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**LEADERSHIP, MANAGEMENT  
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# LEADERSHIP DEVELOPMENT PROGRAM PLUS

# LDP+

A GUIDE FOR  
FACILITATORS

**Section I:**  
Introduction,  
Alignment,  
and Scale-up



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



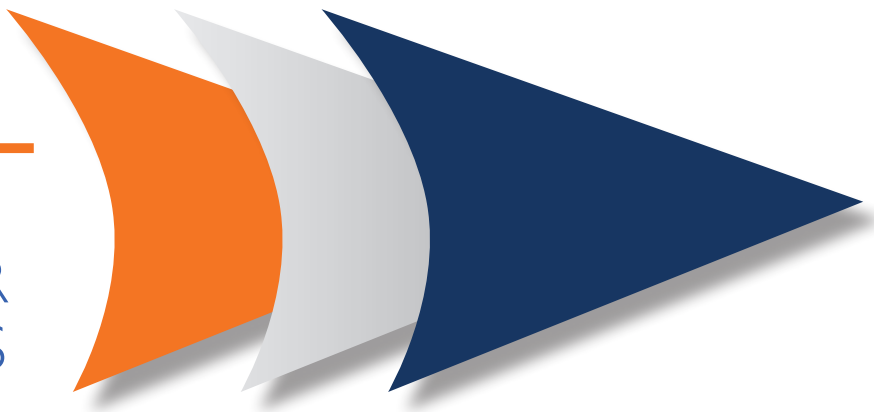
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FACILITATORS

## Section I:

Introduction,  
Alignment,  
and Scale-up



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

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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](mailto:bookstore@msh.org)

Website: [www.msh.org](http://www.msh.org)

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Yale Global Health Leadership Institute



## ACKNOWLEDGMENT

This updated version of the LDP is based on ten years of implementation and testing by hundreds of facilitators and thousands of health workers in more than 40 countries. There are too many individuals to name as this has truly been a global effort, initiated by MSH, but owned by the LDP teams themselves. We thank them for the thoughtful feedback they have provided over the years that, along with two years of program research and pilot testing, has helped us develop the LDP+.

Our hope is that this new program, the LDP+, takes the best of the LDP — empowered teams able to focus on results they care about — and adds improved country ownership and public health impact. Throughout the program, there are important additions, such as a local Governing Body that chooses a focused public health area, and a local Technical Coaching Team that supports the Improvement Teams in using the indicators and identify public health practices that are most effective in achieving results.

Teams are still the heart of the program. Their leadership and vision create the commitment to change. We have designed this update with you in our thoughts.

*We give special thanks to Gwagwalada Health Council in the Federal Capital Territory in Nigeria who were the pioneers piloting the LDP+, the facilitators of the Nigeria Plan Health program, who, supported by Lourdes de la Peza, fearlessly implemented the pilot and have volunteered to train other countries in the process.*

We also wish to acknowledge the hard work and dedication of the initial LDP Design Team and those who contributed to subsequent improvements:

Joan Bragar, Lourdes de la Peza, Morsi Mansour, Sylvia Vriesendorp, Jennifer Leonardo, Elizabeth Mclean, Ann Buxbaum, Mariah Boyd-Boffa, and countless colleagues around the world who designed, piloted and improved the original LDP.



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### ORIGINS OF THE LDP+

The Leadership Development Program Plus (LDP+) is the enhanced version of the Leadership Development Program (LDP) first delivered by Management Sciences for Health (MSH) in 2002. The LDP+ builds on the unique features of the LDP: an experiential learning and performance improvement process that empowers people at all levels of an organization to learn leadership, management, and governing practices; face challenges; and achieve measurable results.

Since MSH introduced the LDP, participating organizations in more than 40 countries have used this proven process to transform how teams deliver health services. Working on real workplace challenges over time, teams receive feedback and support from coaches and facilitators to:

- Create an inspiring shared vision for addressing a priority health area.
- Apply leading and managing practices to improve teamwork and effectiveness.
- Use the Challenge Model process to identify and achieve desired measurable results.
- Align stakeholders around a common challenge.

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### FEATURES OF THE LDP+

Along with the basic LDP activities, the LDP+ offers several new features that incorporate lessons learned from more than ten years of successful LDP implementation. Under the LDP+, you will find that:

- A Governing Body comprised of senior managers from the country's health system uses good governing practices to oversee and support LDP+ implementation and scale up.
- Technical experts from the country highlight national health priorities and propose a menu of proven public health interventions that meet quality standards.
- Local Improvement Teams focus on achieving results in line with the national health priority highlighted by the technical experts.
- Improvement Teams engage in shared learning, based on their experience, about the most effective actions and the leading, managing, and governing practices that bring about measurable health results.
- The LDP+ process promotes gender equity by strengthening access to health services, increasing women and men's involvement in decision-making related to their health, and promoting opportunities for their equal participation in leadership, management and governance positions.

