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LEADERSHIP, MANAGEMENT & GOVERNANCE PROJECT
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LEADERSHIP DEVELOPMENT PROGRAM PLUS

LDP+

Handouts for Participants

A Country-Led Process for Focusing Health Teams on Priority Health Results

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A Country-Led Process for Focusing Health Teams on Priority Health Results

Revised December 2016

Management Sciences for Health

200 Rivers Edge Drive

Medford, Massachusetts 02155-5741 USA

Tel.: +1.617.250.9500

Fax: +1.617.250.9090

Email: bookstore@msh.org

Website: www.msh.org

ISBN 978-0-9819616-1-3

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

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RESPONSIBILITIES OF THE TECHNICAL COACHING TEAM

The Technical Coaching Team has between three and five members. The team includes expertise in relevant components of the health system, as well as in monitoring and evaluation.

In addition to their areas of expertise, team members should be receptive to innovation and open to ideas from the Improvement Teams. They need to be willing and able to devote the necessary time to facilitating workshops and coaching Improvement Teams between workshops.

Members are drawn from the country's health system, preferably from within the geographic location chosen for LDP+ implementation. They may be content experts and officers from relevant MOH departments or M&E specialists from the Ministry's Management Information Systems unit. In some instances, a member may be a regional expert from a relevant national program (e.g., HIV/AIDS Commission, National Malaria and TB Control Programs).

Training of the Technical Coaching Team covers the LDP+ process, with an emphasis on M&E elements. It also includes the principles and practices of coaching so that the Technical Coaching Team can effectively support the Improvement Teams to implement their LDP+ Action Plans and monitor and evaluate their results. Members of this the Team also co-lead Shared Learning Sessions with the Master Facilitator.

Key Responsibilities of the Technical Coaching Team:

Technical Support:

- Agree on the priority health area, proven interventions, and indicators presented at the Stakeholder Alignment Meeting.
- Review national and regional standards and guidelines for proposed interventions.
- Provide technical materials and training in the priority health area, including standards and guidelines.

Coaching and Facilitation:

- Participate in each of the LDP+ workshops, the Results Presentation, and the Technical Coaching Team Meetings.
- Provide coaching to the Improvement Teams between each workshop to help monitor progress; and assist Improvement Teams to refine their Challenge Model and Action Plan.
- Support Improvement Teams and help to monitor progress throughout the implementation of the improvement project.
- Co-lead Shared Learning Sessions with the Master Facilitator.

Monitoring and Evaluation:

- Oversee M&E and help teams to accurately evaluate and report their results.
- Assure that data are correctly collected, recorded, collated, analyzed, and reported.
- Collect and review reporting formats and share reports with the LDP+ Local Coordinator and Governing Body.
- Build on the findings to help the Governing Body plan for scale up.

Note: For a successful LDP+, qualified individuals must play each of the different roles (facilitator, champion, member of the governing body, coordinator and technical coach). In some situations, it may be appropriate for one person to play more than one role, as long as s/he can handle all of the required activities.

LDP+ TIMELINE & DELIVERABLES

NOTE: Between each workshop, Coaches meet with their Improvement Teams to review progress and provide support.

LDP Champion & facilitator prep work → Stakeholder Alignment Meeting → Technical Coaching Team Meeting 1 → Workshop 1 → Coaching Visit

MONTH 1

- Select priority health area, proven interventions, indicators, and geographic location to be proposed by Governing Body
- Design Stakeholder Alignment Meeting and invite health systems leaders to participate
- Gain commitment of key stakeholders
- As Governing Body, provide resources to support the LDP+ process
- Confirm priority health area, proven interventions, indicators, and geographic location
- Develop Governing Body's action plan

MONTH 2

- Coaches are oriented to their roles in the LDP+, the M&E process, and to the steps of the Challenge Model
- Improvement Teams draft first 4 steps of Challenge Models, with an emphasis on measurable results
- Leadership Practice: Scanning

Technical Coaching Team Meeting 2 → Workshop 2 → Coaching Visit → Technical Coaching Team Meeting 3 → Workshop 3 → Coaching Visit

MONTH 3

- Coaches learn and practice skills to coach Improvement Teams around their challenge models
- Improvement Teams draft root cause analyses and action plans
- L&M Practices: Focusing, Planning and Organizing

MONTH 4

- Coaches learn and practice skills in M&E: collecting data and monitoring indicators
- They are oriented to reporting requirements and formats for the overall LDP+ process
- Improvement Teams draft reporting and evaluation forms
- L&M Practices: Monitoring & Evaluation, Implementing, Aligning and Mobilizing, and Inspiring

Workshop 4 → Results Presentation → Stakeholders' Scale up Meeting

MONTHS 5–8

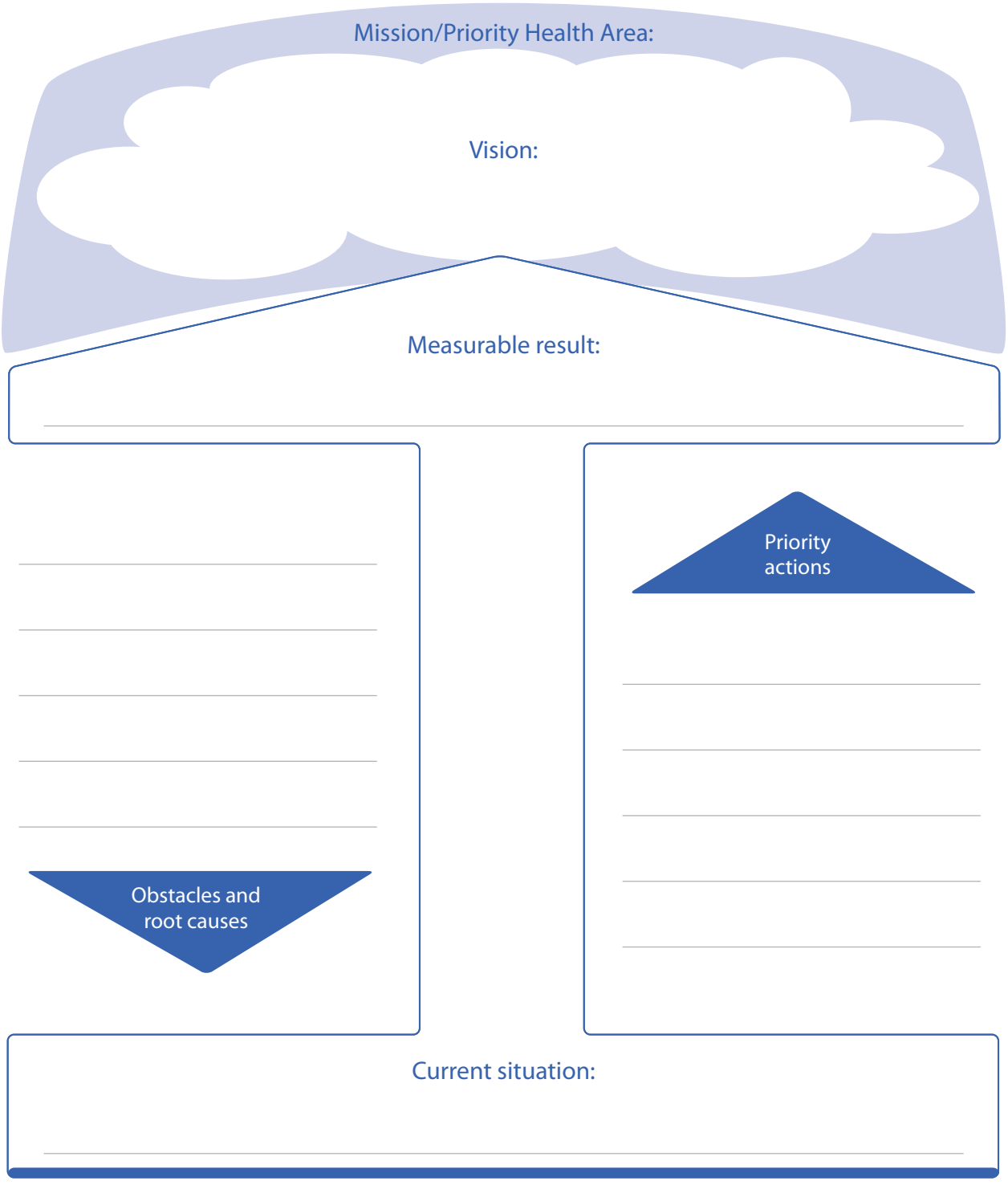
- Improvement Teams share success stories and prepare results presentations
- L&M Practices: Monitoring and Evaluation, Inspiring
- Improvement Teams present results to Governing Body, Technical Coaching Team, and other stakeholders
- Governing Body develops a strategy and plan for scaling up the LDP+ and commits to provide resources for scale up

IMPROVEMENT TEAM MEETING FORM

Meet between workshops, maybe more than once.

1. AGREE ON THE OBJECTIVES FOR THE MEETING.	
What do we want to accomplish during this meeting? (Set the time you will work on defining the objectives.)	
2. REPORT ON RESULTS	
What was our goal for the two weeks that have passed since the previous workshop?	
What did we accomplish? (Acknowledge our team for our work.)	
What obstacles are we facing and how will we overcome them?	
3. NEXT ACTIONS	
What is our goal for the next two weeks (before the next workshop)?	
List the activities we will do. List who will be responsible for each activity.	
4. TEAMWORK	
What is working well in our team?	
What do we need to do to improve?	

THE CHALLENGE MODEL



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.

DEVELOPING **SMART** RESULTS

To meet the SMART criteria, results must be:

S 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?
M 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?
A APPROPRIATE	❑ Is the result aligned with the strategic priority of your organization and your team?	
R REALISTIC	❑ Can your team achieve this result with your current activities and resources?	
T 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).

RESULTS LEVELS 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.

RESULT LEVEL	INPUT	PROCESS (activities)	OUTPUT	OUTCOME	IMPACT (population)
WHAT TO MEASURE	• *Human and financial resources* *Supplies and equipment*	• *Meetings* • *Developing curriculum* • *Trainings* • *Developing new systems* • *Providing services*	• *# of people trained* • *# of clients using services* • *New management systems in use*	• *Changes in knowledge and practices* • *Improved services* • *Reduced stock outs*	*Changes in disease rates, mortality rates, birth rates, fertility rates*
EXAMPLE	*Funding and staff for curriculum development and training*	• *Training curriculum for health providers on HIV counseling & testing developed* • *HIV counseling & testing training provided*	*# of health providers trained*	• *# of antenatal clients receiving counseling and testing services who receive their HIV test results* • *# of HIV positive antenatal clients receiving ART*	*% of infants born to HIV-positive mothers who are HIV-negative at birth*

ELEMENTS OF A MONITORING AND EVALUATION PLAN

1. INDICATOR	Each indicator should be stated using clear terms that are easy to understand, and should measure only one thing. If there is more than one thing to measure in the indicator, it should be restated as separate indicators. An indicator should answer the question, "what will we see or hear that tells us whether or not we have achieved our measurable result?"
2. INDICATOR DEFINITION	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. For a quantitative indicator, include a numerator and denominator with the description of how the indicator measurement will be calculated.
3. BASELINE AND GOAL	Measure the value of each indicator before project activities begin and set an achievable goal for the indicator to reach by the end of the project. The baseline measurement is the starting point for tracking changes in the indicator(s) over the period of an Action Plan.
4. DATA SOURCE	Specify the data source for each indicator. Consider the pros and cons of each source (accuracy, availability, cost, etc.) to ensure access to the data. Examples of data sources include facility records, surveys, websites, published research, and health information systems (HIS).
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 questionnaire, direct observation form, scale 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 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 individual.

