**NO**
Write down some of the alternatives they proposed.		

Pre-service Integration Guide

Module 7:

Coaching and Mentoring

(3 Units)

Module 7: Coaching and Mentoring

Competencies Addressed

After completion of the module, learners will be expected to demonstrate the following competencies:

1. Awareness of the role of leadership in staff development
2. Ability to provide learner support to staff to enhance performance potential

Performance Objectives

At the end of the module, learners should be able to:

1. Apply coaching and mentoring principles in their work as a manager
2. Use coaching and mentoring to face work challenges and promote staff development
3. Apply adequate communication skills to facilitate coaching conversations

Timeline

6 hours

Contents

Units	Learning Objectives At the end of the unit, learners should be able to:	Contents
Unit 1: Coaching and Mentoring Concepts and Principles (1 hours, 30 minutes)	• Describe the role of the manager as a coach or mentor • Explain how coaching can be used to solve workplace challenges	• Positive coaching and mentoring experiences • Introduction to coaching and mentoring
Unit 2: Coaching Skills and Process (2 hours)	• Explain the importance of good conversation skills for becoming a good manager and good coach • Describe the 5 coaching skills: OALFA (Observe, Ask, Listen, Feedback, Agreement) • Identify their own strengths and areas of opportunity and develop an action plan to improve coaching conversation skills • Practice OALFA skills in coaching and mentoring conversations	• Coaching skills • OALFA skills

Units	Learning Objectives	Contents
Unit 3: Facilitating Coaching Conversations (2 hours, 30 minutes)	• Explain the power of using focused conversations method to facilitate coaching or mentoring conversations • Describe the 4 steps to having a focused conversation using the ORID method (Objective, Reflective, Interpretive, and Decisional) • Apply ORID method to conduct productive coaching and mentoring conversations	• ORID method for coaching conversations

Unit 1: Coaching and Mentoring Concepts and Principles

Purpose of this Session

When managers are asked what is most challenging about their jobs and what takes the most time, the answers almost always relate to personnel and interpersonal issues. By learning to coach or mentor, managers can address many recurrent problems and free up some of the time they spend on those problems. By looking at what coaches and mentors do, participants can expand the manager's role beyond giving orders to include providing feedback, challenges, and support and contribute more and better to the performance of the team and the organization.

Learning Objectives

At the end of the session, learners should be able to:

1. Describe the role of the manager as a coach or as a mentor
2. Explain how coaching can be used to address workplace challenges

Duration

1 hour, 30 minutes

Session Description

	ACTIVITY	TIME
1	Discussion: Sharing Positive Coaching or Mentoring Experiences	45 minutes
2	Presentation: "Using Coaching and Mentorship to Address Work Challenges"	45 minutes

Preparation Required

- Read the *Facilitator´s Guide* notes, and view PowerPoint slides for this unit. You might want to add your own notes to further guide you.
- Prepare copies of all handouts.
- Prepare the required flipcharts.

Materials/Equipment

- Computer/projector
- Flipchart
- Flipchart markers
- Tape

Resources/Handouts

- Handout: "Sharing Positive Manager Experiences"
- Handout: "The New Manager-Coach Paradigm"

Step-By-Step Process

Activity 1 (45 minutes)

Discussion: Sharing Positive Coaching or Mentoring Experiences

Step 1. Invite participants to think about a time that stands out for them as a high point in their work or their life that involved a supervisor supporting them through a challenging experience.

Handout. "Sharing Positive Manager Experiences"

Step 2. Invite them to form pairs and tell their stories, as well as practice their listening skills, by following the instructions in the handout.

Step 3. Invite participants to summarize the leader/supervisor actions/behaviors that help people grow and succeed.

Step 4. In plenary, invite pairs to share the summary of leaders/supervisors actions/behaviors that help people grow and succeed.

Activity 2 (45 minutes)

Presentation: "Using Coaching and Mentorship to Address Work Challenges"

Step 1. Start the session asking participants:

- What is a mentor?
- What is a coach?
- How are these 2 roles related?

Step 2. Give some participants the opportunity to share the answers to the questions in plenary

Step 3. Take notes on the flipchart of the participants' comments, and use their own ideas to introduce the 2 concepts.

Step 4. Using the summary of actions that help people grow and succeed to introduce your PowerPoint presentation. Explain coaching and mentorship concepts and principles as well as how managers and leaders can use them to address work challenges and promote staff development.

Step 5. Finalize the presentation by explaining that in the next units they will have the opportunity to assess and practice their own skills to be a good coach or a good mentor.

Points to Remember/Notes to Facilitator

Explain the difference between mentorship and coaching. ***Mentoring*** is about teaching new or junior employees how to advance and get things done in the workplace. Sometimes we call this "learning the ropes." The distinctive feature of coaching focuses on an aspect of performance that needs to be improved (unlike mentoring). Nevertheless skills that we will develop in this module will be used both for a mentorship or coaching relationship.

Assignments

- Read the handout "The New Manager-Coach Paradigm."
- Use every opportunity to practice their listening skills.

Session Closure

Close the session explaining that participants have completed the introductory unit of Module 5 "Coaching and Mentoring." In the following session, they will have the opportunity to assess and practice their OALFA (Observe, Ask, Listen, Feedback, and Agreement) coaching skills.

References

Management Sciences for Health. *Coaching for Professional Development and Organizational Results, E-Manager*. Cambridge, MA: Management Sciences for Health; 2008. Available at: http://www.msh.org/sites/msh.org/files/emanager_no_01.pdf

Flaherty J. *Coaching: Evoking Excellence in Others*. 3rd ed. New York, NY: Routledge, Taylor & Francis Group; 2011.

Unit 2: Coaching Skills and Process

Purpose of this Session

Interpersonal communication is a complex process in which we interact with people mainly through our conversations and is especially critical when having coaching conversations. Developing coaching and communication competencies for interaction among peers, partners, or clients is one of the critical areas of leadership. In this session program, we will assess and practice OALFA (Observe, Ask, Listen, Feedback, and Agreement) skills to improve communication in general and prepare participants to practice coaching conversations.

Learning Objectives

At the end of the session, learners should be able to:

1. Explain the importance of good conversation skills for becoming a good manager and good coach
2. Describe the 5 coaching skills: OALFA (Observe, Ask, Listen, Feedback, and Agreement)
3. Identify their own strengths and areas of opportunity, and develop an action plan to improve coaching conversation skills
4. Practice OALFA skills in coaching and mentoring conversations

Duration

2 hours

Session Description

	ACTIVITY	TIME
1	Exercise: OALFA Skills	20 minutes
2	Presentation: OALFA Skills	20 minutes
3	Activity: Developing Individual OALFA Improvement Plan	20 minutes
4	Exercise: Observing, Listening, and Asking Skills	60 minutes

Preparation Required

- Read the *Facilitator´s Guide* notes, and view PowerPoint slides for this unit. You might want to add your own notes to further guide you.
- Prepare copies of all handouts.
- Prepare the required flipcharts.

Materials/Equipment

- Computer/projector
- Flipchart
- Flipchart markers
- Tape

Resources/Handouts

- Handout: "OALFA Self-assessment"
- Handout: "Tips for Improving Coaching Skills"

- Handout: "OALFA Skills Improvement Plan"
- Handout: "Guidelines to Practice Coaching Skills"
- Handout: "Observation Format for Practicing Coaching Skills"

Step-By-Step Process

Activity 1 (20 minutes)

Exercise: OALFA Skills

Step 1. Start the session explaining that participants will complete a self-assessment to discover their strengths and areas of improvement in their coaching and communication skills. Invite them to be honest so they can discover their real situation. This assessment is just for them, and they don't have to share the results unless they want.

Handout. "OALFA Self-assessment"

Step 2. Briefly explain how to complete the OALFA self-assessment to get their score.

Step 3. Invite participants to identify which items they score higher (their strengths) and in which ones they score lower (areas for improvement). Explain that the numbers are not that important. The importance is not the number score but to identify areas of improvement.

Activity 2 (20 minutes)

Presentation: OALFA Skills

Step 1. Start the conversation by asking some participants in which skills they scored higher and in which ones they got lower scores.

Step 2. Using the PowerPoint presentation, explain the OALFA skills, giving some examples of each one.

Handout. "Tips for Improving Coaching Skills"

Step 3. Ask participants who have scored high in Observe to raise their hands. Ask one of them to read from the handout tips to improve "Observe."

Step 4. Repeat the same procedure for each of the 4 other OALFA skills.

Activity 3 (20 minutes)

Activity: Developing Individual OALFA Improvement Plan

Step 1. Introduce the exercise, explaining that now that they have identified their areas of improvement, they can write a plan to improve their OALFA skills.

Handout. "OALFA Skills Improvement Plan"

Step 2. After 15 minutes, ask for volunteers to share specific activities they will take to improve in each of the 5 OALFA skills.

Activity 4 (60 minutes)

Exercise: Observing, Listening, and Asking Skills

Step 1. Start the activity by explaining to participants they will practice 3 of the most important coaching skills: asking good questions, listening carefully, and helping the coachee to come to an agreement.

Step 2. Divide the group into trios.

Handouts. "Guidelines to Practice Coaching Skills" and "Observation Format for Practicing Coaching Skills"

Step 3. Review the instructions for the exercises in the 2 handouts and clarify if there is any confusion in the group.

Step 4. Give trios 45 minutes to practice following the instructions in the handouts.

Step 5. After 45 minutes, invite participants to share how they felt when practicing in each of the 3 roles and what they learned.

Step 6. Conclude the exercise by reinforcing that in order to obtain a skill, they will need a lot of practice.

Points to Remember/Notes to Facilitator

As with any other skill, conversation communication skills are obtained with practice. You can talk about listening and know what works, in theory, and still be very bad listener. To master any skill, you need good knowledge, good tools, and a lot of practice. During this session, you will provide a good framework and practical tools to improve communication skills. Emphasize during this session the value of taking opportunities in any conversation to practice observation, attentive listening, good questioning, and offering feedback.

Assignments

- Start implementing their OALFA skills improvement plan

Session Closure

Close this session by explaining that they assessed their conversation/communication skills and developed an improvement plan. Now the ball is in their court. They should continue practicing on their own. In the next session they will learn a practical method to conduct coaching or mentoring conversations.

References

Management Sciences for Health. *Coaching for Professional Development and Organizational Results, E-Manager*. Cambridge, MA: Management Sciences for Health; 2008. Available at: http://www.msh.org/sites/msh.org/files/emanager_no_01.pdf

Flaherty J. *Coaching: Evoking Excellence in Others*. 3rd ed. New York, NY: Routledge, Taylor & Francis Group; 2011.

Unit 3: Facilitating Coaching Conversations

Purpose of this Session

A good coach helps the other person to make distinctions and have a new perspective that can help him or her to make better decisions. The purpose of this session is to learn how to differentiate facts from interpretations and emotions and to understand how emotions influence our decision making. Participants will discover how using the ORID conversational method can facilitate productive coaching conversations to help people make better decisions to improve their performance and personal development.

Learning Objectives

At the end of the session, learners should be able to:

1. Explain the power of using the focused conversations method to facilitate coaching or mentoring conversations
2. Describe the 4 steps to have a focused conversation, according to the ORID (Objective, Reflective, Interpretative, and Decisional) method
3. Apply ORID method to conduct productive coaching and mentoring conversations

Duration

2 hours, 30 minutes

Session Description

	ACTIVITY	TIME
1	Case Study: Differentiating Facts from Emotions and Interpretations	45 minutes
2	Presentation: Demonstration of ORID (Objective, Reflective, Interpretative and Decisional) Method	45 minutes
3	Exercise: ORID Method	60 minutes

Preparation Required

- Read the *Facilitator´s Guide* notes, and view the PowerPoint slides for this unit. You might want to add your own notes to further guide you.
- Prepare copies of all handouts.
- Prepare the required flipcharts.

Materials/Equipment

- Computer/projector
- Flipchart
- Flipchart markers
- Tape

Resources/Handouts

- Flipchart with the 4 steps or "ORID Method"
- Handout: "Martha and Marcos Case Study"
- Handout: "Martha and Marcos Case Study Analysis"
- Handout: "Practicing a Coaching Conversation"
- Handout: "Coaching Conversation Observation Format"
- Handout: "ORID Method for a Coaching Conversation"
- Handout: "Sample Questions for the ORID Method"

Step-By-Step Process

Activity 1 (45 minutes)

Handout. "Martha and Marcos Case Study"

Step 1. Start the session by asking participants to form pairs and read the case study and respond to the questions at the bottom of the handout.

Step 2. Give them 10 minutes, and open the discussion following the same questions in the case study.

- What are the facts?
- What are Martha's emotions?
- What are Martha's interpretations?

Step 3. Take notes on 3 flipcharts: one with the facts, another with emotions, and a third one with interpretations.

Step 4. After coming to an agreement with what are facts, emotions, and interpretations, ask the group, *"How can Martha come to a better decision?"*

Step 5. Let participants express some opinions.

Handout. "Martha and Marcos Case Study Analysis"

Step 6. Invite participants to read handout aloud. Each person can read a paragraph.

Activity 2 (45 minutes)

Step 1. Start your presentation by explaining how a good coach could help Martha to make better decisions by helping her analyze how she could climb the ladder of inferences or descend the ladder to improve her analysis and decision making.

Step 2. Following the flipchart, explain how the ORID method can help us improve our analysis and decision making. Use the Martha case study to explain each step of the method.

Step 3. Demonstrate the method, inviting one participant to play the role of the coachee and present an issue that is troubling to him/her. You can use the method to facilitate the coaching conversation in front of the group.

Step 4. Ask participants to identify the 4 steps of the method in the interaction you have just demonstrated and make any further explanations if necessary.

Activity 3 (60 minutes)

Step 1. Explain to the group that now they will have the opportunity to practice using the ORID method to conduct a coaching conversation

Step 2. Divide the group into trios.

Handouts. "Practicing a Coaching Conversation" and "Coaching Conversation Observation Format"

Step 3. Review with the group the instructions for the exercise in the 2 handouts, and clarify if there is any confusion.

Step 4. Give trios 45 minutes to practice following the instructions in the handout.

Step 5. After 45 minutes, invite participants to share how they felt when practicing in each of the 3 roles and what they learned.

Step 6. Conclude the exercise by reinforcing that in order to obtain a skill, you invite them to practice in real life to facilitate a conversation using the ORID method.

Points to Remember/Notes to Facilitator

- You can explain to become a good coach or a good mentor, they need to master the OALFA skills and use a method to conduct their conversations.
- ORID can help them in the beginning to be sure they are helping the coachee to make distinctions among facts, emotions, and interpretations. They can also challenge the coachee's interpretations by encouraging them to look for facts to back up interpretations. At the beginning, they may feel the process is too structured—but with practice, they will incorporate it and conduct the conversation in a more flexible way.

Assignments

Before the next session, participants will:

- Read the handouts "ORID Method for a Coaching Conversation" and "Sample Questions for the ORID Method"
- Practice the ORID method using the handout "Practicing a Coaching Conversation"
- Self-evaluate their performance using the handout "Coaching Conversation Observation Format"

Session Closure

Close the session by explaining that they have completed Module 7 on coaching and mentoring. Invite participants to apply these management and leadership practices in all the work they will undertake as managers who lead.

References

Management Sciences for Health. *Coaching for Professional Development and Organizational Results, E-Manager*. Cambridge, MA: Management Sciences for Health; 2008. Available at: http://www.msh.org/sites/msh.org/files/emanager_no_01.pdf

Flaherty J. *Coaching: Evoking Excellence in Others*. 3rd ed. New York, NY: Routledge, Taylor & Francis Group; 2011.

Spencer LJ. *Winning through Participation*: *Meeting the Challenge of Corporate Change With the Technology of Participation.* Dubuque, IA: Kendall Hunt Publishing Company; 1994.

Module 7 Handouts

Unit 1: Coaching and Mentoring Concepts and Principles

- "Sharing Positive Manager as a Coach Experiences"
- "The New Manager-Coach Paradigm"

Unit 2: Coaching Skills and Process

- "OALFA Self-assessment"
- "Tips for Improving Coaching Skills"
- "OALFA Skills Improvement Plan"
- "Guidelines to Practice Coaching Skills"
- "Observation Format for Practicing Coaching Skills"

Unit 3: Facilitating Coaching Conversations

- "Martha and Marcos Case Study"
- "Martha and Marcos Case Study Analysis"
- "Practicing a Coaching Conversation"
- "Coaching Conversation Observation Format"
- "ORID Method for a Coaching Conversation"
- "Sample Questions for the ORID Method"

Sharing Positive Manager Experiences

We all have had good experiences in life when someone has supported us to succeed. The purpose of this practice is to share this experience with your partner when practicing at the same time attentive listening and Inquiry. The steps to this exercise are as follows:

Step 1. Distribute roles in your pair:

- Person A will listen attentively.
- Person B will share his/her own experience.

Step 2. Person A only asks questions to facilitate the conversation. She can introduce the conversation by saying: Think about a time that stands out for you as a high point in your work and it was determined by the challenge that was given to you and the support you received from your supervisor.

- What time was it? What was the challenge?
- What successes did you achieve? Tell me what it was about you that made it so successful?
- Tell me what it was about your boss/your leader that helped you succeed? What practices / behaviors did your boss/leader bring to the effort that made the support so successful?
- What did you learn from that experience?

Step 3. Person B describes his or her personal experience of success Person A listens to the entire story with great care and without interrupting.

Step 4. Person A summarizes the story and verifies accuracy with person B.

Step 5. Repeat the process changing roles until the two persons have played the two roles. Allow 10 minutes for each round.

Step 6. Make a summary of the leader/supervisor actions/behaviors that help people grow and succeed. Safe the summary to be shared in plenary

The New Manager-Coach Paradigm

The complexity of the problems the health sector currently faces makes it necessary to form multidisciplinary or even multisectoral teams since no single person or organization can solve such problems on their own. This requires a different interpretation of what managing and leading encompass. We therefore introduce the term "managers who lead" to indicate that leading and managing are activities (rather than personality traits) that are integral to the responsibilities of those in charge, at any level, whether a team or an entire organization. Today, we don't need heroic and charismatic people to lead us. We need people who are good at creating the conditions for talent to flourish and who excel at coordinating the actions of highly capable persons.

Coaching is a tool that helps managers who lead bring out the best in their people. No longer simply issuing orders, instructions, or advice, the manager who leads as a coach facilitates self-knowledge and self-development in others. They facilitate in other people the discovery of new possibilities for effective action.

Managers who lead need followers who want to be engaged in the work of the organization and who believe they have something to contribute. Authoritarian command and control approaches to managing staff cannot produce such motivation and engagement; as soon as control is lifted, people will pursue their own interests, whether enlightened or not, with the risk of nonalignment of effort and possible work at cross-purposes.

There is currently a growing consensus that managers who lead cannot be effective if they restrict themselves to giving orders and instructions, supervising compliance, and controlling their subordinates' performance. They must be able to enhance the performance of the staff and give them increased autonomy so they can use their talents, creativity, and initiative in service the organization, while bringing the best of themselves to their tasks.

Today's managers who lead who wish to go beyond ensuring compliance with policies and norms (this is important, of course) or simply staying on the job must find ways to raise the energy, motivation, and commitment of their staff. One way is to add a new role to their old one, namely, that of coach.