## ACRONYMS

<b>CSO</b>	Civil society organization
<b>HIS</b>	Health information system
<b>LDP+</b>	Leadership Development Program Plus
<b>LDP</b>	Leadership Development Program
<b>M&amp;E</b>	Monitoring and evaluation
<b>MOH</b>	Ministry of Health
<b>MSH</b>	Management Sciences for Health
<b>NGO</b>	Nongovernmental organization
<b>PMTCT</b>	Prevention of mother-to-child transmission
<b>SMART</b>	Specific, measurable, appropriate, realistic, time-bound
<b>VLDP</b>	Virtual Leadership Development Program



## INTRODUCTION TO THE LDP+

**The 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.

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 provide feedback and support throughout the six to eight months of the process.

This approach to leadership development differs from traditional leadership training programs that introduce leadership theories and behaviors in a course setting. The LDP+ improvement process links learning to the implementation of priority actions that achieve measurable public health results. Teams not only initiate changes but they carefully monitor the results of those changes over time.

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### LDP+ FACILITATOR'S GUIDE PACKAGE

This package is for facilitators to use and learn from as they implement the LDP+. It presents the foundations of the program and explains how to conduct all the necessary activities. It is designed to be easy-to-use and adaptable to the specific needs of an organization or LDP+ Improvement Team.

#### The package includes:

- Three facilitator's guides with detailed instructions for facilitating each meeting and workshop
  - Section 1: Introduction, Alignment, and Scale-up
  - Section 2: Technical Coaching Team Meetings
  - Section 3: Workshops
- Background information for the LDP+ Champion and facilitators to use in preparing for LDP+ meetings and workshops (contained within Section 1: Introduction, Alignment, and Scale-up)

- **One booklet with Handouts for Participants**

- *This booklet contains handouts for Sections 2 (Technical Coaching Team Meetings) and 3 (Workshops). Facilitators are recommended to print and bind this booklet and distribute it to participants for these meetings, asking that they bring it to all subsequent meetings. Handouts for Section 1 (Introduction, Alignment, and Scale-up) are included at the back of this facilitator's guide, and should be copied and distributed as described in the detailed instructions.*

- **Information for the Technical Coaching Team on how to guide and support LDP+ Improvement Teams in monitoring progress and evaluating results (contained within Section 2: Technical Coaching Team Meetings)**

- **Additional resources for planning and leading the LDP+ process**

- *Other support materials may be downloaded from the Resources section of the LeaderNet website: [leadernet.org](http://leadernet.org).*

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**NOTE:** LeaderNet is a global community of practice for managers who lead and LDP+ and Virtual Leadership Development Program (VLDP) facilitators. To use LeaderNet, first go to [leadernet.org/](http://leadernet.org/) and register (there is no cost).

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## LDP+ OUTCOMES

The LDP+ offers measurable benefits to those who participate in the process.

Health system leaders and decision makers apply leading, managing, and governing practices to:

- Oversee performance improvement processes and the use of proven public health interventions to address specific priority health areas.
- Ensure strong technical leadership of their health programs for which they are responsible.
- Sustain and scale up performance improvements and the LDP+ process.

Local Improvement Teams apply leading, managing, and governing practices to:

- Carry out proven interventions to achieve measurable results in the priority health areas.
- Build a productive workgroup climate.
- Measurably improve performance in priority health areas.
- Incorporate ongoing performance improvement processes into their work.

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## A TRANSFORMATIONAL APPROACH

The LDP+ is designed to foster a series of “leader shifts” — changes in how participants think about leading, managing, and governing. The following table illustrates the leader shifts that most commonly occur as participants work together toward a shared vision and measurable results in a priority health area.

LEADER SHIFTS	
Shift perspective from...	To...
Individual heroics	Collaborative actions
Despair and cynicism	Hope and possibility
Blaming others for problems	Taking responsibility for challenges
Scattered, disconnected activities	Purposeful, interconnected actions
Focus on self and own needs	Concern for the common good

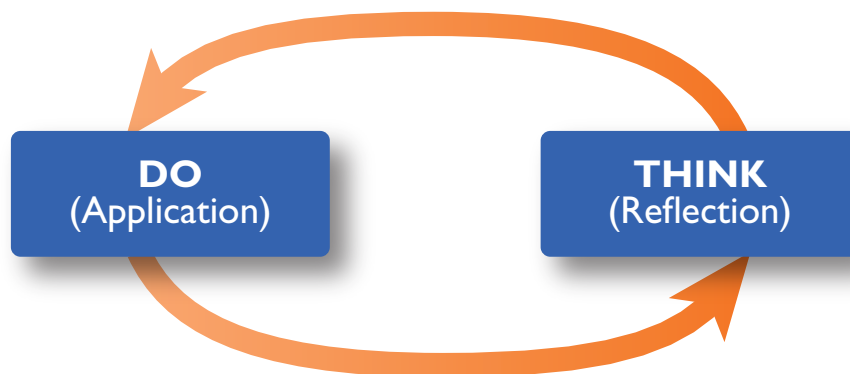
These shifts are not easy to make or sustain. However, through the practices of challenge, feedback, and support, the LDP+ encourages individuals to think and work differently with others in demanding conditions.