NUMERATORS AND DENOMINATORS FOR INDICATORS

What are 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. (An example is provided 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 in the subgroup.
  Example: The number of women attending antenatal clinics in Makumba District who receive counseling and testing services.
- The denominator is the total number of possible people or events that could be in the subgroup.
  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 do you use Numerators and Denominators?

If you simply count the number of women who received HIV counseling 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 counseling 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 counseling 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!

COMMON DATA SOURCES

1	POLICY OR GOVERNMENTAL PROGRAM LEVEL	■ Official documents and records (legislative and administrative documents) ■ National budgets or other accounts ■ Websites
2	SERVICES LEVEL	■ 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
3	POPULATION LEVEL	■ Government census ■ Vital registration systems (birth and death certificates) ■ Sentinel surveillance systems ■ Household or individual surveys
4	INDIVIDUAL LEVEL	■ Case surveillance for specific diseases ■ Clinic registers ■ Interview data (e.g., client exit interviews) ■ Observation of provider-client interactions

SMART RESULT EXERCISE: THE MONAPO IMPROVEMENT TEAM

The Monapo Health Center Team has been chosen to take part in the LDP+ for eight months, beginning in June 2013. During the first workshop, the team began to fill out its Challenge Model. Here is what the team wrote:

Priority Health Area: Family Planning

- Monapo Health Center Vision Statement: All women within a four-mile walk of Monapo Health Center will have access to convenient and comprehensive family planning services that offer all family planning methods.
- Current Situation: During the same eight-month period last year, an average of 50 new clients came for family planning services each month, a lower number than health centers in similar communities serve. Even when they live within four miles of Monapo Health Center, many women who walk there find that family planning services are not offered that day or that there is a stock out of commodities. Community health workers in the villages offer basic family planning supplies, but not long-term and permanent methods.
- Proposed Measurable Result: An increased number of new clients counseled on all available family planning options at Monapo Health Center—from 50 to 75—at the end of this project.

You have come to the health center to coach them during their first meeting after the workshop. You realize that their result does not meet all the SMART criteria, and you want to help them to make it SMARTer.

Here are some questions you can ask to the team to review if the measurable result is appropriated according to their vision and current situation:

- What are the main issues in the current situation?
- According to the current situation described, why women are not coming to the facility for Family Planning?
- What is the change you want to see about attracting more new users to FP?

After answering these questions, you can help the team write a new measurable result asking the questions under each criterion in the SMART handout.

Use what you know about Monapo and your relevant professional experience to suggest a SMART result for the Monapo Improvement Team.

Revised Measurable Result:

REFERENCE SHEET FOR COACHES

Below are questions the coach may ask when shown this DMR:

> *An increased number of new clients counseled on all available family planning options at Monapo Health Center—from 50 to 75—at the end of this project.*

What do you mean by 'new' clients?

[Why this question? This question explores how **specific** the DMR is. Does the team mean any person, or any woman, or any man who has never been to this clinic or who has never tried to use a contraceptive? If someone was a client at another health center, would the team count them as 'new'? Is the team including both men and women or only women, and then only married women of reproductive age (MWRA) or all women, adolescents included?]

How will you be able to measure this result? What sources would you need to consult to determine whether you have achieved it?

[Why this question? A DMR has to be **measurable**. This question will make sure that the team can consult registers that distinguish between 'old' and 'new' clients.]

Has the health center been able to keep those who were new clients to come back for FP services?

[Why this question? This question is to determine whether the result is the **appropriate** result. If the new clients in the past don't come back, a focus on new clients may not be a good idea. The center would do better to make sure the older ones come back and continue to use contraceptives. This requires addressing two issues: the scheduling of FP services (moving from a limited number of days to every day); this in turn would require looking into the reasons for why FP services are currently not provided every day. The other issue is the stock-out of contraceptives. The team needs to find out more about why this is happening and what they can do about it at their level.]

What data do you currently have about the women of reproductive age who are living in the clinic's catchment area?

[Why this question? The team may need to do more scanning to find out whether this percentage increase is realistic based on how many women might be interested in FP. This may reveal a need to focus more on outreach at this point and educate the women or maybe use the current clients to talk with their neighbors, family and friends.]

What do you consider the end of the project?

[Why this question? This is a question to make sure the DMR is time-bound. It is better to put an actual date. Start and ending dates of projects are not necessarily known by the participants. If the LDP+ is ending, say at December 31 of the year, the team may have picked a challenge that may not quite be resolvable before the LDP+ is ending. If the coach believes that the challenge is a really good one for the team to focus on, or if all teams pick the same challenge but some teams would not be able to produce the result within the given time (because they have staff vacancies or there is a human-made or natural catastrophe), that particular team might decide to have an end date beyond the LDP+ end. In that case the coach should encourage the team to formulate at least one measurable milestone by the time the team has to present (the last workshop).]

TECHNICAL COACHING TEAM MEETING EVALUATION FORM

Date: _____

Please complete this evaluation form. We appreciate your assistance in helping us to improve the LDP+ materials and other aspects of this program. Thank you.

1. What is one surprise or one new thing you learned today?

2. What more do you want to learn as a coach?

3. What feedback do you want to give to the LDP+ facilitators?

COACHING PRINCIPLES

Coaching is enabling others to reflect on their commitments and find new ways to achieve their intended results.

A coach helps the other person:

- Clarify her/his commitments and intended results.
- See new possibilities and actions, and expand her/his range of behavior choices.
- Understand her/his own contribution to recurrent problems and see the consequences of choices made.
- Think more clearly and see new ways of achieving intended results.

A coach does not:

- Evaluate and judge
- Blame, criticize, and scold
- Give solutions

An effective coach:

- Builds a relationship of trust and support.
- Cares about the person being coached/has the other's growth in mind.
- Listens well.
- Asks questions to clarify and illuminate a goal or challenge

To be coached, you have to:

- Want to learn and change.
- Be open to feedback from others.
- Take responsibility for your own actions.

For a more thorough review of coaching, you can download (for free) The eManager titled "Coaching for Professional Development and Organizational Results" from
https://www.msh.org/resources/coaching-for-professional-development-and-organizational-results

THREE-PERSON COACHING EXERCISE

FOR PERSON **A**, (the person being coached, or 'COACHEE")

1. Think of a challenging situation you are facing at work – a real situation.
2. For no more than 5 minutes, tell the story of your situation to your coach, Person B.

FOR PERSON **B** (the COACH)

1. Listen to Person A's entire story carefully and without interrupting.
2. When Person A has finished telling it, ask 2 or 3 questions that can reveal additional details of the situation and that might stimulate Person A to gain a fresh perspective.
3. Only ask questions; don't try to offer solutions.

Person B has 5 minutes to coach. Here are some of the kinds of questions you could ask. You may think of others that could be asked:

- What are you committed to achieving?
- What have you achieved so far?
- What obstacles are you facing?
- Why do you think you are stuck?
- If it could turn out exactly as you dreamed, how would it turn out?
- What actions could you take to overcome your obstacles?
- What support do you need from others?
- How can I support you?

4. When Person C, the observer, gives you feedback at the end of this exercise, listen carefully. Feel free to ask any questions that will help you to better understand the feedback, but receive it as a gift. Try not to explain or defend yourself—feedback is for learning, not for finding fault or blaming.

FOR PERSON **C** (the OBSERVER)

1. Watch how Person B, the coach, performs throughout the 10-minute coaching session. At the end of that time, you have 5 minutes to give feedback to the coach.
2. Start by describing what the coach did well: good listening, good questions, genuine interest, avoiding giving solutions, etc. Give specific examples.
3. Then describe actions that can be improved. Again, be specific about which action, comment, or question you think could be more useful or effective.
4. Offer specific suggestions for improving those actions.

Be careful to give feedback to the coach, not recommendations to the "coachee."

OALFA COACHING SKILLS SELF-ASSESSMENT (PG 1)

This self-assessment will help you evaluate your proficiency in five skills: observing, asking questions, listening, giving feedback, and coming to agreement.

Score each of the following statements by assigning a number from 1 to 5, using the scale at the top. Add up the scores for each skill and then add the five totals for your global score in the five OALCA skills.

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...

Observe

■ I pay attention to the other person'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 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:	

continued next page

OALFA COACHING SKILLS SELF-ASSESSMENT (PG 2)

Continued from other side

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 does not become defensive.	
Feedback Total:	

Come to 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:	
OALFA 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. The next handout provides some suggestions for improving your coaching skills.

TIPS FOR IMPROVING **OALFA** COACHING SKILLS

OALFA SKILLS	WAYS TO STRENGTHEN THESE SKILLS
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 by asking: "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 his perspective, especially if it is different from mine." ■ After the conversation, review the questions you actually asked and the answers you received. What have you learned 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 feeling underneath the words. Verify 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.
Come to Agreement	■ Each time you make an agreement, ask your coachee whether it is actionable and has a time limit. ■ Write down reminders for follow-up in your diary or on your calendar. ■ Before closing a conversation, make sure there is an agreement about next steps.

REVIEWING THE FIRST STEPS IN IMPROVEMENT TEAMS' CHALLENGE MODELS

The Vision

- Is the team's vision consistent with the priority health area and their organizational mission?
- Does the vision seem likely to inspire the team as something to work towards?
- Are there any changes in ideas or wording that would make the vision stronger?

The Current Situation

- Has the team scanned their internal and external environments in the context of the priority health area and national/regional indicators?
- Is the description an accurate statement of all the relevant facts to which the team has access?
- Are there any changes in wording that would describe the current situation more accurately and comprehensively?

The Measurable Result

Does the result meet all five SMART criteria?

- **Specific:** Is the result clear enough so that others can understand what it will look like when it is accomplished?
  - Does the result have one or two (at most) indicators that will show improvements over time?
- **Measurable:** Can progress towards the result be measured using numbers, rates, proportions, or percentages?
  - Does the result state a baseline for each indicator?
  - Does it state a target value or goal for the indicator?
  - Is it expressed in numbers as well as in percentages?
- **Appropriate:** Is the result aligned with the priority health area and the goals of the organization and the team?
- **Realistic:** Can the team achieve this result with their current activities and resources?
- **Time-bound:** Does the result have a start date and an end date?

Are there any changes in wording that would make the measurable result stronger?

FEEDBACK ON COACHING PRACTICE FOR THE FIRST STEPS IN THE CHALLENGE MODEL

Questions for the Observer:

General coaching skills: creating a positive environment	■ What did the coach say and do to create a positive physical and emotional environment for this exercise? ■ What else could s/he have said or done to create that environment? ■ Can you give any examples of things s/he said or did in any part of this activity that was not appropriate or helpful? If so, what might the coach have said or done differently?
The team's vision	■ What did the coach say and do to confirm or help the team improve the vision? ■ What useful questions did s/he ask? ■ What else might s/he have said or done to help make the vision stronger?
The current situation	■ What did the coach say and do to help the team analyze the current situation and link it to their measurable result? ■ What useful questions did s/he ask? ■ What else might s/he have said or done to help them analyze and describe their current situation more accurately?
The measurable result	■ What did the coach say and do to help the team make their result SMART? ■ What useful questions did s/he ask? ■ What else might s/he have said or done to help create a SMART result?