They must switch from:	To:
Telling, directing, teaching	Inquiring and listening
Imposing external control	Facilitating internal control through delegation
Knowing all the answers	Looking for answers with others
Focusing on mistakes	Focusing on possibilities and celebrating learning

The role of boss is received; the role of coach is earned. Bosses who restrict themselves to giving orders and controlling their subordinates risk creating employees who obey orders, perform their responsibilities with only minimum compliance to avoid being fired, receive criticism defensively, and try to hide mistakes to avoid being reprimanded. When a boss has earned the trust of staff, they share their difficulties and become open to her influence.

The above is not very different from what a successful sports coach does. That is why this new practice has been strongly associated with the role of a sports coach. The only difference is that in coaching a sports team, the coach focuses on the team on winning, which means another team must lose. Organizations thrive when everyone wins.

What is coaching?

The results we obtain in our work and our daily lives are the consequences of the actions we undertake, which in turn are influenced by our thoughts and our beliefs, some of which we may be unaware of. Therefore, if we wish to modify the results, we must modify our actions, while first modifying our beliefs or mental models.

We have all experienced results that were not what we actually wanted. When we don't get our desired results, our mental models or judgments about the world keep us from seeing how our actions have contributed to producing those results. With a coach who asks good questions, we can find out what limits or blocks us and then choose alternative actions.

A coach helps another person or group of people modify the way they see and judge reality, with the aim of making new distinctions and reformulating judgments. This then allows the coachee to see choices not seen before and to expand her capacity for effective action in order to produce the results she seeks.

Coaching is based on the principle of autonomy of the coached person. The coachee decides, chooses, and ultimately resolves. Coaching is about learning, not teaching or giving advice. A coach does not tell her coachee what to do but rather facilitates exploration so that the person discovers something she failed to see.

A coach is a neutral observer, not judging the person being coached or telling her what to do. Through the power of good questions, a coach invites the coachee to examine and reformulate judgments and explore new, more effective alternatives for action than those from the past. Thus, the coachee comes to her own conclusions about how to modify her beliefs and actions.

Principles on Which a Coaching Relationship is Based

- People are naturally inclined toward self-development if they receive appropriate feedback and support.
- Coaching is a learning strategy that helps people enhance their personal satisfaction and expand their possibilities for effective action.
- The coachee is the owner of the process, and the process is successful when self-correction and self-development occur.
- The coach is a neutral observer who helps the other person modify her thoughts and beliefs and make new interpretations in order to identify new possibilities for action.

Requirements to Establish a Coaching Relationship

Establishing a productive coaching relationship requires[30]:

- mutual trust
- mutual respect
- freedom of expression
- good conversations triggered by good questions.

Let's take a closer look at each of these.

Mutual Trust

The coach must trust the capacity of the coached person to know herself and be aware of actions or behaviors that get in the way of achieving the results she truly wants. The coach must believe that people are naturally inclined to develop themselves and that with the proper feedback and support, they can grow and improve their performance. Trust in the capacity of people to do this constitutes the basis for a successful coaching relationship.

The coached person must trust in the coach's ethical values, believing that the coach's main interest is the coachee's personal and professional development, putting aside personal interests to focus on helping the coachee find her own answers. Both members understand that the information they share is confidential.

Mutual Respect

The coach must have a deep respect for the values, priorities, and decisions of the coached person. Helping the coachee discover new options or approaches requires that the coach remove her personal biases or experiences and refrain from advice giving since these may be irrelevant to the coachee's context and reality.

[30] Flaherty, James, *Coaching: Evoking Excellence in Others*, 1999.

Freedom of Expression

Freedom of expression develops when the coach invites the coached person to openly express herself and listens without using the information from the coached person against her. When one of the participants is a boss, the coaching relationship will be limited by their mutual trust and the freedom to honestly express themselves. If a boss cannot momentarily set aside the role of authority to tell the other person what she "must" do, and cannot accept mistakes and difficulties as part of the learning process, the coached person will never be willing to openly share difficulties.

Good Conversations Triggered by Good Questions

Coaching requires an explicit declaration of the need to hold conversations and the willingness of both parties to hold such conversations. Ideally, the coached person discloses a difficulty and requests help from the coach. A coach who is also the boss might also identify something that needs attention and offer support. If accepted by both parties, a coaching conversation can begin.

Positive, Appropriate Behaviors of a Coach

- providing support through respect and acceptance of the coachee
- being committed to helping the other person find answers in herself
- posing questions to help the coachee reformulate her interpretation of the relationship between her actions and the results produced
- listening attentively
- helping the coachee discover new possibilities for action
- supporting the development of new competencies
- supporting the coachee to commit to new actions and to follow through on decisions.

Actions of a Coach that Inhibit a Positive Coaching Relationship

- evaluating, judging, and criticizing
- telling what to do and what not to do
- giving answers
- breaking confidentiality.

Positive, Appropriate Behaviors of a Coachee

- acknowledging that there is a difficulty
- recognizing that she is incapable of resolving the difficulty alone
- being open to receiving help
- being open to learning and change.

How Coaching Differs from Mentoring

Mentoring targets new or junior employees to teach them the basic skills that drive progress in the workplace. In contrast, coaching focuses on a specific aspect of performance and helps the person being coached understand the relationship between her behavior and the results, so that she can identify new behaviors that produce improved performance and results.

OALFA Self-assessment[31]

1	2	3	4	5
I seldom behave like this	Sometimes I behave like this	I frequently behave like this	Very frequently I behave like this	I almost always behave like this

When providing coaching or mentoring . . .

Observe	Score
• I pay attention to the other's facial expressions and body language. • I look for opportunities to have a conversation and work things out when there are misunderstandings or communication breakdowns. • I am aware of other people's moods. • I'm observant; I notice when someone else wants to talk to me. • I am able to distinguish a coaching opportunity from other interactions.	
Observe Total:	
Ask	
• My questions are motivated by a desire to understand the person or situation better. • When I ask a question, I probe further and inquire in more depth rather than accepting the first answer I receive. • I ask questions to broaden my perceptions about the issue rather than to confirm my point of view. • When the other person expresses his/her opinions, I inquire about the facts on which these opinions are based. • I ask questions to challenge the other person's interpretation of a situation or experience.	
Ask Total:	
Listen	
• I listen attentively to the other person without thinking how I am going to respond. • I try to imagine being in the other person's shoes when I am listening. • I do not judge the other person's behavior. • I summarize the messages I hear using my own words to ensure that I understood them. • I listen for what is not said.	
Listen Total:	
Give Feedback	
• I describe to the other person what I observe about his/her behavior in very specific terms. • I describe to the other person the likely consequences of his/her behavior. • I offer feedback in private. • I always start with strengths when offering feedback. • I give feedback in such a way that the other person can hear what I have to say.	
Feedback Total:	

[31] Taken from E Manager Coaching for Professional Development and Organizational Results. MSH, Number 1, 2008

Arrive at an Agreement	
• I help the other person identify concrete and realistic actions s/he can take. • I help the other person identify obstacles and discover practical ways to overcome them. • I establish clear agreements that underscore the responsibility of the other person for carrying them out. • I request a decision and commitment from the other person to change his/her behavior. • I follow up on these agreements periodically.	
Agreement Total:	

If you score 100 points or more, you are very practiced in these coaching skills. If you score less than 75, there is room for improvement; you could request some coaching yourself.

Tips for Improving Coaching Skills

OALFA Skill	Ways to Strengthen Each Skill
Observe	• Try to observe without judgment. Stick to the facts (what do you see?) rather than what you think you see. Write down these facts, and check how many of them are objectively observable and how many are subjective impressions. • When you interpret what you observe, check whether your interpretation is correct. For example: "You seem tense. Is something the matter?"
Ask	• If you plan to have a conversation, prepare good questions in advance. Review each question to make sure it is an authentic inquiry that will help learning rather than one that blocks learning. • Before the conversation, tell yourself: "I know very little about this person's experience." Or, "I would like to get her perspective, especially if it is different from mine." • After the conversation, review the questions you asked and the answers you received. What did you learn about the other person? About yourself?
Listen	• Hold back when you find yourself wanting to give advice. Instead, listen for hints that the other person already knows the content of your advice. • Practice writing a summary of what a person being coached said in a conversation. • Practice identifying the feelings underneath the words. Verify with the other person if you were correct. • Increase your tolerance for silence. If you wait patiently, you allow the other person to respond thoughtfully.
Give Feedback	• Think about how you would like to receive feedback from another person. • Practice being specific when giving feedback, referring to specific behaviors without labeling them. • Before giving negative feedback, look for behaviors that merit applause and encouragement, and then phrase the negative feedback as a request for improvement.
Arrive at an Agreement	• Each time you make an agreement, ask yourself whether it is actionable and has a time limit. • Before closing a conversation, make sure you have an agreement. • Write down reminders for follow-up on your calendar.

OALFA Skills Improvement Plan

Now that you have assessed your OALFA skills, we invite you to develop an improvement plan by answering the following questions:

1. In what skills you score the highest?
2. In what skills you get the lower score?
3. What are the areas on that skill in which you score low?
4. Take ideas from the handout "Tips for improving OALFA" to write some activities you will do to improve your OALFA skills in the following plan. See the example.

Skill/Activity	When/how often	How /with what support
Listen Practicing listening attentively and paraphrasing what the person said	• When my colleagues are making a request • During weekly meetings at work	• I will put a reminder in my agenda

Guidelines to Practice Coaching Skills

Step 1. Individual reflection
Remember an unsatisfactory conversation with a colleague, spouse, friend or any other person that is close to you. This exercise will be most effective if you think of a conversation with which you are very dissatisfied with the results. It would also be useful to analyze a recurring conversation that leaves you dissatisfied (i.e. a repeated discussion with the same person on the same topic, without a successful resolution).

Step 2. Distribute roles among your group of three:

- Person A is the coach.
- Person B is the person being coached.
- Person C is the observer.

Step 3. The coach *only* asks questions to facilitate the conversation:
The coach helps the person being coached to relate his/her story about a failed conversation. The following are some of the questions the coach can ask:

- Tell me about the context of the conversation. Who was involved? Why?
- What did you want to get out of the conversation? What was the result?
- How do you feel about what happened?
- What do you now discover when analyzing the conversation?
- What questions could you have asked to improve your understanding of the other person?
- What would you do differently if you were to have this conversation again?
- What can help you to improve your future conversations?
- What are you going to do?

Step 4. The person being coached describes his or her personal experience in the conversation:
The coach listens to the entire story with great care and without interrupting.

Step 5. The coach summarizes the story and actions the person being coached will take and verifies accuracy with the coached person.

Step 6. The observer watches the whole performance without interrupting and, at the end, provides feedback utilizing the format below.

Step 7. Repeat the process changing roles until all three persons have played each role.
Allow 20 minutes for each round including feedback.

Observation Format for Practicing Coaching Skills

Instructions: *Utilize this checklist to assess the coach. Mark Yes or No depending on what you have observed. Describe the specific behaviors to support your evaluation and to help the coach identify areas to improve.*

Was the coach supportive?	**YES**	**NO**
Describe specific comments or behaviors that you observed that demonstrate support:		
Did he or she listen well?	**YES**	**NO**
Describe specific behaviors that you observed that demonstrate he or she was listening:		
Did he or she ask questions to help the coached person think through the story?	**YES**	**NO**
Write down some of the good questions the coach asked:		
Did he or she give a good summary?	**YES**	**NO**
Write down some of the issues the coach may have left out of the summary or some things he or she misinterpreted.		
Did he or she help the person being coached to come to a decision?	**YES**	**NO**
Write down some of questions the coach asked to help the person being coached come to a decision.		

Martha and Marcos Case Study

Marcos arrives at his supervisor Martha's office to present an urgent report in time for the deadline she requested. When he arrives, she is on the phone and she waves her hand, asking him to sit down, while she continues talking on the phone.

Ten minutes later, Martha finishes her phone call and asks Marcos to explain the report. While Marcos is talking, the phone rings three times and each time, Martha interrupts Marcos's presentation to have a conversation with each caller for more than two minutes.

While Martha is on the phone, Marcos thinks Martha is not interested in the report. She's not even trying to understand it. After the third interruption, Martha turns to Marcos and says "I am very busy right now, please just give me the report and I will read it later." Marcos leaves the report on Martha's desk and leaves her office.

In the corridor, Marcos runs into a friend who asks him "How did it go?" Marcos answers: "Terrible! Martha asked me to drop everything and focus on this 'urgent report' and then she doesn't even bother to at least give me five minutes of attention. I sat there for about an hour listening to her speaking to others on the phone. I felt like an idiot. Now I realize she has never respected me. I solve a lot of problems around here and she doesn't notice. It's not worth making an effort. Next time she asks me for something, I will ask for sick leave and let her deal with the problem herself."

Questions to analyze the case:

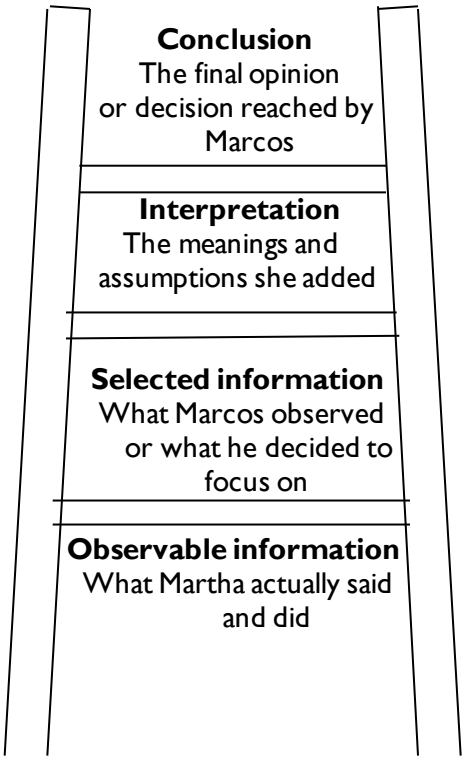
- What was the observable data?
- What was the data Marcos selected?
- What were Marcos's interpretations?
- What were Marcos's conclusions?
- How can Marcos improve her decisions?

Martha and Marcos Case Study Analysis

What happened to Marcos in the previous case study? If we follow the process of what is going through Marcos's mind, we could compare it with the process of climbing a ladder. Marcos takes some information from her actual situation with Martha but ignores the rest; he interprets this information according to his own mental models and previous experiences; he reacts emotionally to his own interpretation; and he continues interpreting until he makes a decision.

The Ladder of Inference[32]

(Process followed by Marcos to reach a conclusion)



What is the information that Marcos was able to observe from the actual situation?

Martha asked him to submit a report saying that it was urgent; when he submitted the report, she made him wait 10 minutes while she talked on the phone; she made three additional interruptions to take other phone calls; and finally, she asked him to leave the report so she could read it later.

What interpretations does Marcos make based on what he observed?

Marcos says Martha considers him an inferior person that she is prone to ignore; he says she has always treated him this way; he feels he has taken on responsibilities for her many times but she has never thanked him; he concludes that it is not worth it to work for somebody like her.

People tend to confuse what they observe with reality. Or, to put it another way, people consider their interpretations of any given situation as the actual facts. The problem, however, does not reside in our interpretations themselves, because all of us interpret information since this is the way we make

[32] Source adapted from Argyris 1982 in the Fifth Discipline Fieldbook by Peter Senge, Charlotte Roberts, Richard B Ross et al. copyright 1994. Used by permission of Doubleday, a division of Random House Inc.

decisions. The real problem is that we swiftly move from a few observable facts to one or more interpretations. We then tend to consider our interpretations, which are subjective and biased, as the absolute facts.

For example: Is it a fact that Martha sees Marcos as an inferior person and does not value his work? No, the only thing that Marcos can assert as a fact is that she made him wait, that she interrupted him and that she did not finish listening to the presentation of his report. Based on these facts, there could be many interpretations. It is possible that Martha was under a lot of pressure at the time, which prevented her from paying more attention to him? Perhaps that is why she asked him to just leave the report, in order to read it when she was under less pressure. Marcos cannot actually know the facts unless he initiates a conversation with Martha.

We see now that Marcos created a story based on his interpretations. This story produced a series of emotions within him that angered him and made him conclude that it was not worth it to do his best, or to continue helping Martha in the future.

When Marcos considers his interpretations as facts, he does not take into account the need to verify his assumptions, or explore other possible interpretations with Martha himself.

Much like Marcos, we continuously interpret facts based on select information we observe from actual situations, and then we react emotionally to these interpretations, and consequently make decisions based on incomplete or inadequate information.

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

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

The ORID[33] focused conversation method (Objective, Reflective, Interpretative and Decisional), included in the reading of this session, allows people to analyze the facts that actually occurred in a situation, express the emotions that these facts provoke, question the interpretations, and make decisions based on the new information and the new interpretations.

[33] Based on the work of the Institute of Cultural Affairs (ICA) as described in: Spencer, Laura J., *Winning Through Participation* Kendall/Hunt Publishing Company. Dubuque, Iowa, 19989.

Practicing a Coaching Conversation

Coaching conversations can be very effective if you help the other person identify the facts, help differentiate his or her interpretations that are colored by emotional reactions, and with this awareness, encourage him or her to make better decisions. The ORID method was developed by the Institute for Cultural Affairs and can be used by the coach to help the person being coached go through the steps of critical thought: Objective, Reflective, Interpretive and Decisional. The steps to this exercise are as follows:

Instructions:

Distribute roles among your groups of threes:

- Person A is the coach.
- Person B is the person being coached.
- Person C is the observer.

The person being coached will share with the coach an unsatisfactory experience like the case study of Martha and Marcos in Exercise 1 of this module. The coach will help the person being coached analyze the situation and improve his/her decision by asking good questions using the ORID method.

Step 1. Creating context: The coach asks questions to create an adequate physical and emotional context.

The coach can ask personal questions, explain the purpose of the conversation and come to an agreement about the right place and time for the conversation.

Step 2. Objective: The coach asks questions to help the person being coached to identify the facts.

The following are some of the questions the coach can ask:

- Describe to me an unsatisfactory situation you were in.
- What results were you hoping to attain?
- What was the result you got?
- What were the facts that contributed to the situation?
- Are there any facts that you are not considering?

Step 3. Reflective: The coach asks questions to help the person being coached to identify his/her feelings.

The following are some of the questions the coach can ask:

- What feelings are generated by what has happened?
- What does this situation remind you of (when has this happened before)?

Step 4. Interpretive: The coach asks questions to help the person being coached to identify the significance or meaning that someone attaches to a fact, an event or experience.
The following are some of the questions the coach can ask:

- What was the interpretation you made about the facts?
- How is this interpretation affecting you?
- What are other possible interpretations?
- What interpretation can lead you to a better result?

Step 5. Decisional: The coach asks questions to help the person being coached decide on a new course of action in the light of the facts and new interpretations s/he has made.
The following are some of the questions the coach can ask:

- What do you wish to do now?
- What actions can you adopt to overcome the situation?
- What support do you need to attain what you are hoping for?
- How can I help you?

From steps 2 to 5.
The coach listens to the entire story with great care and stays in the inquiry mode without proposing his or her own interpretations or suggestions. If he/she wants to propose an interpretation or suggestion, he or she should only do so after the person being coached has offered his/her own. For example: "Let me tell you what I am observing to see if this interpretation (or suggestion) makes sense to you."

Step 6. The observer watches the whole performance without interrupting, takes notes in the format below and, provides feedback on the coach's efforts at the end.

Step 7. Repeat the process changing roles until all three people have played each role.
Allow 20 minutes for each round including feedback.

Coaching Conversation Observation Format

The observer will evaluate the coach's performance by marking Yes or No, as applicable, in the corresponding box below. The observer can take notes of specific observable data that support the yes or no response. This feedback will help the coach to learn what activities and steps he/she must reinforce in his/her coaching conversations.

Create context	**YES**	**NO**
1. Did the coach ask questions that made the person being coached feel comfortable? 2. Did the coach clarify the reason for the conversation? 3. Was the coach welcoming and kind? **Specific questions the coach asked and/or observable data:**		
Step 1. Objective	**YES**	**NO**
4. Did the coach help the person being coached by posing questions to review the situation (facts, events, experience)? 5. Did he/she avoid making judgments about the facts? 6. Did he/she help the person being coached distinguish between the facts and his/her interpretations? **Specific questions the coach asked and/or observable data:**		
Step 2: Reflective	**YES**	**NO**
7. Did the coach help the person being coached explore the feelings triggered by the experience/ event/ facts? **Specific questions the coach asked and/or observable data**:		
Step 3: Interpretive	**YES**	**NO**
8. Did the coach help the person being coached understand his/her interpretation of the situation? 9. Did he/she help the person being coached see the consequences or impact of this interpretation? 10. Did he/she help the person being coached to distinguish inference from facts? **Specific questions the coach asked and/or observable data**:		
Step 4: Decisional	**YES**	**NO**
11. Did the coach ask questions to help the person being coached generate alternatives? 12. Did he/she avoid suggesting solutions? 13. Did he/she help the person being coached make a decision? 14. Did he/she offer support? **Specific questions the coach asked and/or observable data**:		

ORID Method for a Coaching Conversation[34]

Coaching is a learning strategy that seeks to help the person being coached make new distinctions and reformulate his/her judgments and interpretations of the facts, which will allow him/her to find new alternatives for effective action. This process results from conversations between the coach and the supervisee or another colleague.

What does the coach do during a coaching conversation?

- Provides support through practicing respect and acceptance of the person being coached/supervisee.
- Commits to help the person being coached find answers.
- Poses questions to help the person being coached reformulate his/her interpretations of the relationship between his/her actions and the results.
- Listens attentively.
- Helps the person being coached discover new possibilities for action.
- Supports the development of new competencies.
- Supports the establishment and performance of commitments by the coachee.

Coaching conversations can be very effective when the coach helps the other person to identify the facts, differentiate his/her interpretations collared by emotional reactions, and with this awareness, produce better decisions. In order to do this well, the coach must also identify his/her own emotions and interpretations and share them with the coached person in so far as these are useful. The coach's interpretations and emotions hinder the coach and s/he will not be able to truly fulfil his/her role.

Every person has emotional reactions that color his/her perception of reality, and thus influence judgments about what happened; and it is from this basis that people make decisions. However, sometimes people confuse interpretations of facts, and in doing so, make decisions based on judgments that have weak evidence. The following conversation method was developed by the Institute of Cultural Affairs (ICA) and can be used to help a coach conduct a conversation with the coached person.

The ORID method follows the natural process of how the brain absorbs and processes information, moving from the objective level (what is perceived through the senses), through the reflective level (the 'unbidden' or automatic [reflective] response to the incoming data), through the interpretive level (where meaning is attached to the data), and finally to the decisional level where conclusions are drawn and action taken or not taken. This method can be used by the coach to help the person being coached reflect on an event or experience, interpret this experience in the light of a broader vision of the facts, reformulate his/her reactions, and make a decision.

When we reflect on events or experiences, we not only register information and store it in our brain, but we also store feelings associated to the interpretation we made of said experience and make decisions on how to act consequently. Unfortunately, in our daily conversations, we often fail to follow all the steps of critical thought, or fail to grant each step the time it requires. We take very little information from the facts (objective) and, without realizing the emotional coloring that is automatically given to the facts (reflective), immediately issue a judgment (interpretative) that then leads to a decision (decisional).

The four steps of the ORID focused conversation are the same as the steps of critical thought: **O**bjective, **R**eflective, **I**nterpretive and **D**ecisional. The process helps us make better and more informed judgments and adopt better decisions. Used by the coach, the focused conversation can help lead the coached

[34] Adapted from Laura J. Spencer's book, "Winning through participation".

person to a better analysis of how the results produced by his actions are the consequence of interpretations that are influenced by emotions triggered by facts.

Here is a description of each of the four steps of ORID and how they can be used to facilitate a coaching conversation. In addition to the four steps of the original ORID, a preparation step has been added called "creating context".

Creating context:
Before beginning the conversation it is important to create an adequate physical and emotional context and clarify the conversation's objective. In an ideal scenario, the person requests a coaching conversation to address an issue that needs attention because it affects performance. In that case, the coach and the person being coached have to agree on a place and a time to hold the conversation, with the necessary comfort and privacy. At the beginning of the conversation, the coached person must identify the issue s/he wants to discuss and the type of help s/he needs.

Often, the manager-as-coach raises an issue that is a source of concern. How it is raised is important: it should be an offer of help rather than an accusation of wrongdoing. For example: "Juanita, I have been observing that when there are many clients in the waiting room, you get upset and lose your natural kindness and courtesy. It worries me to see you acting like this. Would you like to talk about it to see what is happening and how we can address it?"

Step one — objective:
Through a series of questions the coach helps the supervisee to identify the facts of the experience or event that he/she wishes to modify. This could be an obstacle preventing the achievement of an important result at work or a problem at the worksite or in his/her personal life.

This step of the inquiry process allows the coached person to broaden his/her awareness of the facts. The questions will expand his/her view on the current situation and link them with similar events in his/her past or in other areas of his/her life so that patterns emerge. It is important in this phase to help the coached person distinguish between facts and inferences derived from these facts that are subjective, and possibly not supported by evidence. For example: If the coached person says, "my boss mistreated me," you could say to him/her: "What did you observe that your boss did and that you believe is mistreatment?"

Step two — reflective:
This phase concerns the feelings that the situation produces in the person being coached. In this step, the different emotional responses and mental associations from the experience/situation are disclosed and acknowledged by the person being coached. Here the coach once again uses inquiry to distinguish the facts from the emotions and reactions that the coached person is feeling/having.

In this phase, it is critical for the person being coached to assume responsibility for his/her emotions and reactions. The coach must accept and respect these reactions and help the person being coached to do the same. For example, if the person being coached tells his/her coach of a recent difficult interaction with his/her boss, when the boss shouted at him/her, mistreated him/her, and made him/her feel humiliated, the coach would first help the person being coached distinguish the facts from the emotional reaction.

For example, the coach might say: *"Let me help you distinguish the facts from your reaction to the facts. When your boss raised his voice and asked you why you came to work late, you felt humiliated and consequently labelled the action of your boss as unfair treatment. Could you feel differently before your boss' behavior?"*

The purpose of this step is to help the coached person understand how his/her feelings influence his/her perceptions and discover that behavioral stimuli are just that and can be interpreted in a variety of ways, depending on one's mood and feelings. Knowing this opens up the possibilities for other, more reasoned reactions.

Step three — interpretative:
This step is related to the importance, the significance or meaning that someone attaches to a fact, an event or experience, which, in turn, will influence the perception of consequences, or impact this will have. In this step, judgments are made based on information and feelings. The feelings 'color' the facts and thus the interpretation of the facts.

At the interpretative level, the coach asks questions about meaning and interpretation. S/he helps the person being coached to explore alternatives to established interpretations, understand connections between feelings and perceptions, and recast facts and relationships in a different light. Simply understanding the connection between past experiences of being berated by an adult in a position of authority and current reactions to a supervisor's criticism may help the person being coached to see distinctions.

Step four — decisional:
At this stage, the coached person decides on a new course of action in the light of the facts and new interpretations s/he has made. The coach's role in this step is to help the person being coached decide what actions s/he now wants to take, and how to do so. It is much better when the person being coached is the one who proposes the new course of action him/herself. The coach can help this process by formulating questions such as: *"What alternatives for action do you have?"* One way to help the person being coached explore avenues for action would be to ask: *"If you could transport yourself to the future and see that this situation has been resolved, what steps do you think you might have taken to achieve this resolution?"*

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

Sample Questions for the ORID Method

Sample questions for the four steps of a coaching conversation	
1. Objective:	• What results would you like to attain? What are you committed to? • What result are you actually getting? • What stands in your way? • Where are you staying on course and where are you derailing?
2. Reflective:	• What feelings are generated by what has happened (or is happening)? • What does this situation remind you of (when has this happened before)? • How do you feel about the degree to which you are on or off course?
3. Interpretive:	• What is the significance/importance/meaning of your current situation/predicament? • What is helping or hindering your success here? • What is within your control and what is not? • What would need to happen to get back on course? • How is this affecting your life in other areas?
4. Decisional:	• What do you wish to do now? • What should you do differently from now on? • What actions can you take to overcome the obstacles? • What support do you need to attain your desired results? • Where or how can you obtain what you need? • How can I help you?

Pre-service Integration Guide

Module 8:

Advocacy

(5 Units)

Module 8: Advocacy

Competencies Addressed

After completion of the module, learners will be expected to demonstrate the following competencies:

1. Knowledge of advocacy and how advocacy can affect health system and service delivery policy issues
2. Setting advocacy objectives
3. Audience analysis methods
4. Tailored advocacy messages
5. Advocacy Strategy Plan

Performance Objectives

At the end of the module, learners should be able to:

1. Conduct root cause analysis and identify advocacy issues
2. Conduct audience analysis and tailor messages accordingly
3. Build an advocacy strategy

Timeline

7 hours, 15 minutes

Contents

Units	Learning Objectives At the end of the unit, learners should be able to:	Contents
Unit 1: Definitions, Concepts, and Components of Advocacy (1 hour)	• Explain the concept of advocacy and how it relates to similar concepts • List and order the components of the advocacy planning framework	• Defining advocacy • Advocacy planning framework
Unit 2: Identifying Leadership, Management and Governance Advocacy Policy Issues (2 hours)	• Explain what policy and policy issues are, as well as give examples of health policy issues • Apply the problem tree analysis to conduct a root cause analysis • Identify and prioritize advocacy policy issues impacting participants	• Relationship between advocacy and policy • Finding root causes • Identifying advocacy issues
Unit 3: Selecting an Advocacy Objective (45 minutes)	• Explain why advocacy objectives are needed to measure progress • Identify where objectives fit in the Advocacy Strategy Framework	• Objective setting • Advocacy strategy building

Units	Learning Objectives	Contents
Unit 4: Finding Your Audience (1 hour, 30 minutes)	• Identify primary and secondary policy audiences • Chart their audiences' beliefs, knowledge, and attitudes toward their advocacy objective • Explain how to use different audience research techniques	• Audience identification • Audience interest identification
Unit 5: Creating Advocacy Messages (2 hours)	• Develop advocacy messages • Select an appropriate delivery format for advocacy messages • Tailor message format and context for maximum impact	• Advocacy messages • Tailoring messages • Finalizing advocacy strategy plans

Unit 1: Definitions, Concepts, and Components of Advocacy

Purpose of this Session

The purpose of this session is to introduce participants to the concept of advocacy, compare advocacy to similar concepts, and an advocacy planning framework.

Learning Objectives

At the end of the session, learners should be able to:

1. Explain the concept of advocacy and how it relates to similar concepts
2. List and order the components of the advocacy planning framework

Duration

1 hour

Session Description

	ACTIVITY	TIME
1	Presentation: The Definition of Advocacy and Related Concepts: What it is and What it is Not	30 minutes
2	Exercise: Advocacy Planning Framework	30 minutes

Preparation Required

- Read the *Facilitator´s Guide* notes, and view the PowerPoint slides for this unit. You might want to add your own notes to further guide you.
- Prepare copies of all handouts.
- Cut cards out of "Advocacy Components" Handout for each group
- Prepare the required flipcharts.

Materials/Equipment

- Computer/projector
- Flipchart
- Flipchart markers
- Tape
- Scissors

Resources/Handouts

- Handout: "Advocacy and Related Definitions"
- Handout: "Advocacy Planning Components", cut into squares

Step-By-Step Process

Activity 1 (30 minutes)

Presentation: The Definition of Advocacy and Related Concepts: What it is and What it is Not

Step 1. Introduce participants to advocacy using the PowerPoint Presentation "Module 8: Unit 1." Ask Participants, *"What is advocacy?"*

Step 2. Once you have approximately 5 answers, put the PowerPoint slide up that has the definition of advocacy. Based on this definition, ask participants if they can give you examples of advocacy from their lives.

Step 3. Write the examples of advocacy on the flipchart, and refer participants to the PowerPoint to share that advocacy can include campaigns and activism.

Handout. "Advocacy and Related Definitions"

Step 4. Review handout with participants to demonstrate similarities and differences between advocacy in other activities. Ask participants to revisit the advocacy examples on the flipchart. Ask them, *"Do you think all the examples are still advocacy, or are they a similar concept?"*

Step 5. Once you differentiate the concepts and participant examples, wrap up the presentation by reiterating the definition of advocacy and telling participants in the next unit you will review the components that make up advocacy.

Activity 2 (30 minutes)

Exercise: Advocacy Planning Framework

Handout. "Advocacy Planning Components", cut into squares

Step 1. To begin activity 2, split participants into small groups and give each group a set of cards cut out from Handout 2, "Advocacy Planning Components," which includes the advocacy planning steps along with their definition. Give each group a blank piece of paper and tape, as well.

Step 2. Instruct each group to put the cards in the order they believe is needed to plan an advocacy project. When the group has agreed on the order, instruct them to tape down the order.

Step 3. After 10 minutes, have each team put their piece of paper with the order of advocacy components on the flipchart at the front of the room. Have a representative from each group present the order they put the cards in and explain why they put them in that order in plenary.

Step 4. Refer the participants to the PowerPoint presentation to share the correct order and to review the definitions of each component. Spend extra time reviewing the components that were placed incorrectly by teams to ensure

each component is understood.

Step 5. Wrap up the session by saying that each step of the Advocacy Planning Framework is important to developing an advocacy strategy and the remaining units will cover the different components of the Advocacy Planning Framework.

Points to Remember/Notes to Facilitator

- It is important to remember that concepts related or similar to advocacy can actually be part of an advocacy strategy (such as community mobilization); however "fundraising" and "lobbying" have different goals than advocacy.
- It is also important to note that components in the Advocacy Planning Framework are not always linear. Some may happen simultaneously, such as "Audience Analysis" and "Analysis of Potential Allies."

Assignments

None.

Session Closure

Close the session by explaining the connection of this unit with the entire program. Explain that participants have just finished Unit 1, which explained the concept and components of advocacy. In Unit 2, participants will learn how advocacy can address policy issues around health. In the following units, participants will learn how to conduct an audience analysis and create an advocacy plan for a policy issue impacting their work.

References

International Planned Parenthood Federation (2010). *Handbook for Advocacy Planning*. https://www.ippfwhr.org/en/publications/handbook-for-advocacy-planning

Unit 2: Identifying Leadership, Management and Governance Advocacy Policy Issues

Purpose of this Session

The purpose of this session is to introduce participants to health policy issues and how to identify them, conduct a root cause analysis, and prioritize them as advocacy issues. In this session, each participant will choose an advocacy issue to focus on for the rest of the module.

Learning Objectives

At the end of the session, learners should be able to:

1. Explain what policy and policy issues are, as well as give examples of health policy issues
2. Apply the problem tree analysis to conduct a root cause analysis
3. Identify and prioritize advocacy policy issues impacting participants

Duration

2 hours

Session Description

	ACTIVITY	TIME
1	Presentation: Relationship Between Advocacy and Policy	40 minutes
2	Exercise: Problem Tree and Finding Root Causes	30 minutes
3	Activity: What Makes a Root Cause an Advocacy Issue?	30 minutes
4	Activity: Identifying Your Advocacy Issue	20 minutes

Preparation Required

- Read the *Facilitator´s Guide* notes, and view the PowerPoint slides for this unit. You might want to add your own notes to further guide you.
- Prepare copies of all handouts.
- Prepare the required flipcharts.

Materials/Equipment

- Computer/projector
- Flipchart. For this session, roughly sketch the Problem Tree on a flipchart with the categories: "Consequences, Central Problem, and Causes" labeled.
- Flipchart markers
- Tape
- Notecards

Resources/Handouts

- Handout: "Problem Tree" (2 copies per each participant)
- Handout: "Identifying Potential Advocacy Issues" (2 copies per each participant)

Step-By-Step Process

Activity 1 (40 minutes)

Presentation: Relationship Between Advocacy and Policy

Step 1. Refer participants to the PowerPoint presentation "Module 8: Unit 2," and introduce participants to policy advocacy by saying:

- *"Many times advocacy is a tool used to make policy change and referred to as policy advocacy.*
  - *Policy advocacy is the deliberate process of informing and influencing decision makers in support of evidence-based policy change*
- *It aims to inform and influence decision makers.*
  - *Policy advocacy tries to influence those who have formal power to make the change.*
- *Policy advocacy seeks changes that are evidence-based.*
  - *There should be program experience or data to prove the issue is important, and the suggested solution will help.*
- *The ultimate goal of policy advocacy is to achieve a desired policy change.*
  - *It is not enough to just educate policymakers. We want to convince them to take a preferred action. Policy change can happen at a global, national, or subnational level."*

Step 2. Continue with the PowerPoint presentation "Module 8: Unit 2" to discuss research methods around identifying policy issues that advocacy can impact. These issues will be called 'advocacy issues.' Tell participants that to be able to identify an advocacy issue and its political solution, you must first survey the environment including:

- Analyze the current environment around the policy
  - Research into the state of your issue at local or national levels
  - Any current political or decision-making processes for your issue?
- Understanding the political-structural context
  - Will political change help improve the issue?
- Research stakeholders and key actors
  - Are other organizations working on the issue?

Step 3. Tell participants that policy and policy changes impacts health workers in many ways**.** Read the Contraceptive Case Study below to the participants (they do not need it as a handout), and put up the Case Study slide in "Module 8: Unit 2" so participants can refer back to it as they do group work.

Contraceptives Case Study

A recent health assessment confirms that the contraceptive prevalence rate is quite low but also that women want fewer children.

The Ministry of Health does not allow nurses to insert intrauterine devices (IUDs); only doctors can provide this service.

The Ministry to considering changing this policy so more of the staff members are available to patients to insert IUDs.

Step 4. Separate the participants into small groups, and ask them to choose a note taker. Instruct the groups to answer the following questions about the case study, and have the note taker record their answers:

- How would you research the political/policymaking process?
- What is the current environment around the policy?
- What is the political-structural context around the policy?
- What stakeholders and key actors can influence the policy?

Step 5. After 10 to 15 minutes, ask a representative from each group to share their answers in plenary. Write their answers on a flipchart. Facilitate a discussion about the similarities and differences with each group's answers. Ask participants, *"What information is missing that would be valuable? What additional information would be helpful in analyzing this Case Study to be able to identify the advocacy issue?"*

Step 6. Wrap up the session by summarizing the policy advocacy relationship from Step 1, and remind participants that advocacy issues are shaped by the environment in which they may exist. Research is vital to ensure that an advocacy issue is relevant and able to be contested.