CHALLENGE MODEL EXAMPLE

Priority Health Area

Health Area: HIV/AIDS/PMTCT: Prevention of Mother-to-Child Transmission

Vision

All men and women from the communities surrounding our clinics will know their HIV status and will receive accessible and convenient integrated reproductive health and HIV services to prevent unplanned pregnancies and safeguard the health of their families.

Measurable Result

Between June and December 2012, the number of pregnant women attending antenatal clinics in Makumba District who receive HIV counseling and testing services will increase from 150/300 (50%) to 280/300 (93%).

Obstacles	Root Causes	Priority Actions
■ Many pregnant women appear reluctant to come to our antenatal clinics, or come once and don't return to know their HIV status. ■ They don't want to know and disclose their HIV/ status.	■ When interviewed the women say: ➤ They don't feel welcome at the clinic. ➤ They don't have money for transportation. ➤ They fear they might be abandoned by their partners. ➤ They don't know they can prevent their child from being infected.	■ Provide community outreach to pregnant women to explain and promote antenatal care and HIV counseling and testing services. ■ Integrate HIV counseling and testing and PMTCT into antenatal care package. ■ Sensitize care providers to the importance of helping women feel welcome and secure at antenatal clinics. ■ Provide results of HIV tests to women in their homes, without requiring a return clinic visit.

Current Situation (a few examples)

- Only half of women attending antenatal clinics in Makumba District currently receive counseling and testing services. Government policy provides funding to support community outreach for PMTCT.
- # of women testing HIV positive is increasing in Makumba district.
- Some service providers discriminate against HIV+ clients.

Challenge

How can we increase the number of pregnant women who receive HIV counseling and testing given their resistance to attending antenatal clinics and being tested?

ACTION PLAN EXAMPLE

CHALLENGE: How can we increase the number of pregnant women who receive HIV counseling and testing given their resistance to attending antenatal clinics and being tested?	**OUTCOME INDICATOR(S):** ■ #of women attending antenatal clinics who receive HIV counseling and testing services
MEASURABLE RESULT: Between June and December 2012, the number of women attending antenatal clinics in Makumba District who receive HIV counseling and testing services as per established MOH protocols will increase from 150 (50%) to 280 (93%).	**OUTPUT INDICATOR(S):** ■ #of pregnant women attending community information sessions on counseling/testing and PMTCT ■ #of health providers participating in antenatal care sensitization training

Activities	Person Responsible	Date(s) completed	Resources
Review and adapt community outreach behavior change communication materials	District Health Officer	15 June	■ Internet ■ MOH BCC materials
Provide community outreach to pregnant women to explain and promote antenatal care and HIV counseling and testing services	District Health Officer	31 July 31 August 15 December	■ Funds to print BCC materials
Review protocols and standards of practice for counseling and testing and PMTCT	District Health Officer	15 June	■ Internet ■ Local adaptation of Standards of Practice
Integrate HIV counseling and testing and PMTCT into antenatal care package	Team of head nurses from antenatal clinics	15 July	■ Time for meetings ■ Funds to print protocols
Hold focus group discussions with clients on quality of care, attitudes of providers, and accessibility to antenatal clinics	District BCC specialist	30 June	■ Tape or digital recorder
Sensitize care providers to the importance of helping women feel welcome and secure at antenatal clinics[1]	District Health Officer	31 July	■ Training materials and supplies
Create a system for providing results of HIV tests to women in their homes, without requiring a return clinic visit	District Health Officer	15 July	■ Meeting time ■ Examples from other geographic locations
Implement system for getting HIV test results to clients without a clinic visit	District Health Officer and team of community health worker supervisors	1 August	■ Travel time and expenses
Provide results of HIV tests to women in their homes, without requiring a return clinic visit[2]	Community health workers and supervisors	31 August, Sept, Oct, Nov, Dec	■ Printed test results ■ Travel time and expenses

[1] This activity assumes that the root cause of providers' unwelcoming behavior is related to their knowledge and attitudes. If providers are generally not very friendly because of other reasons (i.e. salaries not being paid) the proposed training activity would probably not work.

[2] Make sure you know that this is what the women want.

REVIEWING THE LAST STEPS OF IMPROVEMENT TEAMS' CHALLENGE MODELS

The Obstacles and Root Causes:

- Are the obstacles related to the measurable result?
- Has the team considered all categories of obstacles: policies and procedures; providers; equipment, infrastructure, and supplies; clients and communities; gender?
- Have they used a root cause analysis tool to be sure they are addressing causes and not just symptoms?
- Are there any changes in wording that would make the root causes clearer?

The Key Challenge:

- Does the team's challenge statement include reference to both their measurable result and their obstacles?
- Are there any changes in wording that would describe the challenge more accurately?

The Action Plan:

- Do the priority actions address the root causes of obstacles and help to address the challenge?
- Are there enough activities to achieve the measurable result?
- Does the Action Plan include the human, material, and financial resources needed to carry out the activities?
- Does it include a date of completion?
- Are there any changes in wording that would make the Action Plan stronger?
- If all the activities are successfully implemented, will the root causes be eliminated?

The Monitoring and Evaluation Plan:

- Has the team included all the elements of an M&E plan?
  - A clearly stated indicator?
  - An indicator definition with a numerator and denominator?
  - A baseline and goal value for the indicator?
  - A data source and collection method? Frequency of data collection? Person responsible for collecting the data?
- Are the indicators adequate to measure the expected result?

FEEDBACK ON COACHING PRACTICE FOR THE LAST STEPS OF IMPROVEMENT TEAMS' CHALLENGE MODELS

Questions for the Observer:

General Coaching Skills: Creating a Positive environment	■ What did the coach say and do to foster a positive physical and emotional environment for this exercise? ■ What else could he or she have said or done to foster that environment? ■ Can you give any examples of things he or she said or did in any part of this activity that were not appropriate or helpful? If so, what might the coach have said or done differently?
The Obstacles and Root Causes	■ What did the coach say and do to confirm or help the team improve the identification of obstacles and root cause analysis? ■ What useful questions did he or she ask? ■ What else might he or she have said or done to help make the root cause analysis stronger?
Challenge Statement	■ What did the coach say and do to help the team improve their challenge statement? ■ What useful questions did he or she ask? ■ What else might he or she have said or done to help them analyze and describe their current situation more accurately?
Priority Actions and Action Plan	■ What did the coach say and do to help the team review their selection of their priority actions and action plan? ■ What useful questions did he or she ask? ■ What else might he or she have said or done to help reviewing their priority actions and action plan?
The Monitoring and Evaluation Plan	■ What did the coach say and do to help the team review their Monitoring and Evaluation Plan? ■ What useful questions did he or she ask? ■ What else might he or she have said or done to help reviewing their Monitoring and Evaluation Plan?

LDP+ REPORTING FORM

Name and Location of Improvement Team: _____

Report Prepared By: _____

Dates of Activity (months): _____

Date of Submission: _____

Improvement Team Members:

Name	Title	M/F	Email address

1. Priority health area for this LDP+ initiative:

2. Measurable result your team defined in your Challenge Model:

3. Monitoring and Evaluation Plan(s): Please include a completed Monitoring and Evaluation Plan for each indicator for which you collected data during the implementation of the LDP+ improvement project.

4. Summary of results: Based on the values of your indicators, please briefly describe what your Improvement Team has accomplished.

MONITORING AND EVALUATION PLAN

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)										

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MONITORING AND EVALUATION PLAN EXAMPLE

INDICATOR	INDICATOR DEFINITION	BASELINE	MO 1	MO 2	MO 3	MO 4	MO 5	MO 6	GOAL	DATA SOURCE	DATA COLLECTION FREQUENCY	RESPONSIBILITY
Number of pregnant women attending antenatal clinics who receive HIV counseling and testing services	**Numerator**: Number of pregnant women who attend antenatal clinics in Makumba District who receive HIV counseling and testing services	150							280	Health facility records	Monthly	Chief Nurse in antenatal clinic
	Denominator: Number of pregnant women who attend antenatal clinics in Makumba District	300							300			
	Percent (Numerator/ Denominator)	50%							93%			

#26

EVALUATION FORM (LDP+ REPORTING FORM ANNEX)

1. Use the matrix below to summarize any difficulties your improvement team encountered while working towards your measurable result, and how you addressed those difficulties.

What difficulties did your improvement team encounter in implementing your Action Plan?	What actions did your improvement team take to overcome these difficulties?	Did these actions succeed? Why or why not?

2. Beyond the changes in your indicators, what other effects of your intervention did you observe?

3. How did your team apply leading, managing, and governing practices to carry out your intervention?

The following questions are to only be answered at the end of Workshop #4:

4. What might your team do differently if you use the LDP+ process on a new challenge in the future?

5. Has your team chosen a new challenge to take on? Yes ___ No ___

6. If yes, what is the new challenge?

7. If no, please describe the reason for not choosing another challenge.

COACHING NOTES BETWEEN WORKSHOPS #3 AND #4

Meet with teams in their workplaces between workshops to review progress on their workshop assignments. Help them transmit their learning during Workshop #3 to their full teams, and help them plan for a compelling results presentation at Workshop #4.

Coaching preparations

Arrange a two-hour meeting with team members at their workplace. Before the meeting, you should:

- Review the team's assignments.
- Review their LDP+ Reporting Form.
- Review their Evaluation Form.
- Review the team results presentation.

STEP 1 Assess the team's progress and needs

Pose some initial questions:

- What have you been doing since the last workshop?
- How did your team meeting go?
- What have you learned that you have tried to apply? What is turning out to be particularly useful?
- What is turning out to be difficult? Where have you struggled?

STEP 2 Review the team's progress and help them prepare for the Final Results Presentation

Review the *LDP+ Reporting Form*. Remind participants of the handout, *Assignment for Final Workshop — Team Meetings Between Workshop #3 and #4*.

Review the baseline for the team's measurable result and the monthly results data. (If data are missing, make sure the team can locate them before you leave.)

Ask questions:

- What data were you able to pull together?
- Let's take a look.
- How would you like to present your results?
- Let's take a look again at your baseline and your monthly results data.
- What do we see?

(Probe for patterns and brainstorm ways to present the information.)

Help the team to see the advantages and disadvantages of the different ways of presenting results. PowerPoint presentations can be impressive to senior leaders, but they don't encourage as much discussion, they can put people to sleep because the room has to be dark, and if there is no electricity, the projector won't work. Sometimes it is more effective for the team to tell its story and put up the important points like a graph on a flip chart.

STEP 3 Concluding questions

Pose some concluding questions:

- What are your next steps?
- Who will do what by when to prepare for Workshop #4?
- What support do you need from others?
- How can I support you?

The team will have help preparing its presentation during Workshop #4, but team members should start thinking about how they will tell their story now because they will need to bring all the necessary data with them to Workshop #4.

SCHEDULE AND OBJECTIVES: LEADING AND MANAGING WORKSHOP #1

PURPOSE

Introduce the LDP+ frameworks, concepts, and tools.

OBJECTIVES

- To introduce the program's timeline, objectives, and process
- To align participants' expectations with the LDP+ objectives
- To introduce the leading, managing, and governing practices and conceptual models
- To introduce the concept of work climate
- To draft a Challenge Model that will enable teams to launch their improvement project

SESSIONS

- Session 1: Welcome and Overview
- Session 2: Overview of Leadership and Management Development
- Session 3: Work Climate
- Session 4: Personal Purpose and Vision
- Session 5: Creating a Vision of the Priority Health Area
- Session 6: The Challenge Model
- Session 7: Monitoring and Evaluation
- Session 8: The Leadership Practice of Scanning

SCHEDULE

Facilitators should schedule a morning and afternoon break each day.