Activity 2 (30 minutes)

Exercise: Problem Tree and Finding Root Causes

Step 1. Hand out a blank notecard to each participant and refer participants back to the Case Study PowerPoint slide. Ask participants to write down 1 or 2 problems they identified in the Contraceptives Case Study (e.g. doctor shortage, contraceptive shortage, lack of contraceptive demand, negative political climate towards IUDs).

Step 2. After all participants have finished writing down 1 or 2 problems, collect the notecards, and tape them on a blank flipchart in the front of the room so everyone can see them, and leave them there as you proceed to the next step.

Step 3. Ask participants which problems are similar, and group those that are similar together.

Step 4. Refer participants to the PowerPoint and reintroduce participants to "The Problem Tree". Make sure to remind them that they should already be somewhat familiar with root cause analysis from Module 3, Unit 4.

Handout. "The Problem Tree"

Step 5. Make sure the flipchart with the sketch of the Problem Tree is at the front of the room.

Step 6. Bringing participants' attention back to the flipchart with the problem statement notecards, ask participants if some of the problems are causes or consequences of the other problems. Write their answers:

- If a problem/group of similar problems is a cause of another problem identified, remind participants to place it above that problem on the flipchart.
- If a problem/group of similar problems is a consequence of another problem identified, remind participants to place it below that problem on the flipchart.

Step 7. At the end of this exercise, there should be a group of problems at the top, in the middle, and at the bottom. Explain to participants that the cards in the middle are the central problems that cause the problems at the top of the flipchart: the consequences. These consequences are often what we see at the local level at health clinics and hospitals. At the bottom of the flipchart are the root causes of the problem and consequences. These root causes are what you want to change with your advocacy strategy. The root causes, after analyzing them, are potential advocacy issues.

Activity 3 (30 minutes)

Activity: What Makes a Root Cause an Advocacy Issue?

Handout. "Identifying Potential Advocacy Issues"

Step 1. Break the participants into small groups. Ask the groups to fill out the handout based on the Problem Tree activity, including writing the main problem and 3 of the root causes identified in the labeled boxes at the top of the handout. Then complete the questionnaire part of the handout from the perspective of a local family planning organization. Refer participants to the research activity they did in Activity One when completing the questionnaire.

Step 2. After 10 minutes, reconvene participants in plenary. Ask each group what their potential issue for advocacy is based on the questionnaire. Discuss why and why not some of the root causes became advocacy issues.

Step 3. Wrap up this activity by explaining that not all root causes of central problems become advocacy issues. Based on background research and sociopolitical context, a root cause may not be able to be addressed.

Activity 4 (20 minutes)

Activity: Identifying Your Advocacy Issue

Handouts. Now that the participants understand how to identify advocacy issues, give participants a clean copy of Handout 3 "The Problem Tree," and a clean copy of Handout 4,"Identifying Potential Advocacy Issues."

Step 1. Ask participants brainstorm a problem that they would like to work on in their school, in their community, or in their health clinic. When brainstorming, instruct participants to use the Problem Tree to identify the root causes, as well as consequences of their individual problems. Remind them that when they think of a problem, they need to explore what actually causes that problem to be their advocacy issue.

Step 2. After 10 minutes, ask participants to write their main problem and root causes into the clean version of Handout 4, "Identifying Potential Advocacy Issues." Invite a couple of the participants to share their main problems and root causes with the class so participants can hear what each other are working on. Allow participants to comment, ask questions, and give advice to each other during this plenary.

Step 3. Wrap up the unit by asking participants to complete Handout 4 for their individual problem for homework. This will determine the advocacy issue that will be the basis for their work in the next 3 units.

Points to Remember/Notes to Facilitator

- Issues impacting each student will differ; therefore, there should be a wide range of individual advocacy issues. It is fine if an advocacy issue chosen does not impact health. The main point of the exercise is for participants to get first-hand experience in going through the process of creating an advocacy strategy.

Assignments

Complete Handout, "Identifying Potential Advocacy Issues."

Session Closure

Close the session by explaining that research and analysis is important to choosing an advocacy issue. When you have a problem you would like to solve, there are root causes to these problems, and these root causes are what you want to address through advocacy. Tell the participants that in the next unit,

we will review your individual advocacy issues and learn to set objectives for them.

References

International Planned Parenthood Federation (2010). *Handbook for Advocacy Planning*. https://www.ippfwhr.org/en/publications/handbook-for-advocacy-planning

PATH (2013), *Stronger Health Advocates Greater Health Impacts: A workshop curriculum on policy advocacy strategy development*. http://www.path.org/publications/files/APP_advocacy_workshop_fac_guide.pdf

Unit 3: Selecting an Advocacy Objective

Purpose of this Session

This session will teach participants to set objectives—or goals—for advocacy issues to monitor policy change and introduce participants to the Advocacy Strategy Framework.

Learning Objectives

At the end of the session, learners should be able to:

1. Explain why advocacy objectives are needed to measure progress
2. Identify where objectives fit in the Advocacy Strategy Framework

Duration

45 minutes

Session Description

	ACTIVITY	TIME
1	Presentation and Exercise: Why Do You Need Objectives?	15 minutes
2	Exercise: What is Your Objective? and Starting to Build an Advocacy Strategy	30 minutes

Preparation Required

- Read the *Facilitator´s Guide* notes, and view PowerPoint slides for this unit. You might want to add your own notes to further guide you.
- Prepare copies of all handouts.
- Prepare the required flipcharts.

Materials/Equipment

- Computer/projector
- Flipchart
- Flipchart markers
- Tape

Resources/Handouts

- Handout: "Advocacy Objectives"
- Handout: "Advocacy Strategy Framework"

Step-By-Step Process

Activity 1 (15 minutes)

Presentation and Exercise: Why Do You Need Objectives?

Step 1. Begin by ensuring that participants completed their homework and have an advocacy issue to work with.

Step 2. Introduce participants to this unit by explaining that once you have determined your advocacy issue, you must determine objectives that define

what you would like to change about your advocacy issue. Your objectives are the specific changes you to expect to accomplish. The word *objective* is often used interchangeably with *goal*; however, objectives do not need to be the end product! Objectives can be benchmarks throughout an advocacy project.

Handout. "Advocacy Objectives"

Step 3. Review handout with participants to ensure that participants understand specific objectives and SMART objectives.

Step 4. Share the example of a SMART objective from Handout 5 on the PowerPoint presentation "Module 8: Unit 3," and ask participants to give examples of SMART objectives that they may have used or experienced in school or in a workplace. **Remind participants that this is simply a review of SMART objectives, as they already learned about this in previous modules.**

Activity 2 (30 minutes)

Exercise: What is Your Objective? and Starting to Build an Advocacy Strategy

Step 1. Instruct participants to take out their Handout 4, "Identifying Potential Advocacy Issues," which they completed for their own advocacy issue for homework.

Step 2. Pass out a clean version of Handout 6, "SMART Goal Questionnaire," and instruct each participant to come up with 2 objectives for their advocacy issue. Use the Questionnaire to ensure the 2 objectives are SMART. Give participants 10 to 15 minutes to do this.

Handout. "Advocacy Strategy Framework"

Step 3. When participants have completed writing their advocacy objectives, explain that Handout #7 is an Advocacy Strategy Framework that organizes a strategy for your advocacy issue. Share the example framework on the PowerPoint Presentation, "PowerPoint Module 8, Unit 3," and review each step in the framework to understand how to construct an advocacy project and message.

Step 4. Ask participants to write their 2 objectives in the first column of the chart, titled "Objectives."

Step 5. Wrap up the activity by telling participants that in units 4 and 5, you will learn more about the other parts of the Conceptual Framework and complete the Framework for your Individual Advocacy Issue to create an Advocacy Strategy.

Points to Remember/Notes to Facilitator

- In this unit, you introduced the "Advocacy Strategy Framework." You will have participants finish filling out this framework in the next 2 units as they learn to identify their audience and create advocacy messages and activities.

Assignments

None.

Session Closure

Close the session by telling participants that advocacy strategies help guide you in your quest for policy change. Tell them that they will need to keep this document to reference for the next 2 units. Organizationally, advocacy strategies can be helpful since it can assign different tasks to different people however, since this is just an exercise, we will ignore the column, "persons or organizations responsible" during the last 2 units.

References

International HIV/AIDS Alliance. *Advocacy in Action: A Toolkit to Support NGOs and CBOs Responding to HIV/AIDS*
http://www.iasociety.org/Web/WebContent/File/Alliance%20-%20Advocacy%20in%20Action.pdf

University of Virginia, "How to Write SMART Goals"
http://www.hr.virginia.edu/uploads/documents/media/Writing_SMART_Goals.pdf

Unit 4: Finding Your Audience

Purpose of this Session

This session will introduce participants to primary and secondary policy audiences, give examples of common advocacy audiences, and teach participants strategies to identify audiences' beliefs and attitudes. Participants continue to fill out the Conceptual Framework.

Learning Objectives

At the end of the session, learners should be able to:

1. Identify primary and secondary policy audiences
2. Chart their audiences' beliefs, knowledge, and attitudes regarding their advocacy objective
3. Explain how to use different audience research techniques

Duration

1 hour, 30 minutes

Session Description

	ACTIVITY	TIME
1	Presentation: Different Types of Audiences	30 minutes
2	Presentation: Research Techniques	20 minutes
3	Exercise: Identifying Audiences and Their Interests	40 minutes

Preparation Required

- Read the *Facilitator´s Guide* notes, and view PowerPoint slides for this unit. You might want to add your own notes to further guide you.
- Prepare copies of all handouts.
- Prepare the required flipcharts.

Materials/Equipment

- Computer/projector
- Flipchart
- Flipchart markers
- Tape

Resources/Handouts

- Handout: "Strategies for Dealing with Opposition"
- Handout: "Audience Analysis Worksheet" (2 copies)

Step-By-Step Process

Activity 1 (30 minutes)

Presentation: Different Types of Audiences

Step 1. Refer participants to the PowerPoint presentation "Module 8: Unit 4." Introduce participants to the topic of audience by telling participants that before choosing advocacy activities and materials for their advocacy issue, there is a need to identify who should be targeted. The key to effective advocacy is focusing on audiences that can have an impact on the decision-making process. Tell participants that we will review advocacy messages in Unit 5.

Step 2. Referring to the PowerPoint presentation, share the following definitions:

- **Primary audience**
- **Secondary audience** (sharing example)

Both the primary audience and the secondary audience can be your target.

Step 3. Referring to the PowerPoint**,** share examples of target audiences. Ask the participants if they can think of other audience examples. Go to the next slide in the PowerPoint presentation, and share different characteristics of audiences. These characteristics are important to keep in mind when creating an advocacy message.

- For example: If your target audience is young, you may want to keep the advocacy message in informal language.
- Facilitate discussion by asking participants: Why would your target audiences' media access affect how to deliver an advocacy message?

Step 4. Tell participants that people opposed to the advocacy objectives may be a target audience. Tell participants that they should always keep in mind how they will address any potential sources of opposition.

Handout. Give participants "Strategies for Dealing with Opposition" for them to reference when defining advocacy messages for the opposition.

Step 5. Wrap up the discussion by telling participants that identifying your audience is the first step in audience analysis. Subsequently, you must research your audiences' beliefs and knowledge.

Activity 2 (20 minutes)

Presentation: Research Techniques

Step 1. Tell the participants that it's important to chart their audiences' beliefs, knowledge, and attitudes and answer the question: "How does the audience perceive the world around them?" The perspectives and concerns of key target audiences can be explored through focus group discussions and in-depth interviews.

Step 2. Refer participants to the PowerPoint Presentation to review the following 2 concepts: **focus group discussions** and **in-depth interviews**.

Step 3. Wrap up this activity by telling participants that both of these techniques require time and resources that may be limited. If working on a limited budget, you can use less formal research techniques through the Internet, local news, friends, and community forums.

Activity 3 (40 minutes)

Exercise: Identifying Audiences and Their Interests

Handout. Pass out 2 copies of "Audience Analysis Worksheet" to each participant.

Step 1. Split participants into groups, and instruct each group to choose one of the group member's advocacy issue. Using that advocacy issue, fill out the handout to identify people or institutions that would potentially be their primary audience and people or institutions who would potentially be their secondary audience. Each group should come up with 3 primary audiences and 3 secondary audiences. Remind participants that their audience can be the opposition. (Note: since there is not time to research the audience, instruct participants to do their best in assessing audiences' level of knowledge.)

Step 2. After 10 minutes, instruct the work groups to rank the audiences they identified in order of priority using the information they filled out on their handout. Ask the participants to think about:

- What's the best audience to target?
- How much access do you have to your identified primary audience?

The audience prioritized should be ranked first, with the audience being prioritized the least being ranked sixth.

Step 3. After 5 minutes, reconvene the groups in plenary, and have a reporter for each group share the advocacy issue chosen and the audiences identified for each issue and how they prioritized each audience. When a group identifies an audience opposing the advocacy issue, ask the group whether the opposition could be won over or not.

Step 4. Wrap up the session by instructing the participants to fill out their extra copy of Handout 9, "Audience Analysis Worksheet," for their individual advocacy issue as homework.

Points to Remember/Notes to Facilitator

- It is important to remember that an audience can be 1 person or a community. Audiences can take many different shapes and characteristics, so encourage the participants to "think outside of the box" when defining their audience.

- This unit is important in the whole module because without an audience analysis, advocacy is often aimless and does not achieve the desired impact.

Assignments

Participants should fill out their extra copy of "Audience Analysis Worksheet" for their individual advocacy issue as homework.

Session Closure

Close the session by stressing to participants the importance of identifying and prioritizing the audience for advocacy activities and messages. Without an audience analysis, advocacy is at risk of being aimless and does not achieve the desired impact. Tell participants that they will use their "Audience Analysis Worksheet" for their individual advocacy in the next unit to create an advocacy message.

References

Family Care International, Mobilizing *Communities on Young People's Health and Rights: An Advocacy Training Guide* http://www.familycareintl.org/UserFiles/File/Anglo_TrainingGuide_June2008.pdf

International Planned Parenthood Federation (2010). *Handbook for Advocacy Planning*. https://www.ippfwhr.org/en/publications/handbook-for-advocacy-planning

Unit 5: Creating Advocacy Messages

Purpose of this Session

The purpose of this session is for participants to learn to develop advocacy messages in appropriate formats, each participant's individual advocacy issue.

Learning Objectives

At the end of the session, learners should be able to:

1. Develop advocacy messages
2. Select an appropriate delivery format for advocacy messages
3. Tailor message format and content for maximum impact

Duration

2 hours

Session Description

	ACTIVITY	TIME
1	Presentation: What is an Advocacy Message?	15 minutes
2	Presentation: Tailoring Messages for Maximum Impact	30 minutes
3	Exercise: Crafting an Advocacy Message	40 minutes
4	Exercise: Finalizing Your Advocacy Strategy Plan	35 minutes

Preparation Required

- Read the *Facilitator's Guide* notes and PowerPoint slides for this unit. You might want to add your own notes to further guide you.
- Prepare copies of all handouts.
- Prepare the required flipcharts.

Materials/Equipment

- Computer/projector
- Flipchart
- Flipchart markers
- Tape

Resources/Handouts

- Handout: "Analysis of Audience Map"
- Handout: "How Should You Tailor for Each Audience?"
- Handout: "Advocacy Message Worksheet"
- Handout: "Staying on Track with Your Advocacy Message"

Step-By-Step Process

Activity 1 (15 minutes)

Presentation: What is an Advocacy Message?

Step 1. Refer participants to the PowerPoint, "Module 8: Unit 5," and explain to participants that an advocacy message is a collection of sentences that informs, persuades, and moves the audience to action. (Remind participants that their "Audience Analysis Worksheet" had a column for an action you would like them to take.) The messages should have statements tailored to different audiences that define the issue, state solutions, and describe the actions that need to be taken.

Step 2. Refer participants to the next slide in the PowerPoint to describe attributes of effective advocacy messages. Review each attribute, and facilitate discussion by asking participants why each attribute is important to an advocacy message.

Step 3. Refer participants to the next slide in the PowerPoint to show participants an example of a poor advocacy message compared with a strong, clear advocacy message.

Step 4. Tell participants there are 2 ways to deliver advocacy messages: Advocacy Activities and Advocacy Materials. Refer participants to the next PowerPoint slide to review types of advocacy messages. After reviewing the types, ask participants if they can give you examples of some of the types. Facilitate discussion by asking:

- Have they seen an advocacy message in their life that they think has been very effective?
- What made them stand out?
- Did they cause you to act on the issue?

Step 5. Continuing with the PowerPoint presentation, tell participants there are 3 questions that need to be answered to develop and deliver effective advocacy messages:

- What is the purpose of messaging?
- How do I develop messages?
- How do I deliver messages?

Step 6. Wrap up the session by asking participants to keep these questions in mind as you develop your advocacy message in Activity 3.

Activity 2 (30 minutes)

Presentation: Tailoring Messages for Maximum Impact

Step 1. Refer to Unit 4, "Researching Policy Audiences," and reiterate to participants the vital role audience plays in creating an advocacy message.

Handout. "Analysis of Audience Map"

Step 2. Refer participants to the PowerPoint presentation to review the 5 types of tailored messages for audiences. When reviewing each term, ask participants to follow along on Handout 10 to see where each tailored message falls on the grid:

- Convincing
- Persuading
- Neutralizing
- Monitoring
- Engaging

Handout. "How Should You Tailor for Each Audience?"

Step 3. Separate participants into groups. Ask each group to choose a recorder, and instruct groups to read all 5 scenarios and choose whether the advocacy messaging should be Convincing, Persuading, Neutralizing, Monitoring, or Engaging.

Step 4. After 5 to 10 minutes, reconvene the group to share answers in plenary. Refer participants to the PowerPoint presentation for the answers.

Step 5. Wrap up session by telling participants to refer back to the different types of tailored messages when crafting an advocacy message in the next activity.

Activity 3 (40 minutes)

Exercise: Crafting an Advocacy Message

Handout. "Advocacy Message Worksheet."

Step 1. Instruct participants to reference their "Audience Analysis Worksheet," which they completed for homework in Unit 4. Using the completed worksheet, fill out the Advocacy Message Worksheet to create an advocacy message for the audience that is each participant's top priority.

Step 2. After 10 minutes, separate participants into groups. Have participants share their message with their group members, encouraging the participants to give each other feedback on their advocacy message.

Step 3. After 10 minutes, reconvene participants in plenary. Ask each group to share

an advocacy message from their group. Participants should get a wide example of advocacy messages from this exercise that can help them make their message stronger.

Step 4. Wrap up the activity by telling participants that they now know the foundations of the Advocacy Planning Framework they learned in Unit 1 and can apply their knowledge to finalize their individual Advocacy Strategy Plan.

Handout. Give each participant a copy of "Staying on Track with your Advocacy Message" to reference in the future when making advocacy messages.

Activity 4 (35 minutes)

Exercise: Finalizing Your Advocacy Strategy Plan

Step 1. Instruct participants to get out their Advocacy Strategy Plan that they entered their objectives in Unit 3. Using their knowledge from Units 4 and 5, fill out the rest of the Advocacy Strategy Plan based on their individual advocacy issue.

Step 2. After 15 minutes, reconvene the participants in plenary. Ask for volunteers to share their Advocacy Strategy Plan.

Step 3. Wrap up the unit by telling participants that these Advocacy Strategy Plans can work as an action plan for them to track progress in changing a health policy and enact an advocacy project.

Points to Remember/Notes to Facilitator

It is important to ensure that the participants feel comfortable sharing their individual plans with each other. Remind participants that it is a safe space and all criticism should be constructive and help participants build a strong Advocacy Strategy Plan.

Advocacy messages should only be 3 to 5 sentences long; however, advocacy messages can translate into activities and materials that are substantially longer. The short, concise message should always come through in these longer activities.

Assignments

None.

Session Closure

Close the session explaining that participants have learned all the components of the Advocacy Planning Framework and therefore can use their knowledge to build Advocacy Strategy Plans for issues they impact them, health- or non-health-related. Reiterate the importance of advocacy and the positive impact it can have in changing the realities caused by unsound policy.

References

International Planned Parenthood Federation (2010). *Handbook for Advocacy Planning*. https://www.ippfwhr.org/en/publications/handbook-for-advocacy-planning

PATH (2013), *Stronger Health Advocates Greater Health Impacts: A workshop curriculum on policy advocacy strategy development*. http://www.path.org/publications/files/APP_advocacy_workshop_fac_guide.pdf

Family Care International, *Mobilizing Communities on Young People's Health and Rights: An Advocacy Training Guide* http://www.familycareintl.org/UserFiles/File/Anglo_TrainingGuide_June2008.pdf

International HIV/AIDS Alliance. *Advocacy in Action: A Toolkit to Support NGOs and CBOs Responding to HIV/AIDS* http://www.iasociety.org/Web/WebContent/File/Alliance - Advocacy in Action.pdf

The Policy Project. *Advocacy Training Manual*. http://www.policyproject.com/pubs/advocacy/English/Policy Proj Sec III-1.pdf

Module 8 Handouts

Unit 1: Definitions, Concepts, and Components of Advocacy

- "Advocacy and Related Definitions"
- "Advocacy Planning Components"

Unit 2: Identifying Leadership, Management and Governance Advocacy Policy Issues

- "Problem Tree"
- "Identifying Potential Advocacy Issues"

Unit 3: Selecting an Advocacy Objective

- "Advocacy Objectives"
- "Advocacy Strategy Framework"

Unit 4: Finding Your Audience

- "Strategies for Dealing with Opposition"
- "Audience Analysis Worksheet"

Unit 5: Creating Advocacy Messages

- "Analysis of Audience Map"
- "How Should You Tailor for Each Audience?"
- "Advocacy Message Worksheet"
- "Staying on Track with Your Advocacy Message"

Advocacy and Related Definitions[35]

Comparing Advocacy with…	**Target audience** Similarities and differences	**Objectives** Similarities and differences	**Activities** Similarities and differences
Fundraising	A fundraising strategy usually has as its target audience people or organizations with the potential to provide the implementing organization with financial resources. As is the case with Advocacy strategies, in some cases the audience comprises political decision makers.	Advocacy strategies always seek to generate political change, which may sometimes have financial repercussions for the organization. Nonetheless, unlike fundraising strategies, their main goal is political change.	The activities of these two strategies are usually different
Lobbying	Just like an Advocacy strategy, a Lobbying strategy has decision makers as their target audience.	Just like an Advocacy strategy, a Lobbying strategy has the objective of generating political change through influencing decision makers.	The main difference between Lobbying and Advocacy can be found in the way they operate. Lobbying implies a direct dialog or interaction with decision makers, while Advocacy includes a number of wider actions. While lobbying is determined by the possibility of having access to decision makers, an Advocacy strategy enables political incidence even when direct access to decision makers is not feasible. Lobbying is often not allowed for non-profit organizations using government funds.

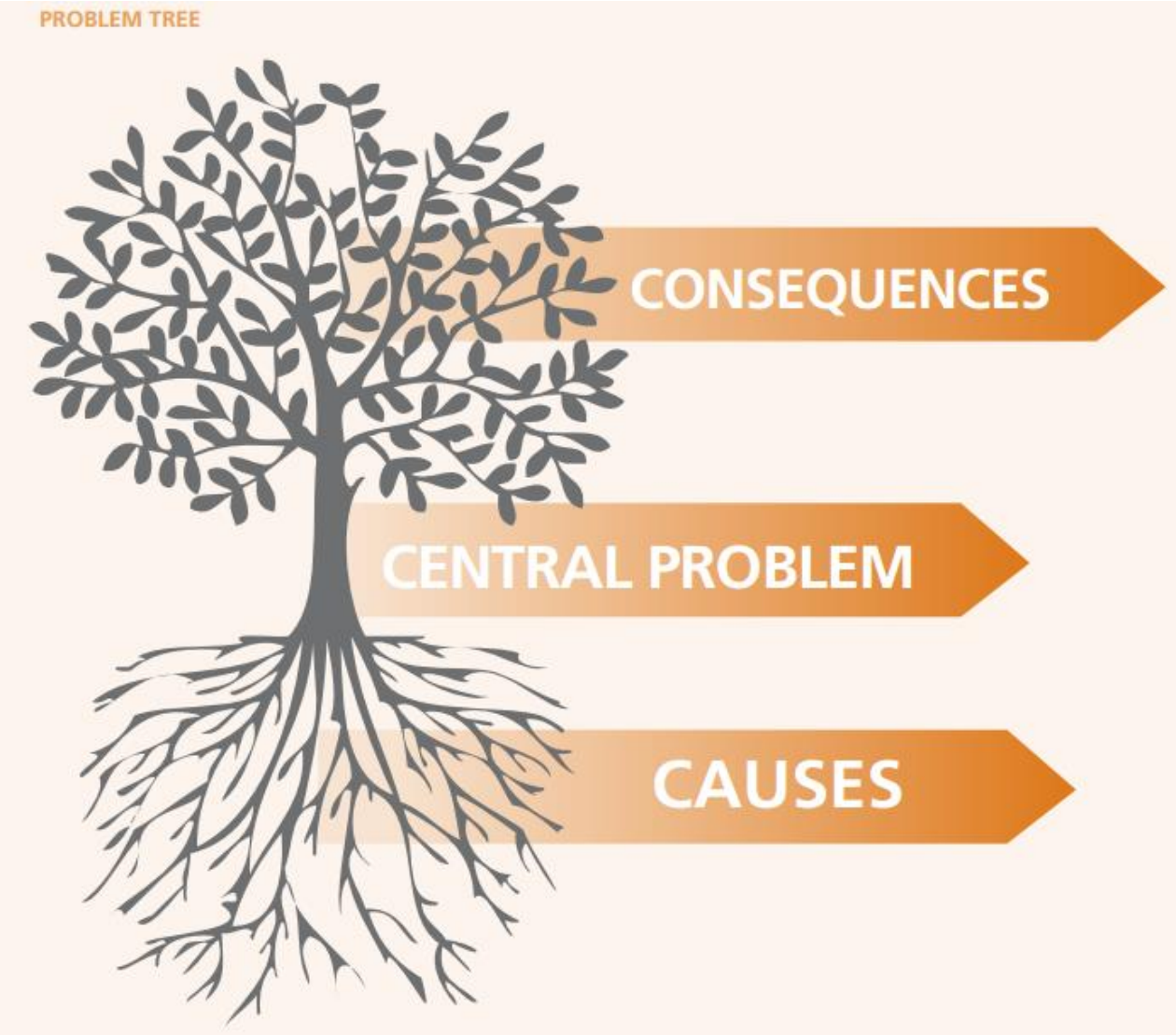
[35] International Planned Parenthood Federation (2010). Handbook for Advocacy Planning. (with minor adaptation) https://www.ippfwhr.org/sites/default/files/Advocacy%2520Planning%2520web%2520version.pdf Used by permission.

Comparing Advocacy with…	**Target audience** Similarities and differences	**Objectives** Similarities and differences	**Activities** Similarities and differences
Information, Education, Communication (IEC)	An IEC strategy may have as its target audience any specific population (young people, women, men, the population of a certain community, etc.), while the target audience of an Advocacy strategy must always be a decision maker.	An IEC strategy may have objectives such as behavioral change or increasing the knowledge or capacities of its audience. An Advocacy strategy will expect its audience to make a decision that will favor the Advocacy project, that is, political change.	Both strategies have a broad range of activities that may sometimes coincide.
Community mobilization	As is the case with IEC, community mobilization may have as its target audience any specific group, or the population at large, including, of course, decision makers. An Advocacy strategy, however, will always have a decision maker as its target audience.	Usually, community mobilization seeks to raise awareness, increase knowledge, change perceptions, or generate political change. An Advocacy strategy always seeks to generate political change.	When community mobilization seeks to achieve political change, it may be part of an Advocacy strategy.
Public Relations	The target audience for a Public Relations strategy is usually consumers, donors, or decision makers. An Advocacy strategy, by contrast, only has decision makers as its target audience.	The classic objective of a Public Relations strategy is to improve the image and/or the presence of an organization. An Advocacy strategy must always seek political change.	A Public Relations strategy may be useful for Advocacy work if this strategy seeks to influence decision makers who may bear impact on the political life of a community.

Advocacy Planning Components[35]

Definition of the Problem Identify the topic or question that might be solved or improved through a specific political change.	**Analysis of Potential Allies** Identify the organizations, people, and institutions that may support the achievement of the Advocacy Expected Result.
Definition of the Advocacy Expected Result Clearly specify the political change that will be promoted by means of the Advocacy project, as well as the decision maker who will constitute its target audience.	**Development of the Advocacy Project** Define the basic components of an Advocacy project: objectives, main actions, indicators, schedule, budget, and monitoring plan.
Audience Analysis Determine target and secondary audiences. Assess their power level, position regarding the Advocacy Expected Result, and interest in achieving it.	**Information Gathering** Collect all the necessary information for Advocacy planning and use it to define each component of the project.
Self-Assessment Identify the organization's strengths, weaknesses, opportunities, and threats regarding the achievement of the Advocacy Expected Result.	**Political Analysis** Reach a thorough understanding of the political setting where the project will be implemented.

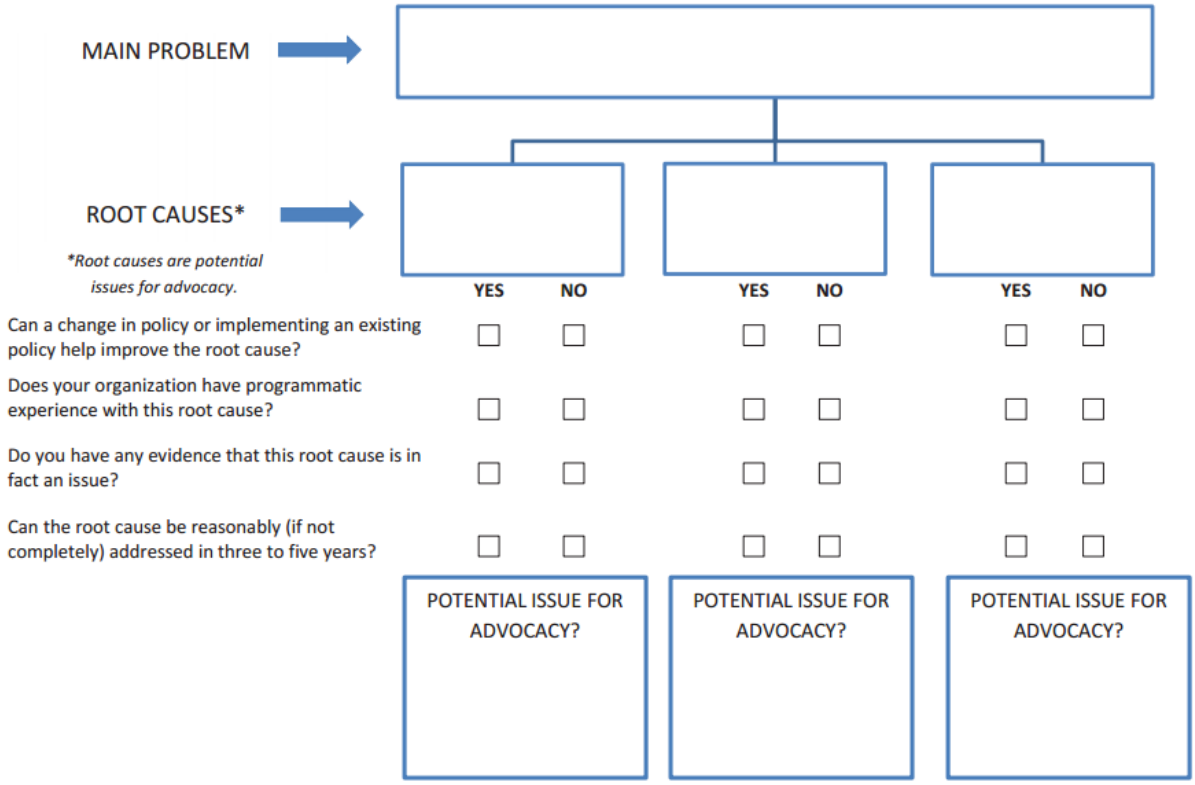
Problem Tree[35]



Identifying Potential Advocacy Issues[36]

Part 1 Worksheet: Identifying Potential Advocacy Issues

Write the main problem you want to address in the top box and three root causes of that problem in the boxes underneath. Then answer the four questions for each root cause. If you checked "yes" to all four questions, write the root cause in the box below labeled "Potential Issue for Advocacy." At this point, you may have several root causes that could be a good issue for advocacy; you'll be able to compare and choose between root causes utilizing a different worksheet. If you do not yet have at least two root causes that would be suitable for advocacy, flip to the other side of the worksheet and repeat this exercise with a different main problem.



[36] PATH (2013), Stronger Health Advocates Greater Health Impacts: A workshop curriculum on policy advocacy strategy development. http://www.path.org/publications/files/APP_advocacy_workshop_fac_guide.pdf Used by permission.

Advocacy Objectives[35]

WHAT IS A SPECIFIC OBJECTIVE?

- Specific objectives are statements about the changes you expect to accomplish during the implementation of your project
- Unlike the Advocacy Expected Result, you should fulfill (and measure) your project's objectives with the resources and in the time you have
- They are the driving force of your work, because they provide the staff in charge of implementing the project with the exact direction they must endeavor to take
- They indicate the components of the project that must be monitored and measured
- They reflect the logic underlying the design of the project, thus supplying a logical link between your work and your goal
- They describe what must be done to achieve the expected advocacy outcomes sought by the project
- They focus on what can be achieved, and therefore serve to guide the staff in charge of implementing the project
- They represent an agreement between the project and the external world regarding what the project commits to accomplishing in a certain time frame and with a certain budget

"SPECIFIC OBJECTIVES ARE SMART":

- Specific (to avoid diverging interpretations)
- Measurable (to monitor and evaluate them; think of some process or results indicators)
- Appropriate (to the problem, the goal, and your organization)
- Realistic (they must be realistic, that is, achievable within available time and with available resources)
- Time-bound (must be fulfilled within a specific time frame)

EXAMPLE OF A SPECIFIC OBJECTIVE:

"During the first trimester of operation of the Advocacy Project, forge and consolidate alliances in favor of the Advocacy Expected Result with 75% of the parliamentarians who are members of the Gender Equity Committee"

As a general rule, objectives must include verbs that signal change, for instance:

- Increase
- Decrease
- Strengthen
- Improve
- Reduce
- Enhance

Advocacy Strategy Framework[36]

Objectives	Targets	Activities or Materials	Resources required	Persons or Organizations Responsible (who should deliver the message)	Timeframe
Objective 1					

Objectives	Targets	Activities or Materials	Resources required	Persons or Organizations Responsible (who should deliver the message)	Timeframe
Objective 2					

Strategies for Dealing with Opposition[37]

It is not easy to deal with opposition. A direct and well-developed strategy is critical to the success of an advocacy campaign. Strategies for dealing with the opposition include:

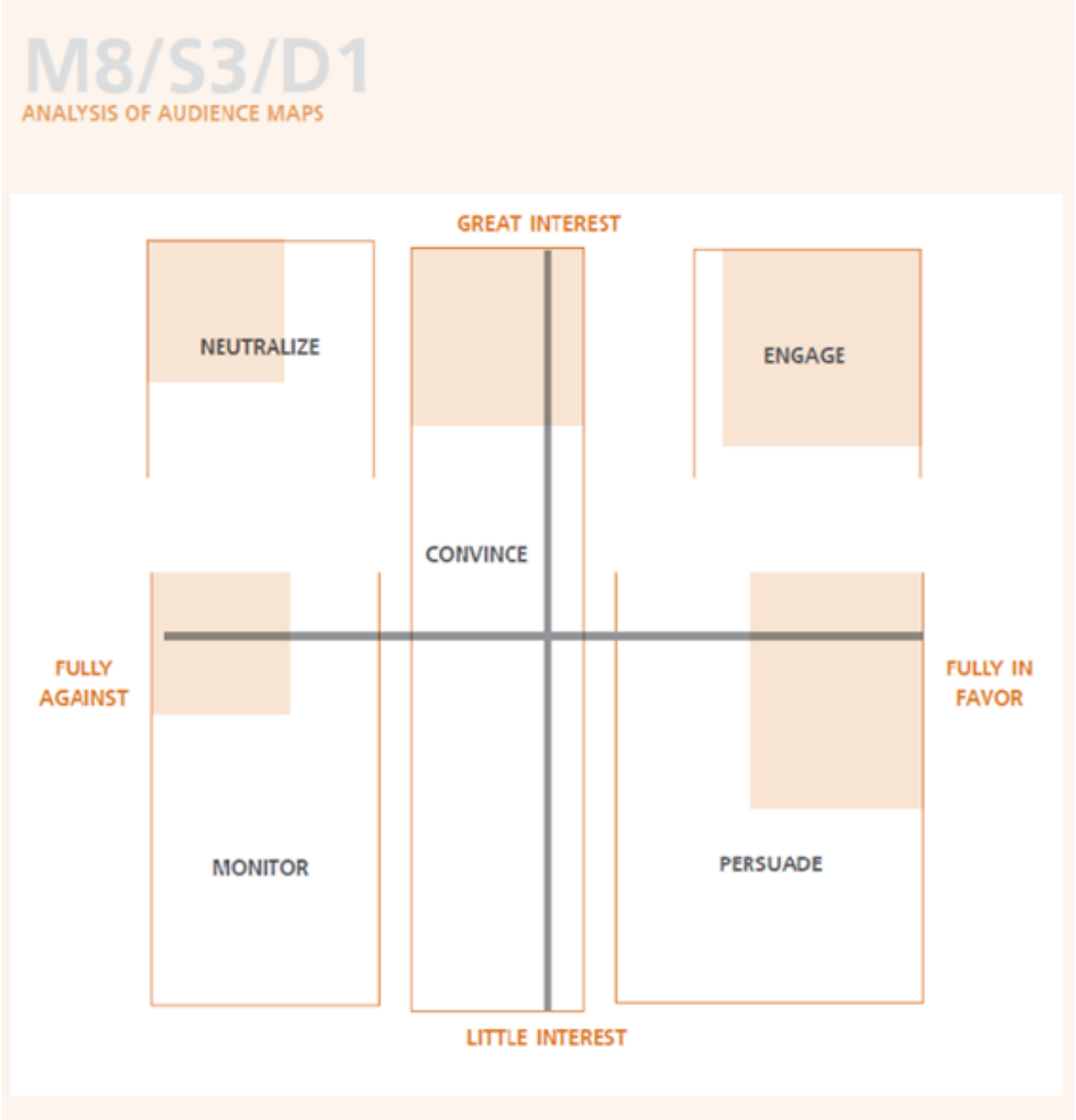
1. Being prepared. Identify in advance which individuals or groups might potentially oppose the advocacy campaign and reasons why. Think about their concerns and how they can be addressed through advocacy campaign messages.
2. Listen to the concerns of uncertain or unsupportive people. Listening to the other side of the issue and understanding what causes other people to disagree demonstrates respect for their beliefs and can help identify counter-arguments that will be effective in changing their views or addressing their concerns.
3. Providing clear and accurate information to convince critics. People form opinions based on the information they have; giving them more information may help change their opinions.
4. Forming networks or partnerships with other organizations. Working as a group makes each member stronger, and it builds on the networks and contacts that each organization has. Extensive community support and participation also demonstrates the popularity of a program, which may help generate broader support.
5. Thinking strategically. One influential leader can help persuade other people. Before seeking to convince people who may disagree, concentrate on an opinion leader who is likely to be supportive. Use his or her support to convince others.
6. Picking persuasive messages. Different types of information convince different people. For example, parents may be concerned that a new education program will provide too much information about sexuality, but may agree that youth need more help understanding how HIV is transmitted and how to protect themselves. In such a case, emphasizing that a sexuality education program will prevent the transmission of HIV may be more effective than providing general information on the full content of the sexuality education curriculum. Focusing on the areas where people agree with the goals will help build common ground.
7. Looking for other ways of reaching goals. Sometimes, despite everyone's best efforts, advocates are unable to convince an influential person whose support is critical to the success of the advocacy campaign. One influential opponent may be able to block a plan for a long time. For example, if a school headmaster refuses to allow a sexuality education program to run on school grounds, advocates for the program might ask another institution, such as a local youth center or community hall to permit the program to be based there instead. Dealing with opposition is not easy, but it may provide an opportunity to educate and communicate with the public. Open discussion allows everyone to be heard and different ideas to be considered. Open communication may lead to a compromise that is acceptable to all sides. Listening to others, answering their questions, and responding to their concerns helps build support in a community.