	DAY ONE	DAY TWO	DAY THREE
AM	**Opening** (15 min.) **Session 1:** Welcome and Overview (1 hr. 15 min.) **Session 2:** Overview of Leadership, Management, and Governance Development (1 hr. 45 min.)	**Reflection** (20 min.) **Session 5:** Creating a Vision of the Priority Health Area (2 hr.) **Session 6:** The Challenge Model (45 min.)	**Reflection** (30 min.) **Session 6 conclusion:** The Challenge Model (1 hr. 45 min.)
Lunch Break			
PM	**Session 2 continued:** Overview of Leadership, Management, and Governance Development (1 hr. 15 min.) **Session 3:** Work Climate (30 min.) **Session 4:** Personal Purpose and Vision (1 hr.) **Closing Reflection** (10 min.)	**Session 6 continued:** The Challenge Model (2 hr. 45 min.) **Closing Reflection** (30 min.)	**Session 7:** Monitoring and Evaluation (1 hr. 30 min.) **Session 8:** The Leadership Practice of Scanning (2 hr.) **Workshop Evaluation** (10 min.)

LDP+ OVERVIEW

The Leadership Development Program Plus:
A Country-Led Process for Focusing Health Teams on Priority Health Results

LDP+ is a process that develops people at all levels of organizations. Working in their real work teams, participants learn leading, managing, and governing practices that enable them to face challenges and achieve measurable results in priority health areas chosen by local leaders in the health system.

They bring what they learn back to their workplaces where they teach and inspire their coworkers to apply these practices to real workplace challenges in priority public health areas. LDP+ coaches and facilitators provide feedback and support throughout the six to eight months of the process.

LDP+ builds on lessons learned by Management Sciences for Health from the implementation of leadership development programs in more than 40 countries.

At the heart of the program are the Improvement Teams from local health facilities who learn a proven method of leading, managing, and governing to address challenges and produce measurable results.

Participants in the LDP+ learn how to:

- Lead, manage, and govern to achieve results in a priority health area.
- Apply reliable tools and processes for defining and addressing challenges.
- Incorporate ongoing performance improvement processes into their work teams;
- Build a workgroup climate that supports commitment to continuous improvement.

LDP+ Roles

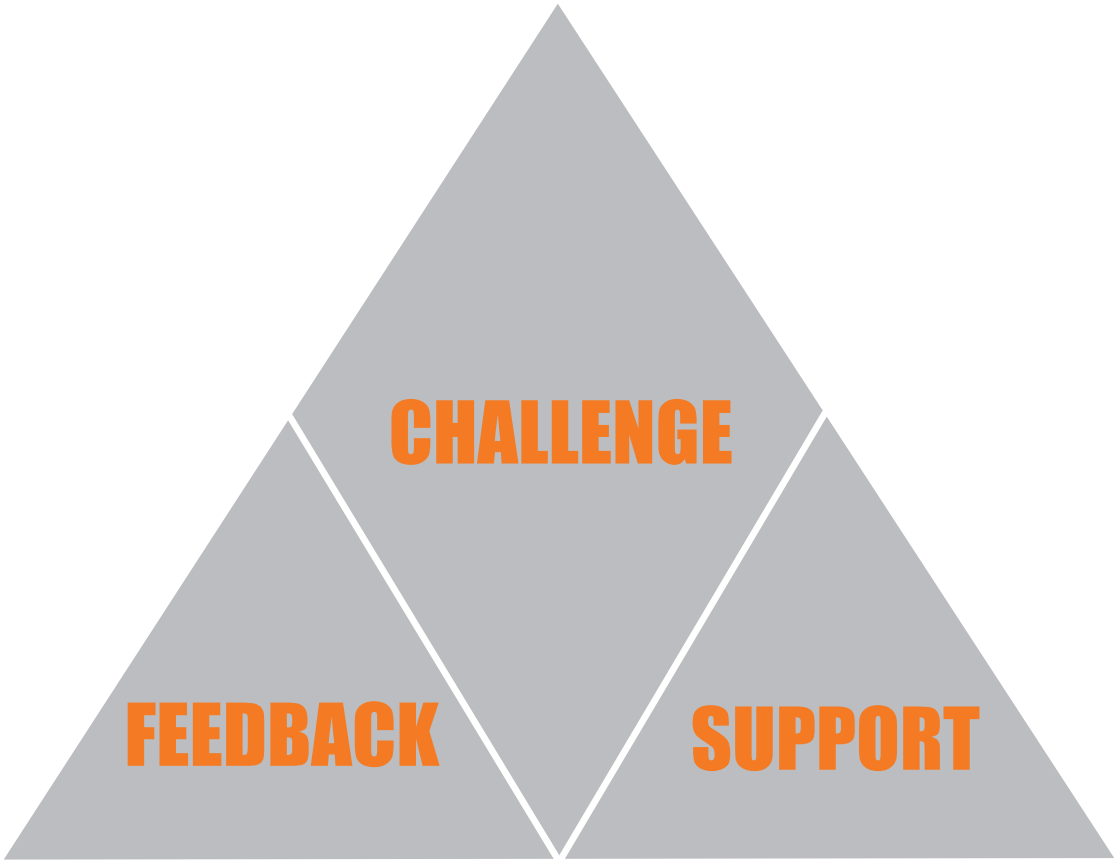
THE GOVERNING BODY, made up of local leaders in the health system, uses effective governing practices to oversee, sustain, and scale up the LDP+ process to address priority health areas.

THE TECHNICAL COACHING TEAM, made up of experts in the priority health area and monitoring and evaluation, uses national and regional public health data to understand and agree on the priority health area, proven interventions, and indicators. These coaches provide ongoing support to the Improvement teams.

THE IMPROVEMENT TEAMS, made up of members of local health units, implement the LDP+ process at their work sites. They analyze their local conditions to propose a measurable result in the priority health area and choose appropriate actions to achieve the result. They develop Action Plans and participate in workshops, on-site meetings, and Shared Learning sessions.
The Improvement Teams:

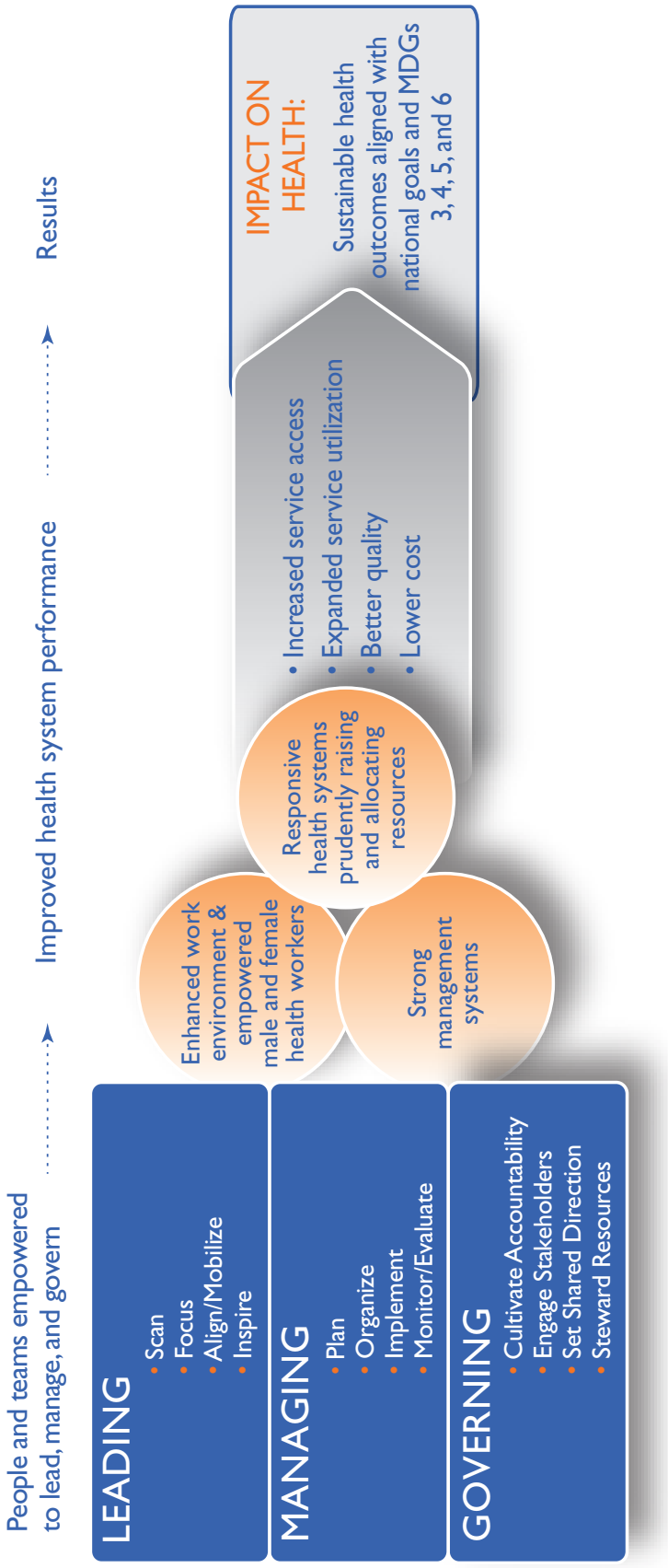
1. Understand the priority health area on which the LDP+ is focusing.
2. Create a vision of success for the priority health area.
3. Assess their current situation.
4. Identify measurable results they can achieve within six to eight months to improve an indicator in the priority health area.
5. Analyze the root causes of obstacles in the way of achieving the results.
6. Determine what actions they will take to address the root causes (with support from the Technical Coaching Team).
7. Develop and implement Action Plans.
8. Monitor their progress, evaluate their achievements, and report on their results.

LEADERSHIP DEVELOPMENT TRIANGLE



Leadership capacity develops by giving people challenges and then providing appropriate support and feedback as they address the challenge.

CONCEPTUAL MODEL: LEADING, MANAGING AND GOVERNING FOR RESULTS



THE PRACTICES OF LEADING, MANAGING AND GOVERNING

LEADING

SCAN

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

ORGANIZATIONAL OUTCOME

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

FOCUS

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

ORGANIZATIONAL OUTCOME

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

ALIGN & MOBILIZE

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

ORGANIZATIONAL OUTCOME

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

INSPIRE

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

ORGANIZATIONAL OUTCOME

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

MANAGING

PLAN

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

ORGANIZATIONAL OUTCOME

The organization has defined results, assigned resources, and developed an operational plan.

ORGANIZE

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

ORGANIZATIONAL OUTCOME

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

IMPLEMENT

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

ORGANIZATIONAL OUTCOME

Activities are carried out efficiently, effectively, and responsively.

MONITOR & EVALUATE

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

ORGANIZATIONAL OUTCOME

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

GOVERNING

CULTIVATE ACCOUNTABILITY

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

ORGANIZATIONAL OUTCOME

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

ENGAGE STAKEHOLDERS

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

ORGANIZATIONAL OUTCOME

The jurisdiction/sector/organization has an inclusive and collaborative process for making decisions to achieve the shared goals.