[37] Family Care International (2008). *Mobilizing Communities on Young People's Health and Rights: An Advocacy Training Guide* http://www.familycareintl.org/UserFiles/File/Anglo_TrainingGuide_June2008.pdf

Audience Analysis Worksheet[37]

Primary Audience The individuals and/or body with decision-making authority around the advocacy issue	**Level of knowledge about the issue** (High, Low, Unknown)	**Degree of support for or opposition to your position** (Support, Oppose, Neutral, Unknown)	**Potential benefits or risks to the audience if they support the issue**	**Action that you would want the audience to take**
Secondary Audience The individuals and/or body that can influence the primary audience	**Level of knowledge about the issue** (High, Low, Unknown)	**Degree of support for or opposition to your position** (Support, Oppose, Neutral, Unknown)	**Potential benefits or risks to the audience if they support the issue**	**Action that you would want the audience to take**

Analysis of Audience Map[35]



How Should You Tailor for Each Audience?

Scenario 1: There are some Members of Parliament that are against your advocacy issue, but do not have much interest in it.

Scenario 2: The Prime Minister is very concerned over the HIV and AIDS epidemic in your country and agrees that solutions need to be found, yet the Prime Minister is not focused on adolescent health.

Scenario 3: The Minister of Health and many adolescents in your community truly believe in comprehensive sexual education for adolescents.

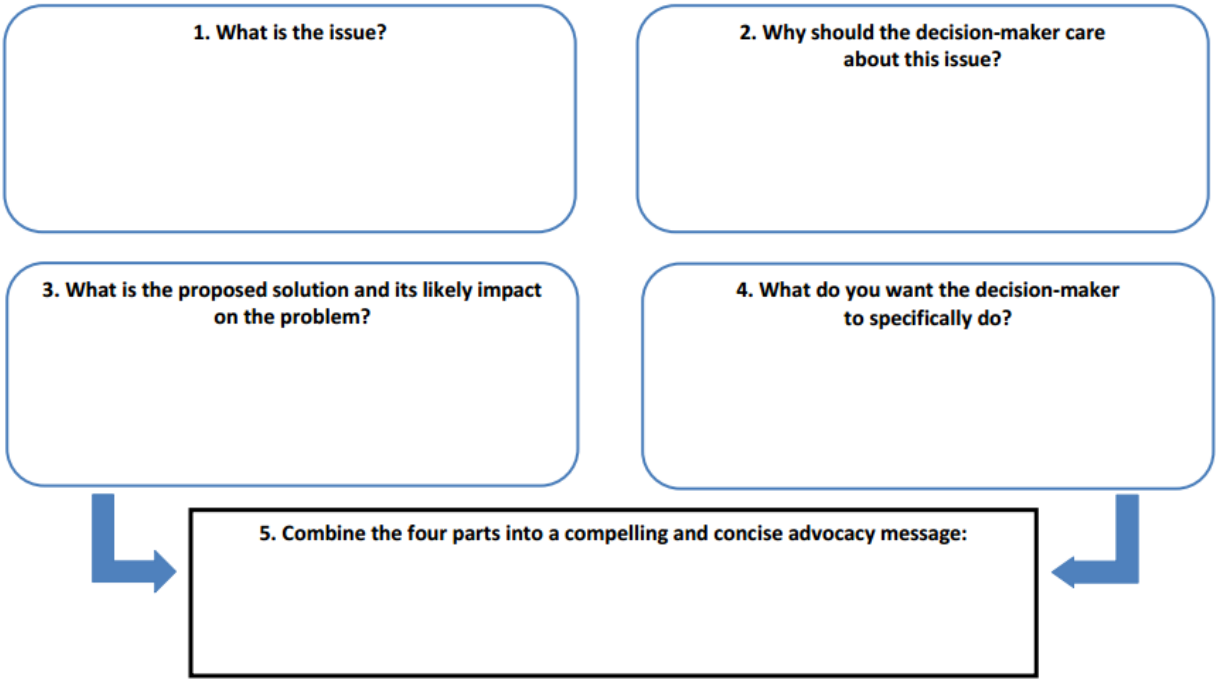
Scenario 4: HIV and AIDS related deaths are extremely high in the adolescent population but there are no specific policies targeting this issue. The Minister of Education is concerned for the adolescent population in the country, but lacks the knowledge of the effect HIV and AIDS has on their education and future.

Scenario 5: There are parents of children that are against your advocacy issue of comprehensive sexual education for adolescents around HIV and AIDS in your community.

Advocacy Message Worksheet[36]

In the top boxes list the name of one of your key decision-makers and one of their key interests. Answer the four questions in each bubble as it relates to the selected decision-maker. Then combine the answers into a compelling and concise message in the bottom box. You may need multiple copies of this worksheet in order to complete a table for each decision-maker. If each decision-maker has a similar key interest, you do not need to complete multiple tables.

Decision-maker:	Key interest:



Staying on Track with Your Advocacy Message[37]

Below are some key questions to remember when identifying the target audience and developing appropriate activities and materials:

1. What are the most important beliefs, attitudes, and concerns of each target audience in relation to the advocacy issue or problem?
2. How are the concerns of each target audience addressed through advocacy messages? How do advocacy messages reinforce the audience's pre-existing beliefs and attitudes that are supportive of the advocacy goal?
3. What specific actions are needed on the part of target audience? How clearly are these actions conveyed through advocacy messages and materials?
4. Do messages and materials appeal to both logic and emotion effectively? Do they combine factual data with personal testimonials that will help the target audience understand the importance of the issue and care about it?
5. Are advocacy messages tailored appropriately for particular audiences and the activities through which they will be targeted?
6. Have all messages and materials been pre-tested to ensure they are well understood by the target audience and are perceived as appealing and relevant?
7. Have all print materials (fact sheets, brochures, speeches, talking points, scripts, etc.) been double-checked to ensure they are factually correct and contain no typographical errors? 8. Have all non-print materials and activities been adequately prepare.

Pre-service Integration Guide

Module 9:

Change Management

(4 Units)

Module 9: Change Management

Competencies Addressed

After completion of the module, learners will be expected to demonstrate the following competencies:

1. Leading and managing organizational change
2. Planning to overcome challenges and avoid typical errors
3. Communicating change
4. Supporting change with management systems
5. Recognizing and addressing resistance
6. Creating a climate that encourages change in the workplace
7. Supporting change with management systems
8. Scaling up change within and beyond the organization

Performance Objectives

At the end of the module, learners should be able to:

1. State the various roles of leaders involved in managing change
2. Assume the role of leader as change agent
3. Apply Kotter's 8 steps to avoid the pitfalls inherent in typical change processes
4. Respond appropriately to fears and challenges faced by individuals affected by the change
5. Overcome resistance to change
6. Scale up changes
7. Apply the elements of change process in a selected challenge

Timeline

11 hours

Contents

Units	Learning Objectives At the end of the unit, learners should be able to:	Contents
Unit 1: Introduction to the Change Process (1 hour)	• Define change and change management • Explain the concept of a change management process • Explain where change comes from, and differentiate between changes that are chosen and those that are imposed • Distinguish between commitment and compliance • Cite from their own experience some examples of routine changes and complex situations	• Definitions • Change as a phenomenon • Imposed vs chosen changes • Commitment vs Compliance • Routine changes vs Complex situations

Units	Learning Objectives	Contents
Unit 2: Leader as a Change Agent (4 hours, 30 minutes)	• Apply the concept of a change agent to themselves as Managers who Lead • Identify the roles necessary for successful change • Plan for change, including an M&E plan • Apply John Kotter's 8-step change process • Explain the importance of aligning management systems with the change process • List the people who will serve on their change team	• Change roles • Roles related to leading and managing practices • Planning • Anticipating challenges and obstacles • Kotter's 8 steps • Aligning management systems • Monitoring and evaluating change • Change team participants
Unit 3: Facilitating Staff Reactions to Change (3 hours, 30 minutes)	• Recognize the responses of others to the proposed change and the impact they could have • Recognize a typical cycle of people's responses • Take steps to help people adapt to the change • Build and maintain trust • Create a workgroup climate that encourages change	• Typical responses to change • Phases that staff go through during a change process • How to deal with resistance • Importance of trust and knowledge exchange • Workgroup climate encouraging change
Unit 4: Scaling up and sustaining change (4 hours)	• Build on their change experience to benefit others within and beyond the organization • Work collaboratively with stakeholders in order to scale up the change beyond their institutional borders • Take the lead in scale-ups • Value continuous learning as one of the keys to sustaining change • Identify what they need to do individually to sustain change	• What is scalable and what is not • Stakeholders involved in scaling up • Aligning and mobilizing stakeholders • Collaboration • Roles and rules in collaboration • Leading scale up • Continuous learning and sustaining change • Personal investment in change

Unit 1: Introduction to the Change Process

Purpose of this Session

This session will provide a foundation for the remainder of the module, including definitions, as well as a change management overview.

Learning Objectives

At the end of the session, learners should be able to:

1. Define change and change management
2. Explain the concept of a change management process
3. Explain where change comes from and differentiate between changes that are chosen and those that are imposed
4. Cite from their own experience some examples of routine changes and complex situations

Duration

1 hour

Session Description

	ACTIVITY	TIME
1	Discussion: Student Experiences	15 minutes
2	Activity: The Story of the White Horse	25 minutes
3	Discussion: Routine Problems vs. Complex Situations	20 minutes

Preparation Required

- Read the *Facilitator's Guide* notes, and view PowerPoint slides for this unit. You might want to add your own notes to further guide you.
- Prepare copies of all handouts.
- Prepare the required flipcharts.

Materials/Equipment

- Computer/projector
- Flipchart — easel and paper
- Tape
- Markers

Resources/Handouts

- Handout: "Commitment vs. Compliance" (Slide 414)
- Handout: "The Story of the White Horse"
- Handout: "Routine changes vs. Complex situations" (Slide 419 from this unit's PowerPoint)

Step-By-Step Process

Activity 1 (15 minutes)

Discussion: Student Experiences

Step 1. In plenary, invite the students to tell you about a time they initiated change or it was initiated in their group. (Take 3 to 4 examples.) This is to illustrate that some changes are internal.

Step 2. In plenary, invite the students to tell you about a time when a change was mandated and it affected them. (Take 3 to 4 examples.) This is to illustrate that some changes are imposed.

Step 3. Show slides 414 and 415, and discuss the ideas presented. Does a chosen change lead to commitment? Can an imposed change be converted into commitment from compliance? (Use Commitment vs. Compliance handout to explain the difference.)

Activity 2 (25 minutes)

Activity: The Story of the White Horse

Handout. "The Story of the White Horse"

Step 1. Ask students to read The Story of the White Horse.

Step 2. When they are finished reading, ask: "What was the point of the story?" Take responses.

Step 3. Invite the students to pair up and tell each other a story about how a change they experienced that looked "bad" at first turned out to be "good" and how a change that looked "good" turned out to be "bad."

Step 4. Debrief in plenary. Conclusion: Change in itself is neither good nor bad.

Activity 3 (20 minutes)

Discussion: Routine Problems vs. Complex Situations

Step 1. In plenary, invite students to offer examples of routine problems they have encountered.

Step 2. In plenary, invite students to offer examples of complex situations.

Step 3. Ask the students to identify whether the challenge they are addressing in their plans is routine or a complex situation. (Each student present should respond.) – See slide 419 for definitions

Points to Remember/Notes to Facilitator

- We are living in a time of exponential change and change is a fact of life.
- Change, in itself, it is neither good nor bad.
- It is likely the students have not considered whether or not their plans address routine or complex situations and how implementation of their plans will bring change to their organizations.

Assignments

- Review plans and make notes on how the implementation of their plan will create changes in how their organization operates at both the individual and organizational level.

Session Closure

Close the session by summarizing the key points from the unit. Refer, if desired, to the first two points made in "Points to Remember."

References

Management Sciences for Health. Managers Who Lead: A Handbook for Improving Health Services. Cambridge, MA: Management Sciences for Health; 2005.
Available at: http://www.msh.org/resource-center/managers-who-lead.cfm

Unit 2: Leader as a Change Agent

Purpose of this Session

This unit ties the roles needed for a successful change initiative to the Leading and Managing Practices and prepares the students for common errors made in change management processes. It also provides them with steps they can take to anticipate and avoid these common errors and helps them expand their thinking about who should be on their change team.

Learning Objectives

At the end of the session, learners should be able to:

1. Apply the concept of a change agent to themselves as Managers who Lead
2. Identify the roles necessary for successful change
3. Plan for change
4. Apply John Kotter's 8-step change process
5. List the people who will serve on their change team

Duration

4 hours, 30 minutes

Session Description

	ACTIVITY	TIME
1	Presentation: Exploring Change Management Roles and Leading and Managing Practices	30 minutes
2	Presentation: Integrating Kotter's Steps into the Leadership Projects	2 hours, 30 minutes
3	Exercise: Change Management "Dream Team"	1 hour, 30 minutes

Preparation Required

- Read the *Facilitator's Guide* notes, and view PowerPoint slides for this unit. You might want to add your own notes to further guide you.
- Prepare copies of all handouts.
- Prepare the required flipcharts.

Materials/Equipment

- Computer/projector
- Flipchart
- Flipchart markers
- Tape

Resources/Handouts

- Handout: "Roles for Successful Change" (Slides 423 – 428)
- Handout: "John Kotter's 'Stages of a Successful Change Process' Model" (Slides 433 – 442). This handout, especially the step graphic, can be used effectively before, during, or after the presentation. If there is time, this can be an interactive presentation with the students reading the materials from the handout.
- Handout: "Management Systems" (Slide 444 from this unit's PowerPoint)
- Handout: "Dream Team Competencies" (Slide 446 from this unit's PowerPoint)

Step-By-Step Process

Activity 1 (30 minutes)

Presentation: Exploring Change Management Roles and Leading and Managing Practices
(Do this after the PowerPoint presentation, but before handing out the related handout.)

Step 1. In plenary or small groups, ask the students to review the definitions of the roles of Change Agent, Change Manager, Champion, and Sponsor. (Slides 423 – 428)

Step 2. In plenary or small groups, ask the students what leading and/or managing practices are the primary ones needed to be successful in each of these roles.

Step 3. If they were the director of a regional hospital, what role might they play? What if they were a rural community health worker? What if they were the senior doctor or nurse in a clinic? What if they were the administrative officer in the Ministry of Health at the central level? What if they were a data entry clerk anywhere in the system?

Step 4. Conclude activity by saying that there are no right answers. No matter what a person's position is in the overall health system, they have an opportunity to take on any of these roles at their level as a Manager who Leads and could influence others, even outside of their current location.

Activity 2 (2 hours, 30 minutes)

Presentation: Integrating Kotter's Stages of a Successful Change Model into the Leadership Projects
(After presentation and discussion of the handout) (Slides 433 – 443)

Step 1. As an initial step, in class, break the students into small groups, and ask them to discuss Kotter's steps and how they might apply them to their own leadership projects. This could be done by giving each group just a few of the steps to work on. The number would vary depending on the size of the class and number of groups of three to four students in the class. They should use the plan format included in the handout for the purposes of this discussion.

Step 2. Ask the students to report while the others take notes of ideas.

Step 3. As homework, the students should integrate what they have learned about Kotter's Stages of Successful Change Model into their leadership project plans. (This could also be done in class if there is adequate time.)

Activity 3 (1 hour, 30 minutes)

Exercise: Change Management "Dream Team" (Slide 446)

Step 1. Ask the students to brainstorm with each other, in pairs or small groups, about who they would/will ask to be on their change team. Like picking players for a football match, the students should pick their dream team of players. Not all of the people they chose will be available, but it is important that they have the experience of matching up what needs to be done with the people they chose. They can do this visually using the Dream Team competencies table in handouts to map necessary competencies to people they want to be on their teams (by name, preferably, but if they are not sure of the name, they could use titles).

Step 2. Ask three or four students to present their teams using the format above.

Points to Remember/Notes to Facilitator

- Change is a process and must be planned. It is not spontaneous.
- The vast majority of change processes fail, but there are ways to increase the chances of success.
- Change within an organization does not come from the efforts of one person alone. It takes a team effort, preferably with different people performing specific roles.

Assignments

- Integrate what they have learned about the importance of planning for change and Kotter's 8 steps for successful change efforts into their plans with specific steps.
- Complete the Dream Team exercise for their own plans, if they have not done so in class.

Session Closure

Close with a positive message about change and change management through planning, communication, and team work.

References

Management Sciences for Health. Managers Who Lead: A Handbook for Improving Health Services. Cambridge, MA: Management Sciences for Health; 2005.
Available at: http://www.msh.org/resource-center/managers-who-lead.cfm

Kotter, JP. What leaders really do. Harv Bus Rev. 1990:68:103-111.

Kotter, JP, The Heart of Change, Harvard Business School Press, 2002

Unit 3: Facilitating Staff Reactions to Change

Purpose of this Session

Change is a phenomenon that, in and of itself, is neither good nor bad. It is our reaction to change that gives it a value and that leads to either cooperation or resistance. Our first reactions are influenced by what we think we will gain or lose when the change gets implemented. ("What's in it for me?" "How might I lose what I have now?"). This unit seeks to demystify reactions to change and provides suggestions for overcoming resistance.