SET SHARED DIRECTION

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

ORGANIZATIONAL OUTCOME

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

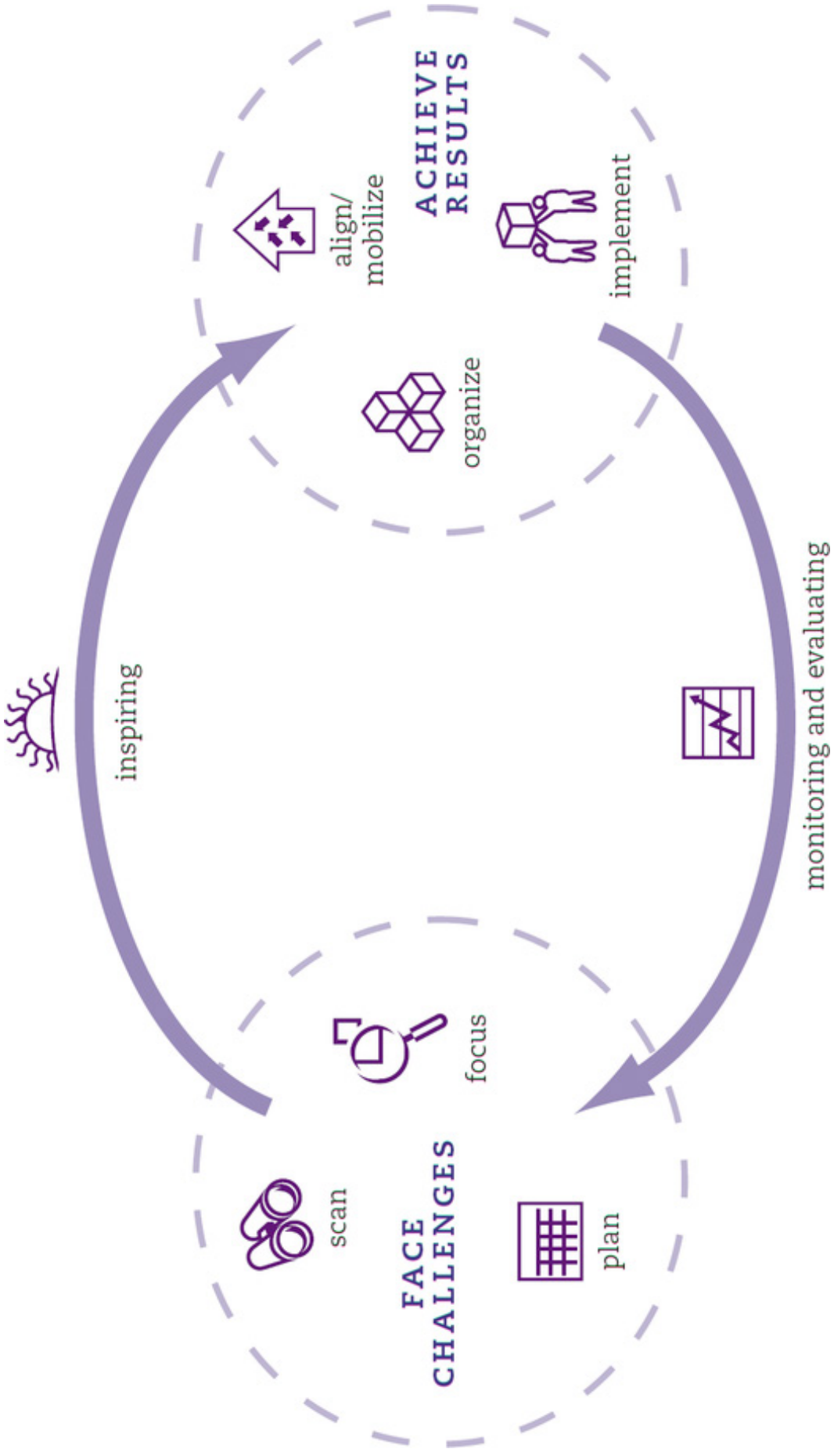
STEWARD RESOURCES

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

ORGANIZATIONAL OUTCOME

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

INTEGRATED PROCESSES OF MANAGING AND LEADING



GOVERNING PRACTICES AT THE HEALTH FACILITY LEVEL

How Health Facility-Level Managers Who Lead can Practice Good Governance (within the context of the LDP+)

Governing Practices	Actions at the Service-Delivery Level
CULTIVATE ACCOUNTABILITY Create and sustain a culture of accountability by practicing conduct that upholds transparency and integrity.	1. Share the Action Plan and advances in the Monitoring and Evaluation plan with all stakeholders 2. Reward behaviors that reinforce transparency, integrity, participation, and inclusion.
ENGAGE STAKEHOLDERS Engage and collaborate with all stakeholders to participate in public health decisions that affect their lives.	1. Establish a formal consultation mechanism through which staff, clients, and other stakeholders may voice concerns. 2. Systematically respond to feedback on services from all stakeholders. 3. Give voice to marginalized groups in formal decision-making and oversight structures.
SET SHARED DIRECTION Develop a collective vision of the "ideal state" of a priority health area and a process for reaching it.	1. Be sure the shared vision and desired measurable result reflect stakeholders' needs and priorities. 2. Disseminate and oversee the development and implementation of the shared Action Plan to achieve the desired result. 3. Establish accountability mechanisms for achieving the result, using well-defined indicators to measure progress.
STEWARD RESOURCES Raise, deploy and oversee the ethical and efficient use of resources to deliver high-quality cost-effective services appropriate for the needs of the population.	1. Mobilize resources to carry out the facility's Action Plan. 2. Oversee the use of these resources wisely to serve beneficiaries and other stakeholders. 3. Provide the public with information and opportunities to monitor the acquisition and deployment of resources.

EXERCISE: CREATING AN M&E PLAN

The Monapo Health Center Team intends to support the health center's mission and vision. The vision is as follows:

Priority Health Area: Family Planning

- Monapo Health Center Vision Statement: All women within a four-mile walk of Monapo Health Center will have access to convenient and comprehensive family planning services that offer all family planning methods.
- Current Situation:
  - 150 clients first visit Monapo Health Center for family planning services each month.
  - Pills and condoms are the only methods available at the clinic and are frequently out of stock.
  - No permanent methods are available.
  - The clinic is staffed by one midwife, one nurse, and one assistant.
  - The area is conservative. Women have few rights and little education.

Building on that, the team devised the following measurable result.

- Measurable Result: Between June and December 2014, the health center will see an increase in the number of clients that receive a family planning service at the clinic for the first time per month, from 150 in June 2014 to 225 in December 2014.

Keeping this desired measurable result in mind, answer the following questions about how the team could best monitor progress.

1. What indicator could the team use to monitor its progress toward the measurable result?
2. What is the definition of the numerator and denominator for the indicator?
3. From where will the team get the data to measure the indicator?
4. Who will collect the data?
5. What is the baseline numerator? When will baseline data be collected?
6. What is the measurable result?
7. When will data be collected to see if the team has met the measurable result?

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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 should take about 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. Why do you come to the health facility?

3. What is your experience when you are at the facility?

- How did you feel you were treated?

4. 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?

5. 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?

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

7. 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?

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

9. 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 needs improvement first?
- What would come after that? Why?
- What else? Why?

LDP+ ASSIGNMENT FOR WORKSHOP #2

Team Meeting between Workshops #1 and #2

Plan and design a meeting with your team to report on Workshop #1.
Use the Improvement Team Meeting Form (Handout #3).

In this meeting:

1. Share the leadership practices you learned and the shared vision you created for your team. Make sure it represents your larger team's vision as well.

2. Share the improvement project that you have identified, using the Challenge Model.

3. Share what you have filled in so far on the Challenge Model and work with your team to refine your measurable result.

4. Begin collecting accurate data to develop your monitoring and evaluation plan and refine the current situation on the challenge model.

After this meeting:

Hold at least one additional meeting using the Improvement Team Meeting Form. This will help you to make progress towards your desired measurable result.

WORKSHOP EVALUATION FORM

Workshop #: _____ Date: _____

Please complete this evaluation as fully and honestly as you can. Your feedback will help us to improve the workshop's content and activities, as well as other aspects of the LDP+. Thank you.

1. What is one surprise or one new thing you learned in this workshop?

2. What is still difficult or confusing that we can address in next workshops?

3. What feedback do you want to give to the LDP+ facilitators?

SCHEDULE AND OBJECTIVES: LEADING AND MANAGING WORKSHOP #2

PURPOSE

Apply the leading, managing, and governing practices to move from vision to action.

OBJECTIVES

- To introduce tools and techniques to understanding focusing as a leadership practice
- To understand the effect of gender on leadership approaches
- To identify obstacles and their root causes
- To propose priority actions with a gender perspective
- To learn how to focus on priorities to achieve important results
- To create action plans that will guide teams toward their measurable result

SESSIONS

- Welcome back and assignment review: Review what participants learned during Workshop #1
- Session 9: Mobilizing for Results: Learn how to mobilize stakeholders
- Session 10: Focusing: Understand focusing as a leadership practice
- Session 11: Focusing the Plan: Identify priority actions and learn how to focus personally and as a team to achieve important results
- Session 12: From Vision to Action: Create Action Plans that will guide the teams toward their measurable result

SCHEDULE

Facilitators should schedule a morning and afternoon break each day.

	DAY ONE	DAY TWO	DAY THREE
AM	**Opening** (15 min.) **Welcome Back and Assignment Review** (3 hr.)	**Reflection** (20 min.) **Session 9:** Mobilizing for Results (conclusion) (1 hr.) **Session 10:** Focusing (1 hr. 15 min.)	**Reflection** (20 min.) **Session 11:** Focusing the Plan (2 hr. 50 min,)
Lunch Break			
PM	**Assignment Review (conclusion):** (1 hr., or as needed, depending on number of teams) **Session 9:** Mobilizing for Results (3 hr. 5 min.) **Closing Reflection** (30 min.)	**Session 10:** Focusing (conclusion) (3 hr. 20 min.) **Closing Reflection** (30 min.)	**Session 11:** Focusing the Plan (1 hr.) **Session 12:** From Vision to Action (1 hr. 45 min.) **Workshop Evaluation** (10 min.)

SELF-ASSESSMENT ON LEADERSHIP APPROACHES

Instructions: *Please read the statements below and circle 1, 2, 3, or 4 to indicate how often you use this approach when you work in a group. Only choose one number for each set of 1-4. For example: If you take responsibility for leading the group to results most of the time, you would circle 4 in the first row.*

In the groups I work with…

I share responsibility for leading for results with group members		I take responsibility for leading the group to results	
1 Most of the time	2 Sometimes	3 Sometimes	4 Most of the time

I focus on involving people in the work		I focus on accomplishing goals in the work	
1 Most of the time	2 Sometimes	3 Sometimes	4 Most of the time

I influence others to get resources		I make decisions about resources	
1 Most of the time	2 Sometimes	3 Sometimes	4 Most of the time

I involve the team to create a shared vision		I set and communicate a clear vision to the team	
1 Most of the time	2 Sometimes	3 Sometimes	4 Most of the time

I involve the group in identifying and analyzing problems		I analyze and solve problems for the group	
1 Most of the time	2 Sometimes	3 Sometimes	4 Most of the time

I work to maintain relations in the group		I work to ensure the rules and standards are followed	
1 Most of the time	2 Sometimes	3 Sometimes	4 Most of the time

I resolve conflicts by discussing how we can best integrate different viewpoints		I resolve conflict by identifying the best point of view	
1 Most of the time	2 Sometimes	3 Sometimes	4 Most of the time

Scoring:

Once you have circled one number for each row, look at your results and see whether you have more circles on the shaded side of the worksheet (more 1s and 2s) or on the unshaded side (more 3s and 4s).

If you have more circles on the shaded side of the worksheet, you tend to use the relational leadership style. If you have more circles on the right side, you tend to use more the positional style. To learn more about the two styles, refer to your handout *Two Approaches to Leadership.*

TWO APPROACHES TO LEADERSHIP

—Relational leadership depends on the strength of one's relationships
—Positional leadership depends on one's position of authority

Note: Although most people in leadership roles would draw on elements from each side, the emphasis may be stronger on one than the other approach. They are not entirely opposites – what is listed on one side does not imply that the other approach doesn't do this at all.

RELATIONAL LEADERSHIP	POSITIONAL LEADERSHIP
Relation to the group *A leader is seen as a member of the group* Leading is an activity that can shift among group members. Focus on: ■ Involvement and development of people ■ Maintenance of relationships ■ Sharing of responsibility	**Relation to the group** *A leader is seen as separate from the group* Leading is dependent on a position of authority. Focus on: ■ Accomplishment of goals and tasks ■ Commitment to duties and efficiency ■ Delegation of responsibility
Resources *A leader may influence, but does not control the use of resources* Focus on: ■ Resource access and use as a shared responsibility	**Resources** *A leader controls access to resources and maintains authority over their use* Focus on: ■ Control of and access to resources
Setting Direction *A leader facilitates the joint creation of vision and direction* Focus on: ■ Integration and incorporation of all views ■ Listening to each other	**Setting Direction** *A leader sets and communicates vision and direction* Focus on: ■ Representation of views ■ Communicating the vision
Problem Solving *A leader shares relevant knowledge so that the group can generate and test ideas and hypotheses* Focus on: ■ Use of intuition and relationships to understand situations **with** the group ■ Being a connected learner: stepping into situations to understand them	**Problem Solving** *A leader acts as the problem identifier and solver* Focus on: ■ Use of data to identify solutions of complex problems **for** the group ■ Being an objective learner: stepping back from situations to understand them
Ethics *A leader's main emphasis is on care and responsiveness* Focus on: ■ Maintaining relationships ■ The role of context in each situation	**Ethics** *A leader's main emphasis is on fairness, rules, and contracts* Focus on: ■ Use of objective criteria, established principles ■ Justification based on external standards
Conflict resolution *A leader helps resolve conflict by integrating different points of view* Focus on: ■ Dialogue and understanding differences ■ Working together ■ Seeking a different solution, rather than one proposed by either side	**Conflict resolution** *A leader helps resolve conflict by compromising on different points of view* Focus on: ■ Logic, argument or proof ■ Promotion of own point of view ■ Seeking compromise among individual perspectives
Outcomes *Outcomes may be more sustainable, but encouraging participation and shared accountability may require more time.*	**Outcomes** *Desired outcomes may be achieved more rapidly and efficiently, but there may be less shared accountability and participation in problem solving.*

Adapted from: Bragar, Joan, "Effective Leadership Practices for Managers, Balancing Interdependence and Autonomy," Harvard University, 1990.

GENDER EXERCISE

Gender: *the socially constructed roles, behaviors, activities, and attributes that a given society considers appropriate for men and women.*

Sex: *the biological differences between females and males.*

What is gender?	For example:
■ Social construction and behaviors ■ Changes over time ■ Differs between and within cultures	■ Women are traditionally in charge of raising children. ■ Men are traditionally viewed as decision makers in families and at work.
What is sex?	**For example:**
■ Biological ■ Does not change over time ■ Does not differ across cultures	■ Women give birth to babies, men do not. ■ Women can breastfeed babies; men cannot.

Statements clarifying concept of gender and sex	Category		Justification
	Gender	Sex	
Women are the weaker sex.			
Most men are taller than women.			
Women give birth, men do not.			
Girls are gentle, boys are tough.			
Women are the primary caregivers for the sick and the old.			
Only men can produce sperm for reproduction.			
Men do not cry.			
Women are more loving and caring than men.			
The role for a man is to be the breadwinner and head of the family.			
Men think and act more rationally than women.			
Women can breastfeed; men can only bottle feed.			
Women can menstruate; men cannot.			
Many women do not make decisions freely, especially regarding sexuality and relationships.			
Men's voices change with puberty.			
Men do not need tenderness and are less sensitive than women.			
Women get paid less than men doing the same work.			

BASIC GENDER CONCEPTS

Gender Equity

The process of being fair to women and men, boys and girls To ensure fairness, measures must be taken to compensate for cumulative economic, social, and political disadvantages that prevent women and men, boys and girls from operating on a level playing field, (IGWG training resources).

Gender Equality

The state or condition that affords women and men equal enjoyment of human rights, socially valued goods, opportunities, and resources. Genuine equality means more than parity in numbers or laws on the books; it means expanded freedoms and improved overall quality of life for all people, (IGWG training resources; USAID Gender Equality and Female Empowerment Policy).

Gender-Based Violence

In the broadest terms, "gender-based violence" is violence that is directed at individuals based on their biological sex, gender identity, or perceived adherence to culturally-defined expectations of what it means to be a woman and man, boy and girl. It includes physical, sexual, and psychological abuse; threats; coercion; arbitrary deprivation of liberty; and economic deprivation, whether occurring in public or private.

Specific types of GBV include (but are not limited to) female infanticide; early and forced marriage, "honor" killings, and female genital cutting/mutilation; child sexual abuse and exploitation; trafficking in persons; sexual coercion, harassment and abuse; neglect; domestic violence, and economic deprivation.

Empowerment

Expansion of people's capacity to make and act upon decisions affecting all aspects of their lives - including decisions related to health - by proactively addressing socioeconomic, and other power inequalities in a context where this ability was previously denied. Programmatic interventions often focus specifically on empowering women, because of the inequalities in their socioeconomic status, *(Adapted from Naila Kabeer's definition of empowerment)*.

Men's Engagement

Men's engagement is a programmatic approach that involves men and boys a) as clients and beneficiaries, b) as partners, and c) as agents of change, in actively promoting gender equality, women's empowerment, and the transformation of inequitable definitions of masculinity. In the health context, this comprises engaging men and boys in addressing their own, and supporting their partners' reproductive, sexual and other health needs. Men's engagement also includes broader efforts to promote equality with respect to caregiving, fatherhood, and division of labor, and ending gender-based violence.

WHO/ICRW, "Guidelines for Integrating Gender into HIV/AIDS Programmes," 2002.
http://www.igwg.org/igwg_media/Training/FG_GendrIntegrContinuum.pdf

USAID, "Gender Equality and Female Empowerment Policy," 2012.
https://www.usaid.gov/sites/default/files/documents/1865/GenderEqualityPolicy_0.pdf

Naila Kabeer, United Nations Research Institute for Social Development, "The Conditions and Consequences of Choice: Reflections on the Measurement of Women's Empowerment, 1999.
http://www.unrisd.org/80256B3C005BCCF9/(httpAuxPages)/31EEF181BEC398A380256B67005B720A/$file/dp108.pdf

STAKEHOLDER ANALYSIS WORKSHEET

Use this worksheet to determine how to mobilize stakeholders.

Stakeholder group or individual	What is the stakeholder (most) interested in?	What is their biggest fear?	What do we need to get the stakeholder's support?

RESOURCE MOBILIZATION REQUEST FORM

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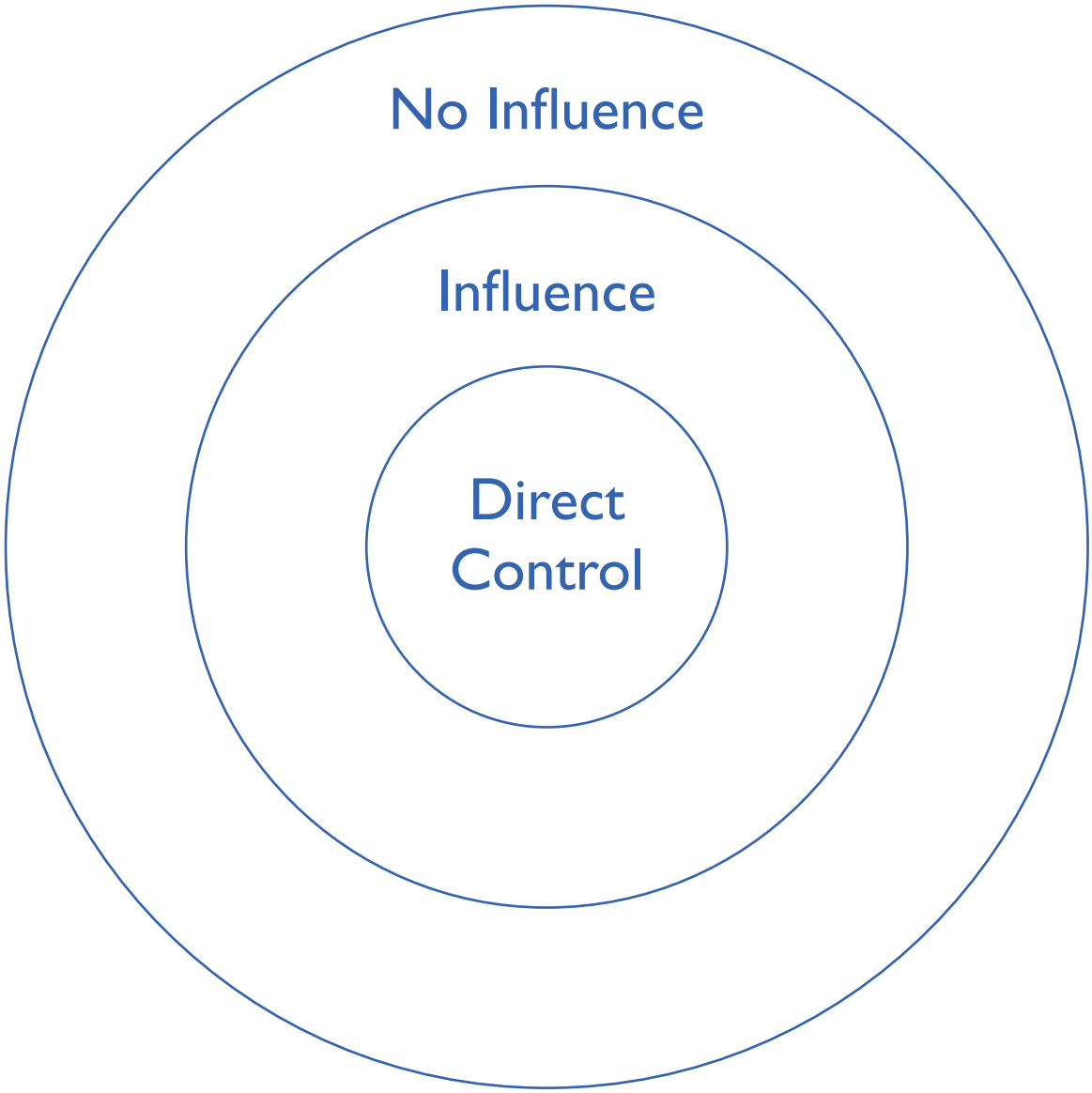
Name of stakeholder and resources needed	What specific request will we make of this stakeholder?	Who will make this request?	When will the request be made?