Learning Objectives

At the end of the session, learners should be able to:

1. Recognize the responses of others to the proposed change and the impact they could have
2. Take steps to help people adapt to the change

Duration

3 hours, 30 minutes

Session Description

	ACTIVITY	TIME
1	Discussion: Reactions to Change	2 hours
2	Exercise: Inspire by Building Trust at Work	1 hour, 30 minutes

Preparation Required

- Read the *Facilitator's Guide* notes, and view PowerPoint slides for this unit. You might want to add your own notes to further guide you.
- Prepare copies of all handouts.
- Prepare the required flipcharts.
- Write the following on a flipchart, leaving spaces between the questions:
    - Think of a change you have experienced
    - How did you **feel** during that change?
      (**Note:** This is not about thinking as in "What did you think about the change?)
- What do you wish others had done to support you during that change?
- Cover the flipchart, which will be revealed later (or for a large group. Make a handout to distribute during Step 1).

Materials/Equipment

- Computer/projector
- Flipchart
- Flipchart markers
- Tape
- Markers

Resources/Handouts

- Handout: "Cycle of Adaptation to Change" – graphic (Slide 457)

- Handout: "How to Deal with Resistance" (Activity 1) (Slides 458 – 459)
- Handout: "Building Trust" (Slide 460)
- Handout: "Creating a Climate that Encourages Change" (Slides 462 and 463)

Step-By-Step Process

Activity 1 (2 hours)

Discussion: Reactions to Change

Step 1. Reflect on a past experience of change.
- Discuss people's typical responses to change. What do they feel? What do they do?
- Remind the students that leading people through change requires managing the transition.
- Reveal the flipchart with the questions.
- Ask students to write down their own responses to the questions.

Step 2. Share reflections on change.
- Divide students into pairs or small groups, and have them share their responses.
- In plenary, invite the students to share responses they heard to the questions.
- Write down responses on a flipchart.

Step 3. Go back to slides 450 through 455, and debrief the first 2 questions.
- Ask the students "Do you see any of your own responses to change in the content of these slides?"
- Discuss.

Step 4. Go back to slides 456 and 457.
- Hand out the graph of the cycle, and discuss based on the de-brief of the first 2 questions and the responses to change.
- Point out that depending on whether they are a "let's go," a "maybe, but not yet," or a "not now, not ever" person, they will enter the cycle at a different place. The most enthusiastic might enter the cycle in the high exploration

Step 5. Referring back to the third question:
- Ask the students to share their responses to what others could have done to support them during the change.
- Show slides 458 and 459.
- Discuss how the students can support others as they go through change.

Wrap Up and Plan Next Steps

- Close the conversation by discussing what "people" principles should guide change agents
- Write these principles and ideas on a flipchart
- Handout "How to deal with resistance," and read topics or all of the ideas in plenary.
- Discuss how the students are going to apply the principles to their current plan.

Activity 2 (1 hour, 30 minutes)[38]

Exercise: Inspire by Building Trust at Work

This exercise engages students in a reflection about trust in the workplace. Use it to help people discover how to inspire others through building trust.

Preparation

- Write the following definitions of trust on a flipchart; then cover the flipchart:
- Trust: A firm reliance on the integrity, ability, or character of a person.
- To trust: To increase one's vulnerability to another whose behavior is not under one's control in a situation where there may be risk.

Step 1. Conduct an inquiry about trust.

- Introduce the topic of trust with a question: *"Why is trust important for managers?"*
- After getting some answers, ask people to think of someone they trust. What has this person done to earn your trust?
- Then ask them to think of someone they don't trust. What has this person done to lose your trust?
- Divide into pairs, and have them discuss their thoughts about trust.

Step 2. Discuss earning and losing trust.

- In plenary, ask pairs to share what they learned from this conversation about earning and losing trust.
- Record responses on flipchart with 2 columns labeled *How was trust gained? How was trust lost?*
- Show them the definition of trust on flipchart. Ask whether this definition rings true.

Step 3. Review what a leader can do to improve trust.

- Divide the students into small groups, and ask them to discuss what leadership practices they can use to improve trust in their work.
- Have each group present its findings.
- Check whether the following practices are included (otherwise add them): Slide 460
  - Treat others with respect
  - Cooperate rather than compete
  - Support and help others
  - Look for causes of problems in work processes rather than blame others

[38] Adapted from Managers Who Lead: A Handbook for Improving Health Services. Cambridge, MA: Management Sciences for Health, 2005 https://www.msh.org/resources/managers-who-lead-a-handbook-for-improving-health-services

- Use knowledge and competence rather than position to influence others
- Admit one's own mistakes and uncertainties.

Step 4. Divide the students into small groups, and ask students to discuss the following question: *"What can we take away from this exercise that can help us make our workplace more 'trustful'?"* Record the students' responses on a flipchart, then ask someone to type up the responses and distribute them to all students.

Points to Remember/Notes to Facilitator

- People react to change and are concerned with how it will affect them.
- People have different reactions to change which can range from enthusiasm to resistance.
- Leaders must be sensitive to these people factors and provide different resources to satisfy the needs of each group.
- Trust is critical to success in the daily operations of an organization and even more so when there is a change, regardless of the magnitude.

Assignments

- Read supplemental information:
  - Galford and Drapeau's Enemies of Trust
- Write a two-page summary of impressions, including:
  - What experiences they've had of the enemies of trust and whether or not the "antidotes" were applied? Were the antidotes successful?

Session Closure

- Remind the students that change and whether it is "bad" or "good" depends on the perceptions of the people affected by it.
- Illustrate this with examples of their own reactions to change and what support they wish they had had in that circumstance.
- Reinforce the importance of trust. Use the following quotation, if desired.
  "Trust is the one thing that changes everything." - Stephen M. R. Covey (The Speed of Trust)

References

Management Sciences for Health. Managers Who Lead: A Handbook for Improving Health Services. Cambridge, MA: Management Sciences for Health; 2005. Available at: http://www.msh.org/resource-center/managers-who-lead.cfm

Robert Galford and Anne Seibold Drapeau, The Enemies of Trust, Harvard Business Review, 2003

Pritchett P. Resistance: Moving Beyond the Barriers to Change. Price Pritchett, Dallas, TX: Pritchett Publishing Company; 1996.

Unit 4: Scaling Up and Sustaining Change

Purpose of this Session

Change is hard and risky so it is often beneficial for the lessons learned and processes developed to be applied elsewhere, internally to the organization or externally in the field. In addition, it is demoralizing for the employees of an organization to find that the change they struggled to achieve is not sustained. Therefore, in this unit, we will address both scaling up and sustaining change.

Learning Objectives

At the end of the session, learners should be able to:

1. Build on their change experience to benefit others within and beyond the organization
2. Work collaboratively with stakeholders in order to scale the change up beyond their institutional borders
3. Take the lead in scaling up change
4. Identify what needs to be done to sustain the change

Duration

4 hours

Session Description

	ACTIVITY	TIME
1	Presentation: Assessing the Scale-up Potential for Leadership Project	2 hours
2	Discussion: The Role of Culture	2 hours

Preparation Required

- Read the *Facilitator´s Guide* notes, and view the PowerPoint slides for this unit. You might want to add your own notes to guide you further.
- Prepare copies of all handouts.
- Prepare the required flipcharts.

Materials/Equipment

- Computer/projector
- Flipchart
- Flipchart markers
- Tape

Resources/Handouts

- Handout: "Analysis for Scale up Worksheet" (Slides 466 – 470)

Step-By-Step Process

Activity 1 (2 hours)

Presentation: Assessing the Scale-up Potential for Leadership Project

Handout. Analysis for Scale-up Worksheet (Slides 466 – 470)

Step 1. Ask students to reflect individually on whether or not they think there is either internal or external scale-up potential for the changes they are proposing in their leadership project using the following questions for guidance.

- Will the results of my project be sufficiently compelling that others (groups or individuals) would be interested in following my process or implementing my results? If so, what elements are compelling about my process and/or results?
- Who are the others who would be interested in these elements?
- How will my project meet their needs and what challenges might there be?
- What specific actions would I need to take to align and mobilize them in order to scale up the process or results?

Step 2. Ask students to work in pairs and share their ideas. Each should give constructive ideas to the other regarding their ideas, ask questions (in good coaching style) to help the other think this issue through, and offer suggestions, where appropriate.

Step 3. In plenary, ask three or four students to present their results, and ask the other students to pose questions and offer positive suggestions.

Activity 2 (2 hours)

Discussion: The Role of Culture

Step 1. Ask students to define what the word "culture" means to them and what elements they believe constitute culture in an organization. Be sure that the students offer ideas that fit into the following categories: behaviors and rituals, stories, expectations, assumptions and "truths," etc. (Slides 472 and 473)

Step 2. Ask them to discuss the following questions with a partner:

- How does their project fit into the existing culture of their organizations and how does it not?
- What, if anything, needs to change in the organizational culture for the changes anticipated in their project to be sustainable?
- How will they effect that change? What will it take?

Step 3. Ask the partners to join with two other pairs and discuss where the greatest cultural challenges are likely to be. Be sure that the students consider their best answers to how to overcome these cultural challenges.

Step 4. In plenary, ask students to report out on their findings and discuss.

Points to Remember/Notes to Facilitator

- The ideas and proposed changes of one organization may be applicable and useful for other organization and can be scaled up to benefit them.
- The results obtained in the implementation of each plan can be scaled up where there are stakeholders who are compelled by what the students are doing and where appropriate.
- Changes are only sustainable where the prevailing culture supports its success.

Assignments

- Review findings from the two activities in this unit and decide where the change you propose might be scalable. Prepare a plan for approaching these stakeholders.
- Determine what actions you will take to ensure sustainability of your project in consideration of the culture of your organization.

Session Closure

- Intentional change does not happen independently, but in relation to people, other operations of the organization, other stakeholders, and the culture of the organization. All of these need to be considered in planning your leadership project to ensure successful implementation and sustainability.
- Don't keep your good ideas to yourself when they can be scaled up to meet the needs of others.

References

Pritchett P. Culture Shift: The Employee Handbook for Changing Corporate Culture. Dallas, TX: Pritchett Publishing Company; 1993.

Management Sciences for Health. Managers Who Lead: A Handbook for Improving Health Services. Cambridge, MA: Management Sciences for Health; 2005. Available at: http://www.msh.org/resource-center/managers-who-lead.cfm

Module 9 Handouts

Unit 1: Introduction to the Change Process

- "Commitment vs. Compliance"
- "The Story of the White Horse"
- "Routine Changes vs. Complex Situations"

Unit 2: Leader as a Change Agent

- "Roles for Successful Change"
- "John Kotter's 'Stages of a Successful Change Process' Model"
- "Management Systems"
- "Dream Team Competencies"

Unit 3: Facilitating Staff Reactions to Change

- "Cycle of Adaptation to Change"
- "How to Deal with Resistance"
- "Building Trust"
- "Creating a Climate that Encourages Change"
- "Enemies of Trust in Organizations"

Unit 4: Scaling up and sustaining change

- "Analysis for Scale-Up Worksheet"

Commitment vs. Compliance

Commitment comes from inside a person. You do something because you care about the results. Compliance, on the other hand, is motivated by something outside you: the need to meet external requirements. You do it because you must.

Commitment (internally driven)

You want to do something extraordinary
You believe in it

Good results that you are proud of and care about

Compliance (externally drive)

You have to do something

Formal compliance

You do just what is required and no more

Noncompliance

You don't do what is required

Malicious noncompliance

You purposely do the wrong thing, although you may not object openly

The Story of the White Horse

The following story is an old story that is known in different parts of the world. It is an archetypical story about change.

Once upon a time, there was an old man who lived in a village very far from here. He was a widower and lived with his son in a farm at the edge of the village. He owned a strong male horse, beautiful to see, and completely white in color. One day, he woke up to find that his horse had broken through the enclosure and ran away.

When the neighbors learned what happened, they came to offer their sympathy for the misfortune that has just befallen him. The old man told them, "Yes you are right, the horse has run away, but I cannot tell you at this moment if this is a bad thing or a good thing."

Some days later, a noise awoke him in the middle of the night, and in the morning he saw that the stallion had returned, bringing with him several wild female horses. The villagers came to congratulate the man, commenting on his good luck, since he was now the owner of several beautiful horses. The old man answered them, "That is true, I now have a lot of horses, but whether this is a good thing, I cannot tell you now."

In the weeks that followed, his son began the hard process of training the wild horses. One day, he was thrown off the back of a mare and broke both his legs and several ribs. The villagers, upon hearing this news, visited the old man and his son to express their regrets and offer their sympathy. The old man thanked them, saying that it was indeed true that his son had gotten badly hurt; however, he couldn't tell whether this was a bad thing or a good thing.

Sometime after, the country in which the village was located was invaded by a neighboring country. The king sent his messengers around the country to mobilize all the healthy young men to come to the defense of the country. One such messenger arrived at the old man's house and found the son immobilized in his bed. All the other young men from the village were recruited into the army and marched away. A group of villagers came to visit the old men to congratulate him on his good fortune, since his son was the only one from the village who had not been mobilized. They told him, "You are very lucky to keep your son at home." The old man answered, "It is true that my son was not mobilized, but I don't know if this is a good thing or a bad thing."

Routine Changes vs. Complex Situations[39]

Routine Problems	Complex Situations
The problem is well-defined and the solution is known	The situation must be analyzed and the immediate solution is not known
The problem can be solved with existing knowledge and practices	People need to adjust their values, ways of thinking, and practices to address the condition effectively
A prescribed process can be implemented to solve the problem	Implementation requires learning new approaches and practices and being flexible as new conditions emerge
The solution can be applied by a single person or a group	Collaborative work by several stakeholders is required to achieve the solution

[39] Adapted from R. Heifetz, J. Kania, and M. Kramer, "Leading Boldly," Stanford Social Innovation Review v. 2 no. 3 (Winter 2004): 20–31.

Roles for Successful Change

- **Change Agent –** A change agent is the person or group with the ideas for the future. Often they have a profound understanding of the organization and context and can visualize the future – where the organization needs to go to meet the changing needs and context in which the organization operates. This might be the epidemiology of certain diseases, changes in medical treatments, or other changes in the state-of-the-art. In addition, they are thought of as people who can bring others into a close relationship to bring the change into reality.

  Can you see how leaders are true change agents? They use the leading practices of scanning and focusing to identify the changes in and around the organization and chose specific areas of focus for the organization to address. They also align and mobilize a team and inspire them to action with a strong vision. Can you see where the emotional intelligence competencies would be important here? Which ones do you think would be most valuable? Change agents also value courage to see the change through even though they know that there is going to be, most likely, a messy transition with the possibility of failure. They believe that their team can make the impossible possible.

- **Change Manager** – The change manager is the person or group that provides the structure for the change and oversees its completion. Some of the tasks of the change manager relate to the analysis of the change impact and results, they participate in developing both the strategic change plan and the tactical/operational plan, and mitigating risk. They may also play a coaching role to the team and others, support the communications efforts, define roles and responsibilities, and integrate the changes into future plans.

  Do you see some leading and managing practices in this role? Planning, organizing, implementing, and monitoring and evaluation! They are all here. In order to ensure that the plan is implemented smoothly, they also need good communication skills and many of the emotional intelligence competencies.

- **Champion –** The champions of the change are those who are inspired by the vision and want to see the change happen. They may or may not have the authority to enforce change, but they are strong supporters and help the change team by enthusiastically communicating the benefits of the change to others.

  The champions are the people who believe in the vision, communicate it broadly, and use the leading practice of inspiring to encourage others to embrace the change.

- **Sponsor – Sponsors** are people with authority to back up the change. These are the people who must be aligned early and are part of the guiding coalition. They have a strong vested interest in the change and they provide encouragement, support, and rewards to the change team.

  The sponsors are the senior managers who also communicate the vision and stand behind the actions of the change team in public. They too have scanned the environment, internal and external, and they understand that in order to meet the demands of the future, the organization will have to make changes.

John Kotter's 'Stages of a Successful Change Process' Model[40]

Have you ever made a plan with steps leading to a particular outcome, assigned responsibilities, and set due dates for completion of specific actions and have it end up collecting dust on your desk, in a drawer or on a shelf? Unfortunately, this happens all too often with our plans. Even the best leaders with the best intentions can find themselves in this situation.

Professor John P. Kotter of Harvard University has identified eight common causes for change efforts to fail and suggests eight steps to keep these eight errors above from occurring. The first four stages are meant to "prepare the soil" so that it can accept "the seeds of change." The next three steps provide a set of new practices that will help establish the desired new status. The final step is to make sure that the change is sustainable over time

The eight common causes of failure he identified are:

- **Allowing too much complacency –** When people feel that things are going well enough, and when there is no clear urgency for the proposed change, it is hard to mobilize people to do the change work that is needed.
- **Failing to create a sufficiently powerful guiding coalition –** When key authority figures are absent from the team that has responsibility for implementing the change, it is hard to get others to join forces and take the work seriously.
- **Underestimating the power of vision –** Formal goals and specific steps are important, but not enough to motivate and
- **Under communicating the vision by a factor of 10 (or 100 or even 1,000) –** Even when there is a vision, senior managers either neglect to communicate it at all, or do it in ways that is neither compelling nor inspires people to make the sacrifices that are called for.
- **Permitting obstacles to obscure the new vision –** When real or perceived obstacles remain in place, and little or no effort is made to remove them, people often consider the proposed change "not really all that serious."
- **Failing to create short-term wins –** When employees do not see any positive effect in the short term, it is hard to keep them engaged.
- **Declaring victory too soon –** Enthusiastic over the first, hard-earned achievements, change initiators declare victory before change the original goals are fully achieved and change is accepted by employees. A lack of continued effort allows old practices to gradually re-emerge.
- **Neglecting to anchor changes firmly in the corporate culture –** New practices remain vulnerable to degradation until a conscious effort is successful in demonstrating to employees how specific changes have driven improved performance and the new approach is personified by management and reflected in promotion criteria.

[40] Kotter, John P (1996). *Leading Change*. Cambridge: Harvard Business School Press.

Kotter's 8 Stages

1. Establishing a Sense of Urgency

We need to communicate that the need for change is **unavoidable**. The confrontation with reality leaves us no room for hope that we can continue working as we always have. A sense of urgency entails starting to move in the direction of the change. When, in an organization, people say that change is urgent, but actions are not congruent with those words (for example, there is no budget for the changes that are needed, or people don't come to meetings because they feel that they have more important things to do), then the sense of urgency is undermined. A change process initiated under those circumstances will be so fragile that any resistance will block it.

2. Creating the Guiding Coalition

Who should be included in such a guiding coalition? Mobilizing an organization to support a profound change will undoubtedly generate resistance from those parts of the system that fear a serious loss. Some of these groups or people may be very powerful. Thus, the coalition that is guiding the change process needs to be able to counteract measures of sabotage or other forms of resistance. Its members must have both the credibility and the authority to make decisions, remove obstacles, and obtain necessary resources. This means that key decision-makers as well as informal leaders need to be part of the coalition and that these people represent different parts of the organization.

3. Developing a Vision and Strategy

Generate a point of reference in the future. The vision of "where are we going and how are we going to get there" has to be compelling and clear, containing enough overall direction and enough appealing details to get people moving together in the same direction. A good vision aligns people and departments, but only if it can be communicated easily. If the vision statement is very long, confusing, or abstract, it will do little to invite individuals to align their personal visions with the organizational one. Ideally, a vision is created by all the key stakeholders, so then it becomes a shared vision. Strategy tells people how the organization is most likely to realize the vision. Strategy anchors the desired future state in a thorough knowledge of current reality (strengths, weaknesses, threats, opportunities, and trends) and indicates the best ways to move into the future.