SPHERE OF INFLUENCE

"Give us grace to accept with serenity the things that cannot be changed, courage to change the things which should be changed, and the wisdom to distinguish the one from the other."

—Reinhold Niebuhr, The Serenity Prayer



Inner Circle

Our words, our attitudes, and our actions.

Middle Circle

Our neighborhood, our work environment, friends, colleagues, family (we can influence them but we cannot control them!).

Outer Circle

Natural phenomena such as earthquakes or weather, politics and policies that fall far outside our own reach, and behavior of people with whom we have no contact.

Adapted from Covey's circles of control, influence, and concern.

Covey, Stephen. *The Seven Habits of Highly Effective People: Powerful Lessons in Personal Change.* New York: Simon and Schuster, 2004.

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 gender issues that could affect the provision and use of health services in all categories. For example, policies can restrict women's access to health services (e.g., women often need "permission" to use family planning services or methods) 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 about the services, etc..

5 **Gender**
The obstacle can be related to equal access to services, equal inclusion in decision-making regarding health, and equal opportunities for leadership roles.

GENDER EQUITY ANALYSIS TOOL

Sex: *the biological differences between females and males*
Gender: *the socially constructed roles, behaviors, activities, and attributes that a given society considers appropriate for men and women.*
Gender equity: *fairness in opportunities, access, and involvement in decision-making.*

OPPORTUNITY: How does the health system promote or inhibit gender equity in management, leadership, and decision-making roles?

ACCESS: How are health services delivered (e.g., attitudes, communication patterns, etc.) so that it is easy or difficult for both women and men to receive services?

INVOLVEMENT: How do women and men participate in decisions about their own health, the health of their families, and the health of their communities?

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:

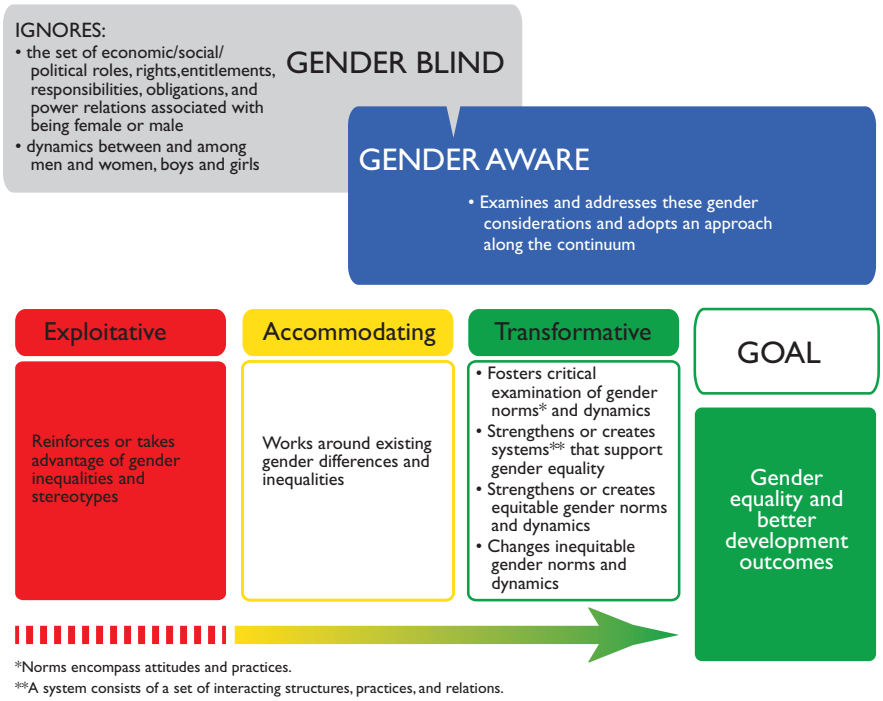
- *Why is the current situation like this? Response: Because there is no 2backup during power outages.*
- *Why is this so? Response: Because there was no money in the budget for a backup arrangement.*
- *Why is this so? Response: Because no one thought about it when the budget was made.*
- *Why is this 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.

Imai, Masaaki. Kaizen: The Key to Japan's Competitive Success. 1st ed. New York: Random House Business Division, 1986.

GENDER INTEGRATION CONTINUUM FRAMEWORK (PG 1)



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

Gender blind interventions/actions give no prior consideration for how gender norms and unequal power relations affect the achievement of the interventions, or how the interventions impact on gender.

Gender aware interventions/actions examine and address 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.

Gender transformative interventions/actions seek to transform gender relations to promote equality and achieve program objectives. This approach attempts to promote gender equality by:

- fostering critical examination of inequalities and gender roles, norms, and dynamics;
- recognizing and strengthening positive norms that support equality and an enabling environment;
- 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.

continued next page

Framework taken from WHO/ICRW, "Guidelines for Integrating Gender into HIV/AIDS Programmes," 2002. http://www.igwg.org/igwg_media/Training/FG_GendrIntegrContinuum.pdf

GENDER INTEGRATION CONTINUUM FRAMEWORK (PT 2)

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 INTEGRATION 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 counseling and testing) is increasing. Now, men and women are counseled and tested together, giving the opportunity to disclose their status with appropriated post-test counseling.

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.

PRIORITY MATRIX (SAMPLE)

Sample Priority Matrix

CRITERIA (Rate from 1 to 3)	PRIORITY ACTIONS		
	Train counselors	Conduct community education seminars	Renovate clinics
Time to Implement (1=the most time) (3=the least time)	2	2	1
Cost to implement (1=the most cost) (3=the least cost)	2	3	1
Potential for improving quality in the long term (1=the least potential) (3=the most potential)	3	2	2
Capacity to implement (1=the least available) (3=the most available)	1	3	1
TOTALS	8	10	5

Suppose your challenge is: "How can we increase the number of clients that receive family planning services at Monapo clinic from 150 in June 2014 to 225 in December 2014, in the face of community prejudices and religious beliefs against family planning?"

Under this situation, this example shows that conducting community education seminars should be a priority.

It doesn't mean that you don't carry out the other actions, but you should focus on those that will have the most impact on achieving your result, taking into account time and money.

PRIORITY MATRIX

Priority Matrix Worksheet

CRITERIA (Rate from 1 to 3)	PRIORITY ACTIONS		
TOTALS			

Note: "1" is for the more unfavorable situation, such as the most time to implement or the least potential impact. "3" is for the most favorable situation.

THE IMPORTANT AND URGENT MATRIX

	URGENT	NOT URGENT
IMPORTANT	**I** **ACTIVITIES** ■ Crises ■ Pressing problems ■ Deadline-driven projects that are critical to your strategic priorities	**II** **ACTIVITIES** ■ Preventing problems and anticipating future activities ■ Creating strategy, planning ■ Relationship building ■ Recognizing new opportunities ■ Recreation
NOT IMPORTANT	**III** **ACTIVITIES** ■ Interruptions, some calls ■ Some mail, some reports ■ Some meetings ■ Pressing matters	**IV** **ACTIVITIES** ■ Trivia, busy work ■ Interruptions ■ Some mail ■ Some phone calls ■ Time wasters

Quadrant I represents things that are "urgent and important." Quadrant I activities are usually "crises" or "problems." They are very important, but look out! Quadrant I can consume you. As long as you focus on it, it keeps getting bigger and bigger until it dominates your work. There will always be crises that require immediate attention, but how many things are really urgent?

Quadrant II includes activities that are "important but not urgent" It is the quality quadrant, where we plan and anticipate, and prevent things that otherwise might become urgent. *Quadrant II is the heart of effective personal management.*

Quadrant III includes things that are "urgent, but not important," Plenty of us spend too much time in this quadrant. The urgency sometimes is based on someone else's priorities. It is easy to believe that something that is urgent is also important. Look at what you classified as "urgent and important" in Quadrant I. Ask yourself if the urgent activity contributed to an important strategic objective. If not, it probably belongs in Quadrant III.

Quadrant IV includes activities that are "not urgent and not important," It is the "waste of time" quadrant. Chatting, reading jokes, and gossiping are examples of these activities.

Impact of each quadrant on your energy & effectiveness:

Results of living in Quadrant I—
Stress, burnout, crisis management, always putting out fires

Results of living in Quadrant II —
Vision, perspective, balance, control, few crises

Results of living in Quadrant III —
Short-term focus, crisis management, feeling victimized and out of control

Results of living in Quadrant IV—
Irresponsibility, work not completed on time, loss of your job

Seven Key Practices of Quadrant II

- Improving communication with others
- Better preparation
- Better planning and organization
- Caring for yourself
- Taking advantage of new opportunities
- Personal development
- Knowing what is important

Stephen R. Covey, The 7 Habits of Highly Effective People: Restoring the Character Ethic, pp. 151, 152–54, text adapted (Fireside edition, 2004).

ACTION PLAN FOR THE IMPROVEMENT 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?

LDP+ ASSIGNMENT FOR WORKSHOP #3

Team Meeting between Workshop #2 and #3

In a first meeting with your larger team:

Plan and design a meeting with your team to report on Workshop 2.
Use the Implementation Team Meeting Form, next page..

1. Teach your team about the Priority Matrix, the Urgent/Important Matrix, gender concepts, and what you learned about M&E and planning.

2. Share the completed Challenge Model and draft Action Plan.

a. Review and complete the Action Plan so that the team may start to implement it. Use the *Quick Check on the Quality of an Action Plan* handout to confirm that your Action Plan is complete.

b. Review your Monitoring and Evaluation Plan and the activities you need to mobilize stakeholder resources.

3. Work together on implementing the Resource Mobilization Request Form.

In a second meeting to be held just before Workshop #3:

1. Share and update the LDP+ Reporting Form and Evaluation Form and complete:

a. Results and the indicators used to track progress.

b. Changes introduced

c. Obstacles faced in implementing changes

2. Update the LDP+ Reporting Form

3. Update the Evaluation Form.

4. Remind your team to bring their Challenge Model and all the filled-in forms and worksheets to the next workshop.

SCHEDULE AND OBJECTIVES: LEARNING SESSION WORKSHOP #3

PURPOSE

Increase and sustain the capacity to work in teams, face challenges, and achieve measurable results.

OBJECTIVES

Introduce tools and techniques for aligning, mobilizing, and inspiring, including:

- Analyze and interpret results on progress
- Support others with coaching
- Identify team roles
- Distinguish commitment from compliance
- Make requests instead of complaining
- Lead and coach a team through breakdowns
- Gain and maintain trust
- Acknowledge others
- Teams share learning on successes, obstacles, and lessons that can be identified and scaled up to other sites

SESSIONS

- Welcome back and assignment review: Review what participants learned during Workshop #2
- Session 13: Shared Learning Sessions
- Session 14: Aligning and Mobilizing
- Session 15: Working Effectively in Teams
- Session 16: Inspiring
- Preparation for Workshop #4

SCHEDULE

Facilitators should schedule a morning and afternoon break each day.

	DAY ONE	DAY TWO
AM	**Opening** (15 min.) **Welcome Back** (30 min.) **Session 13:** Shared Learning Sessions (2 hr. 30 min.)	**Opening** (15 min.) **Session 14:** Aligning and Mobilizing (2 hr. 20 min.) **Session 15:** Working Effectively in Teams (45 min.)
Lunch Break		
PM	**Session 13:** Shared Learning Sessions (conclusion) (2 hr.) **Closing Reflection** (30 min.)	**Session 15:** Working Effectively in Teams (conclusion) (1 hr. 15 min.) **Session 16**: Inspiring (2 hr. 40 min.) **Workshop Evaluation** (10 min.)

TELLING YOUR STORY

Your team has accomplished something important, and the time has come to let other people know about it—to tell your story.

Everyone likes a good story!
Your story should have four parts: the setting, the challenge, the activity, and the results.

Here are some suggested questions you could consider as you write the story. The way you answer them will help bring your story to life.

The setting

- Who are we? What kind of organization or agency are we, and what is our purpose?
- What kind of people do we serve? How do they live? What do they believe? What are their concerns?

The challenge

- What was the priority health area and indicator our team was addressing?
- What was our baseline data? Where were we before we started this LDP+ process?
- What was our measurable result? What were the main obstacles to achieving our result?

The results

- What result was achieved?
- What was the value of the indicator at the end of the implementation period?
- What were the most significant changes we brought about for the people we serve?
- What changes did we bring about in the way our team works?

The activity

- What intervention did we choose to address these obstacles?
- What did we need to change?
- How did we work together as a team to make those changes? What were the different roles we played?
- What leading, managing and governing practices were applied?

A quote

Can you enrich your story by including one or more direct quotes from people whose lives were affected by this intervention? A real-life quote will give your story a strong emotional impact.

COMMITMENT VERSUS COMPLIANCE

Commitment — Internally driven

Source of motivation	Feelings	Outcomes
	You *WANT* to do something.	
■ You want to do something extraordinary. ■ You believe in it.	■ Care about the work ■ Determined to persevere in the face of obstacles ■ Empowered to overcome obstacles. ■ Energetic, bring new possibilities and options to the work.	■ Good results that you are proud of.

Compliance — Externally driven

Source of motivation	Feelings	Outcome
	You *HAVE* to do something.	
Formal compliance You do just what is required and no more.	■ Compliant but not enthusiastic; act to satisfy an external standard or requirement ■ Motivated only enough to achieve organizational objectives	■ Do what is expected ■ Follow orders and work according to a plan ■ Do what one has to, but in a routine way
Noncompliance You don't do what is required.	■ Annoyed, frustrated, critical of others, or similar ■ Uncooperative, negative; refuse to participate in work activities	■ Insubordination ■ No results
Malicious compliance You purposely do the wrong thing, although you may not object openly.	■ Resentful and critical, but unwilling to discuss complaints ■ Follow the "letter of the law" but undermine desired results	■ Sabotage ■ Negative results

From Kantor, David. http://www.kantorinstitute.com/fullwidth.html

UNDERSTANDING ROLES IN TEAMWORK

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	Productive	Non-Productive
Initiate	■ Gets action started	■ Dominates
Follow	■ Supports implementation of action	■ Mindlessly agrees
Oppose	■ Thinks critically	■ Obstructs
Observe	■ Reflects and gives feedback	■ Acts passively

Based on Kantor, David's Four Player Model. http://www.kantorinstitute.com/fullwidth.html

REQUESTS INSTEAD OF COMPLAINTS

Take one complaint and transform it into a request using the following format.

Request form

1. Will you _____ (specific person)

2. Please do this _____ (specific action)

3. By this time_____? (specific time)

Three ways to respond to a request

- Yes
- No
- Make a counteroffer: "No, I can't do that, but I can do something else," or "I can do it, but by some other time."

Complaints and requests: Principles in effective teams

- People make requests only to someone who can do something about the situation.
- People state their complaint in the form of a request.
- If you receive a complaint you cannot do anything about, you suggest they turn it into a request and refer it to someone who can do something about it (avoid gossip).
- If you receive a request, you are free to respond in the three ways (yes, no, or counteroffer).

LEADING THROUGH BREAKDOWNS

Success is moving from failure to failure without losing enthusiasm.
—Winston Churchill

A breakdown is any situation that…

- threatens progress towards a commitment
- presents uncertainty or difficulty
- stops effective action
- presents obstacles to our commitments

Breakdowns normally lead to…

- minimizing or ignoring the problem
- blaming each other
- eroding teamwork, trust, and effectiveness

Change how you approach breakdowns by recognizing that…

- all large commitments have breakdowns
- the greater our commitment, the more and greater the breakdowns ("No commitment, no breakdown")
- breakdowns, when well handled, are a major source of breakthroughs and "finding a new way" to meet your commitments

High-performance teams handle breakdowns differently from typical groups:

TYPICAL GROUPS	HIGH-PERFORMANCE TEAMS
■ are stopped by breakdowns ■ members blame one another ■ breakdowns are seen as obstacles and problems to avoid ■ breakdowns are seen as an indicator that something is wrong with the person, team, or project	■ expect breakdowns ■ welcome breakdowns ■ use breakdowns to create breakthroughs ■ see breakdowns as helpful to understanding what is missing to fulfill a commitment

Bragar, Joan. "Influence Behaviors for Managers." Boston: Forum Corporation, 1991.

COACHING THROUGH BREAKDOWNS

1. Declare the breakdown.
   - What was the breakdown?
   - What happened? (Give facts, not interpretations.)

2. Identify your commitment.
   - What is the commitment behind this?
   - Take responsibility (not blame) for the breakdown.

3. Notice what is missing.
   - What was missing that caused the breakdown to occur? (e.g., integrity, process, etc.)
   - To what are you now committed?

4. Capture learning.
   - What did you learn?
   - What is possible now?

5. Plan actions.
   - What actions will you take?
   - What requests and promises do you or others need to make?

Bragar, Joan. "Influence Behaviors for Managers." Boston: Forum Corporation, 1991.

BREAKDOWN CONVERSATION WORKSHEET

Think of a breakdown your team has recently experienced and answer the following questions related to that breakdown.

1. What was the breakdown? Briefly describe what happened.

2. What were you committed to? Describe the commitment of you or your team.

3. What was missing that caused the breakdown to occur?

4. What did you learn?

5. What actions could you take now?

Bragar, Joan. "Influence Behaviors for Managers." Boston: Forum Corporation, 1991.

INSPIRE THROUGH BUILDING TRUST

Trust (noun):
Having a firm reliance on the integrity, ability, or character of a person.

To trust (verb):
To increase one's vulnerability to another whose behavior is not under one's control in a situation where there may be risk.

Practices that lead to trust

Scanning: show interest in coworkers, inquire after their families and well-being; look for causes of problems in work processes rather than blaming people

Focusing: show that you pay attention to what people do and notice the contributions they make

Aligning and mobilizing: consult with coworkers, appreciate their expertise and experience; cooperate rather than compete; use knowledge and competence rather than official status to influence others

Inspiring: treat coworkers with respect; support and help coworkers; seek out new information and be creative and innovative, including when acknowledging one's own mistakes or uncertainties

I acknowledge you for...

I acknowledge you for...

I acknowledge you for...

I acknowledge you for...

I acknowledge you for...

I acknowledge you for...

I acknowledge you for...

I acknowledge you for...

I acknowledge you for...

I acknowledge you for...

LDP+ ASSIGNMENT FOR FINAL WORKSHOP

Before Workshop #4 you need to plan and design at least two meetings with your extended team at your worksite. Use the Improvement Team Meeting Form (Handout #3) for these meetings.

1. Share with your team what you have learned in Workshop #3, including

- Proven interventions
- Shared learning
- Revised Action Plans
- Coaching
- Commitment versus compliance
- Team roles
- Requests versus complaints
- Coaching through breakdowns
- How to gain and maintain trust
- The importance of acknowledgment

2. Review your Action Plan in light of what you learned about new interventions and how to align and mobilize and inspire each other and others.

3. In a separate team meeting, update your LDP+ Reporting Form, Monitoring and Evaluation Plan and Evaluation Form.

4. Use the handout, *Telling Your Story,* and the handout, *Tips for an Effective Presentation,* to start thinking about your final presentations for Workshop #4.

Review the following questions:

- What is your baseline in raw numbers?
- What are your desired results in raw numbers?
- What calculations will you use to describe the difference between your baseline and desired results (e.g., an average, percentage, or rate)?
- Are you going to compare your results with other sites? If you are, what is the comparison site you are considering? What are the characteristics that make it a suitable comparison site?

TIPS FOR AN EFFECTIVE PRESENTATION

Prepare well

- Start organizing and working on your story well ahead of time.
- Know your audience and research their interests.

Clarify your message

- What challenge did you face?
- What actions did you take together as a team?
- What measurable results did you achieve?

Visuals

- If you use flipcharts, make sure your words and pictures are clear and easy to see.
- Use animation sparingly, as in can be distracting.
- No more than 5 words per line and 5 lines per slide.

Use notes, but DON'T read from them

- Use notes so that you will know what you want to say next.
- Look up and speak as if you are talking to someone about something that is important to you.
- Don't read the presentation like you are reading a book aloud.

Practice and get feedback

- Practice telling your story enough times so that you are comfortable.
- Time your presentation. If it is too long, cut some material. Don't try talking faster.
- Rehearse your presentation in front of others. Ask them for their feedback. Are you making your message clear? Are you standing straight and tall? Are you confident?

Take questions

- Have your listeners ask you questions so you can practice answering unexpected ones.
- Take questions, and answer them slowly and carefully.
- It's okay to say so when you don't know an answer. Say you will find out and tell them the answer as soon as you have it.

Be confident!

- Most speakers who describe themselves as nervous appear confident and calm to the audience.
- Be yourself; let the real you come through. Relax, take some deep breaths.
- Enjoy yourself! The audience will be on your side and will want to hear what you have to say.

SCHEDULE AND OBJECTIVES: RESULTS PRESENTATION WORKSHOP #4

PURPOSE

Complete preparations for the presentation of results and present final results to key stakeholders.

OBJECTIVES

- To prepare and deliver an effective presentation
- To present results in compelling ways
- To make plans to sustain the LDP+ process in the teams' workplaces

SESSIONS

- Welcome back and assignment review: Review what participants learned during Workshop #3
- Session 17: Shared Learning Sessions
- Session 18: Communicating Results
- Session 19: Coming to a Close and Sustaining the Process
- Deliver Final Results to Stakeholders

SCHEDULE

Facilitators should schedule a morning and afternoon break each day.

	DAY ONE	DAY TWO	DAY THREE
AM	**Opening** (15 min.) **Look Back at Workshop #3 and the Assignment** (1 hr.) **Session 17: Shared Learning Session** (1 hr. 45 min.)	**Reflection** (20 min) **Prepare and Practice Presenting** (full morning)	**Deliver Final Results Presentation to Stakeholders** (full morning)
Lunch Break			
PM	**Session 18:** Communicating Results (3 hr.) **Closing Reflection** (30 min.)	**Session 19:** Coming to a Close and Sustaining the Process (2 hr. 50 min.)	**Recognition and Final Evaluation:** (1 hr.)

ABOUT MANAGEMENT SCIENCES FOR HEALTH

Management Sciences for Health (MSH) is an international nonprofit organization dedicated to closing the gap between what is known about the overwhelming public health challenges facing many nations and what is done to address those challenges.

Since 1971, MSH has worked in more than 100 countries with policymakers, health professionals, and health care consumers to improve the quality, availability, and affordability of health services. We work with governments, donors, nongovernmental organizations, and health agencies to respond to priority health problems, such as HIV and AIDS, tuberculosis, malaria, child health, and reproductive health. Our publications and electronic products augment our assistance in these technical areas.

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