4. Communicating the Change Vision

Articulating the vision and strategy is important, but not sufficient. If we want to encourage people to take initiative, if we want to unleash the organization's creative potential, people have to share the vision, and that requires careful communication. You cannot just announce the vision in a bulletin or letter from the director, or post it on signs on the walls. The vision needs to be "invoked" at every important meeting, at every important discussion, in every key decision.

5. Empowering Broad-Based Action

Getting to this point requires having achieved a certain level of success with each of the previous stages. Otherwise, the change will fail here and, in fact, this is the point at which many changes do fail. When people get excited about the change and mobilize, they begin to take initiative and, in doing so, solve problems, take risks, and innovate. It is important that people are encouraged to do this and are rewarded for it. If existing procedures, structures, or behaviors squelch such initiatives, the guiding coalition needs to take steps to remove the obstacles so that the right signals are sent. It is very easy for initial enthusiasm to turn into frustration and to sap people's energy.

6. Generating Short-Term Wins

People need concrete reinforcement. If you want them to remain engaged and motivated, they have to feel that they are moving in the right direction. Visions are always grand and long-term, and they cannot be accomplished in six months. It is therefore important to aim for some short-term victories that can be celebrated, to convince people that the change is happening, and that the change is good.

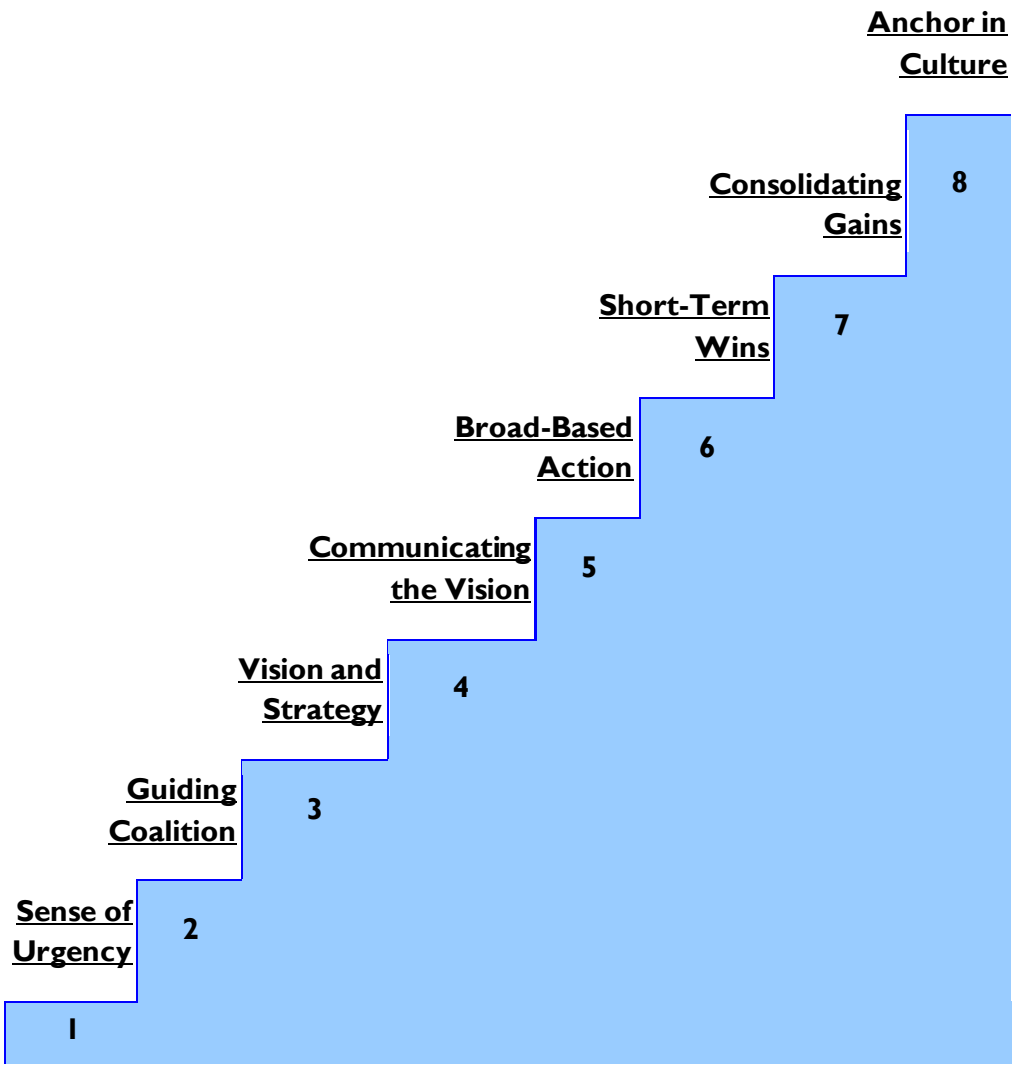
7. Consolidating Gains and Producing More Change

Although concrete accomplishments are important because they encourage people, the risk is that they may seduce an organization into declaring victory too soon. If people believe that, with those accomplishments, they have succeeded, the tendency is to go back to "normal" work, as if the change initiative was only an interruption. People need to be engaged in more projects, work with new themes, and include new change agents to create other accomplishments, each with more depth or breadth. If changes have occurred in some units, they need to be replicated in other units. If certain work practices have changed, they need to be converted into a more permanent system that formalizes the new procedures as part of a new way of working.

8. Anchoring New Approaches in the Culture

You may think that if you've come this far, there's no way to reverse the change. But many organizations, after four or five years of profound change, have learned that if the change has not become part of the organization's culture, an action in the general director's office can stop it, and even reverse it. Anchoring the change in the culture means making it part of "how we do things here," so that the strength of the culture will prevail if new decision-makers try to undo the changes.

From Managers Who Lead, Management Sciences for Health, 2005, 3rd Edition



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Implementation Plan Analysis using Kotter's Model		
Kotter's stages:	**Analyze what you have already accomplished as a team**	**What actions need to be done to pay more attention to this stage**
1. Establish a Sense of Urgency		
2. Creating the Guiding Coalition		
3. Developing a Vision and a Strategy		
4. Communicating the Change Vision		
5. Empowering Broad-Based Action		
6. Generating Short-Term Wins		
7. Consolidating Gains and Producing More Change		
8. Anchoring New Approaches in the Culture		

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Management Systems

Whether you are leading a senior team or a team at a lower level within a program or organization, how well your organization's management systems function affects your ability to achieve results and the sustainability of your entire organization. All systems need to be aligned with the larger change effort to achieve your intended results.

Operational planning. Operational plans specify the projects and activities that will be conducted over the short term and establish the measurable objectives, timetable, resources needed, and persons or groups responsible for completing the activities.

By developing operational plans that reflect and address the changes you are making, you help your organization align people, ideas, and resources to take effective action. By conducting annual or semi-annual operational planning, you can significantly increase your ability to reach your goals year after year.

Human resource management. Good organizational performance is more likely if you have appropriate staffing levels and (at a minimum) people who perform their jobs according to established job standards. If you do not have enough staff who are performing to these standards, all of your other management systems will be compromised. To sustain strong performance, your human resource management system should support:

- planning human resource needs
- staff deployment in response to changing work requirements
- creating a resilient and motivated workforce
- a culture of shared learning and teamwork

Quality assurance. Assuring the quality of services your organization provides is central to improving the health of your client population. A good quality assurance system provides managers with critical data from their most important stakeholders—clients. By establishing a system for assessing and improving the quality of services and training staff to use the system regularly, you will be supporting ongoing improvements in your organization's performance. You will also build client satisfaction, which will likely increase demand for your services (a key ingredient of sustainability).

Information management. Good information systems (including data collection, analysis, and use of information), coupled with effective monitoring and evaluation, are essential to support the scanning and focusing functions of managers who lead. Data can be used to inspire your teams when they show progress toward meeting organizational objectives. Analysis of data and the causes of not reaching objectives can help you make midcourse corrections so you can reach your goals by the end of a performance period.

Monitoring and evaluation. Monitoring and evaluating are critical not only for checking that planned activities are completed, but also for analyzing whether the work is resulting in the achievement of objectives. Evaluation helps you determine whether you are "doing the right things" to align staff and make a lasting and positive impact on health, and not just "doing things right." Institutionalizing evaluation practices across the organization is critical to supporting change and learning. A well-functioning monitoring and evaluation system also enables you to share knowledge on best practices, and sustain program and organizational improvements.

Financial management. The financial management system allows the organization to implement appropriate financial controls, collect and analyze financial data, and make sound financial decisions based on the analyzes. Sound financial management is essential for good organizational performance, including fulfilling commitments to donors, whether they are your government or an external funding source.

Managers who are leading change efforts need to be skilled in using financial information for planning, implementing, and analyzing activities and for making decisions. In the current environment of health reform and the decentralization of responsibility for health programs to lower levels in the health system, it is more critical than ever that managers be able to apply sound financial management practices and have a strong financial management system to support them.

Revenue generation. One element of organizational finance is identifying and generating new sources of revenue to support services and other organizational programs. Leadership in this area centers on creating and implementing a long-term revenue generation strategy that will mobilize diverse revenue sources and allocating those resources to meet current and future program and organizational needs. Leading a change effort may require that you to find new ways of generating revenue to support your new or expanded activities.

Supply management. An effective supply management system ensures that the right drugs or other commodities (equipment, expendable supplies), in the right quantities, get to the right place at the right time and are used correctly. The availability of drugs is as critical to organizational performance in health as is the availability of competent staff. You can use the pharmaceutical and commodity management cycle as a systematic approach to make certain that all drugs for services are available and appropriately used according to an effective treatment strategy and timeline. This cycle covers:

- selecting essential pharmaceuticals
- procuring selected pharmaceuticals
- distributing procured pharmaceuticals
- using distributed pharmaceuticals

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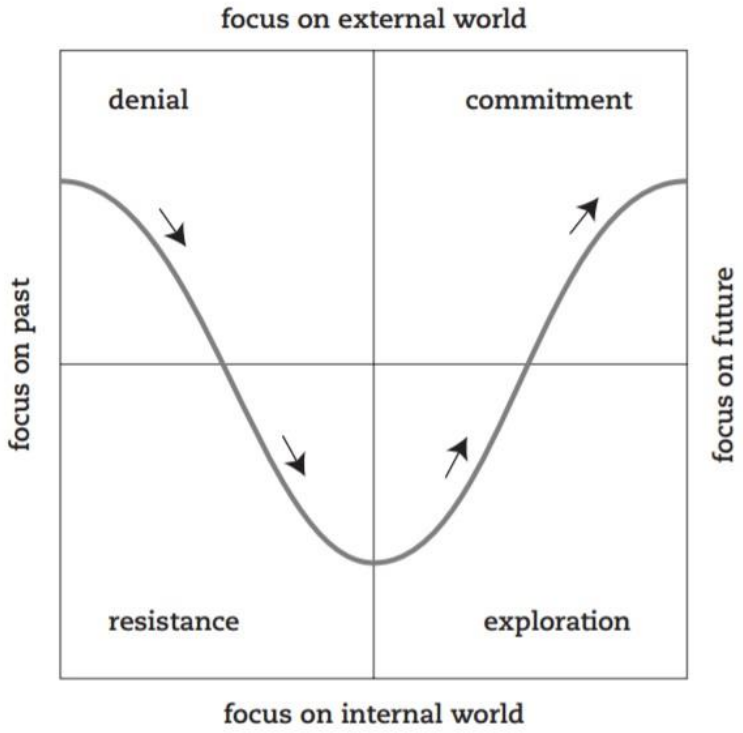
Dream Team Competencies

Competencies required	Team member with those strengths/competencies

Cycle of Adaptation to Change[41]

Responses to change

It is important to understand the responses people have to change and provide support and encouragement that is appropriate to where people are in their own process.



When people are in a place of…

Denial. Provide them with more information so it becomes difficult to stay in denial.

Resistance. Create opportunities for people to express their feelings. Resist the impulse to explain or defend, which will make things worse. Show empathy for and understanding of the losses people experience.

Exploration. Provide opportunities and resources to help discover what is possible in the new situation. Encourage people to get together and support one another.

Commitment. There is no need to "manage" the change process at this point, since people will manage themselves. Get out of the way.

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From Managers Who Lead: A Handbook for Improving Health Services, Cambridge, MA: Management Sciences for Health, 2005

How to Deal with Resistance

Use reason. Make the case (as in a legal argument) for the change you propose, by pointing out the pros and cons of the change, showing the consequences of not addressing it.

Debunk myths. Directly (but tactfully) challenge myths stemming from long-held beliefs, wrong or outdated ideas, or misinformation passed on by others.

Reinforce the desired new behaviors or practices. Provide resources and rewards (which may be publicity, public recognition, awards, extra resources, or opportunities for growth) to those who apply the new behaviors or practices.

Describe the vision in a variety of ways. Provide opportunities for people to "try on" the new vision for themselves.

- Tell a compelling story about the vision and show how the changes are inevitable.
- Recognize that people absorb information in different ways. Some need to see numbers presented in graphs or tables. Others prefer to see pictures or hear or see quotations.
- Use movies, poetry, or visual arts to help people understand the benefits of the change.

Look at yourself. Reflect on your habitual ways of communicating. Maybe something you do needs to change. Your own style may be strengthening the resistance!

- Maybe you are moving too fast and are too impatient.
- Maybe you need to use a different way of communicating with people.
- Presenting slides from a podium may not be the right way. Consider sitting around a table and exploring the implications of the change with those whose support you need most.
- Spend less time communicating your point of view and more time listening.
- Practice what you preach. If the change involves setting and maintaining high standards, then you, too, should live up to those higher standards. If you tell people that treating clients with respect is your message, then show respect in every interaction; if you made a mistake, admit it, apologize, and move on.

Expose the resisters to other people or places. Arrange meetings with other people who have been through significant changes. Take staff to visit clinics to see or talk with clients to make the impact of the change visible. These contacts will help demonstrate the (possible) positive effects of the changes you are proposing.

Address slow changers indirectly. Studies on the diffusion of innovations show that a small percentage of almost any group will lag behind in making a change. Do not focus your efforts on this group, sometimes called "slow changers," but let improved results speak for themselves. When a change in practice becomes official, changes in standards will eventually motivate these slow changers to adopt the new practice (Rogers 2003).

From Managers Who Lead, Management Sciences for Health, 2005, 3rd Edition

Building Trust

A study of managers (Bragar 1991) who were able to influence their colleagues effectively showed that they used the following practices to build and maintain trust.

Practices that build trust:

- Agree on a code of conduct for your team
- Keep your promises
- Be clear about your intentions
- Avoid gossip
- Consider alternative viewpoints
- Draw on the expertise and abilities of others
- Be open to others' influence in making your decisions
- Be fair in your treatment of others
- Support staff in meeting standards and expectations
- Look for causes of problems in work processes, not individuals
- Increase your own competence
- Trust others and accept the vulnerability that comes from relying on them
- Humbly and wisely admit mistakes, doubt, and uncertainty

Practices that maintain trust:

- Consistent messages
- Consistent standards and expectations
- Strong group performance
- Information for understanding organizational incidents
- Availability to staff
- Open discussion of large, disturbing issues

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Enemies of Trust

Enemies of Trust in Organizations	Antidotes
Inconsistent messages. Communications on its Web site, in its newsletter, and in its foundational documents that contradict each other or appear to change the rules. These can be possibly inappropriately directed to only a subset of the membership, suggesting a lack of transparency.	Prioritize subjects to be messaged. Don't overpromise on commitment. Have communications reviewed and edited by several people on the governing/managing board and/or one or two members. Be honest and straight to the point.
Inconsistent standards. If one portion of the network's constituency feels that other members are being treated better than they are (for example, the benefits are tailored only to them or the fees are not properly apportioned), inconsistent standards exist. This can create cynicism within the organization as well as distrust.	Ensure that policies, procedures, benefits, and standards are applied equitably across the membership while also recognizing the diversity of the members and stakeholders and the different needs they may each have.
Misplaced benevolence. This is similar to inconsistent standards. If the governing/managing body does not penalize a member for disrespecting the behavioral and/or ethical standards of the network, the other members might wonder to what extent these are even important. This may lead other members and stakeholders to mistrust the management and, potentially, take the same action as the first members. This misplaced benevolence can also take the form of placating a member that is noisy, offensive, ego-centric, and demanding. If this member is given greater consideration and benefits, this will either encourage other members to act in the same way or simply break the trust in the organization.	To avoid this risk, treat all poor behavior and/or ethics breaches in the same way no matter how important the member or that member's contributions to the network. Other members and stakeholders should not have to bear rages, insults or any other offensive behaviors.
Elephants in the room. This subverts an organization when the management and others don't address the big issues, or when they look right over them. Whispers and rumors tend to fill in the gaps and take the place of facts. These can, in turn, create an atmosphere of uncertainty and disrespect.	Avoid having elephants in the room by raising critical issues that no one else is willing to raise. This takes both courage and tact.
Rumors in a Vacuum. The less communication and transparency there is, the more likely it is that rumors will grow. Distrust thrives in a vacuum. Less communication equals more misinterpretation and misinformation.	Start by listening. Choose words carefully. Share appropriate information, especially the vision, mission, objectives, and strategy. Share at least four times as many positive messages as potentially negative ones.
Consistent underperformance. If the network does not achieve its purpose and provide the benefits that the members expect, it can expect that distrust in the entire mission, among the members, etc., may thrive.	Communicate success to avoid the perception of underperformance. When the network does not achieve its goals, explain the situation clearly and transparently. Call upon the members to support change.

Creating a Climate that Encourages Change

Creating a positive workgroup climate can contribute to encouraging change. When people feel comfortable in their offices, positions, and colleagues, they are more productive and more willing to take the risks associated with initiating and implementing change.

To create a positive workgroup climate, you must:

- Identify your own strengths and those of your team. Make assignments based on those strengths
- Challenge the staff to help them grow
- Ensure clarity of roles and responsibilities
- Support others by providing resources, making connections, and understanding their needs
- Build and maintain trust
- Use the leading and managing practices

Analysis for Scale-Up Worksheet[42]

In Unit 4 the first activity is to answer the following questions;

- Will the results of my project be sufficiently compelling that others (groups or individuals) would be interested in following my process or implementing my results? If so, what elements are compelling about my process and/or results?
- Who are the others who would be interested in these elements?
- How will my project meet their needs and what challenges might there be?
- What specific actions would I need to take to align and mobilize them in order to scale up the process or results?

Use the following template to identify with whom you would like to scale up elements of your project, explore what their specific needs might be that you will be meeting, anticipate challenges/obstacles to be overcome, and decide what you will need to do to align and mobilize them using targeted messages, Kotter's Change Steps, and other leadership and management tools you have learned in this program.

Name of group or individual potentially interested	What are the specific needs your process or results might meet?	Challenges/obstacles to be overcome	What specific actions do we need to take to align and mobilize them in order to scale up the process or results?
Example: Heath Information Systems Division in the MOH	Streamline processes for M&E	• Ensuring alignment with national standards and procedures	• Help the division articulate their vision • Assist the team in planning to overcome obstacles • Speak to benefits/results of process **What else might you add?**

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Name of group or individual potentially interested	What are the specific needs your process or results might meet?	Challenges/obstacles to be overcome	What specific actions do we need to take to align and mobilize them in order to scale up the process or results?

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