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## LDP+ LEARNING METHODOLOGY

The LDP+ is grounded in three methodologies: experiential learning; the challenge/feedback/support triangle; and the Challenge Model.

**Experiential learning.** During the workshops (See Section 3:Workshops) and meetings, participants learn through a cycle of doing and then thinking or reflecting on what they have done. In the workshops, the teams learn leading, managing, and governing practices that validate their own, individual experiences.They apply these practices to real workplace challenges and engage in continuous reflection and improvement in their teams.This cycle of application and reflection moves teams through the experiential learning cycle.



**Challenge, feedback, and support.** The LDP+ process provides challenge, feedback, and support to enable participants to develop their leadership, management, and governance skills.The Improvement Teams choose the challenges they want to address, and receive feedback and support from facilitators, coaches, and colleagues as they work toward their measurable results.The Governing Body also provides teams with support throughout implementation, as they are able.



Leadership Development Triangle

**The Challenge Model.** Each team completes this model for a priority health area that its organization is addressing. The process of completing the model guides the team to a fuller understanding of the priority health area and the creation of a shared vision. The team then identifies a measurable result that will move it closer to its vision of success in the priority health area. With an agreed upon result as a goal, the team then makes a plan to achieve that result. Participants often post their completed Challenge Model at their work sites to publicize their goals and plans.

**Mission/Priority Health Area:**

**Vision:**

**Measurable result:**

**Obstacles and root causes**

**Priority actions**

**Current situation:**

**Challenge:**

[ How will we achieve our desired result in light of the obstacles we need to overcome? ]

**The Action Plan.** The activities teams will implement to achieve their measurable results are documented in their Action Plan. The plan describes each activity in detail, who is responsible for each activity, when each activity will take place, and what resources will be required for completing each activity. The indicators that will be used to track progress toward the measurable result are also listed.

**The Monitoring and Evaluation Plan.** Information about the indicators listed in the Action Plan that will be used to track progress toward the measurable result is contained in the Monitoring and Evaluation Plan. Since the LDP+ is focused on achieving service delivery results related to a priority health area, it is assumed that all teams will choose quantitative indicators that can be tracked monthly (as opposed to a qualitative indicator, such as client satisfaction, which would not necessarily be measured routinely and regularly). Information contained in the Monitoring and Evaluation Plan includes indicator definitions, baseline and goal/desired measurable result, data sources, and responsibility for data collection.



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## LDP+ FACILITATOR BELIEFS AND PRACTICES ENCOURAGE ACTIVE LEARNING

A skillful and perceptive LDP+ facilitator helps motivate participants to learn to lead, manage, and govern effectively. People who have successfully developed, led, and championed the LDP and LDP+ are committed to a few critical beliefs and the practices that support these beliefs.

- **We believe in the value of all participants, regardless of their gender, organizational level or status.** We respect and value the intelligence, styles, experience, skills, and wisdom of our participants. We care about our participants and their development. This is the primary assumption for LDP+ facilitation.
- **We believe that promoting gender equity at all levels of the health systems** will produce positive outcomes in health. We provide all participants, male and female with an opportunity to voice their ideas and share their experiences.
- **We believe that people will learn what they need to.** When participants are clear about their intentions and have access to the knowledge and skills they need to achieve their desired results, they willingly learn. Having clarity of purpose helps people put knowledge to use and helps groups to be aligned. We support the participants as they clarify their purposes. We give them feedback about their progress so they can learn and develop.
- **We believe that knowledge must be linked to action.** Knowledge is demonstrated by results, and action is guided by knowledge. When we apply knowledge and reflect on our results, we increase our knowledge. The LDP+ draws on the real challenges that Improvement Teams are facing and provides knowledge that helps them move towards their desired measurable results.
- **We believe in the power of shared learning and discovery.** By sharing our perceptions with others, we test our assumptions and arrive at a deeper level of understanding. We believe it is important that Improvement Team members reflect on and deepen their understanding of their own experiences. The LDP+ creates many opportunities for participants to reflect on and share their knowledge.
- **We believe in the creative spirit of every human being.** Each of us has the capacity to be creative. We encourage participants to imagine, dream, and create the future.

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## CRITICAL SUCCESS FACTORS

A few factors must be in place for the LDP+ to succeed.

- **Keep it simple.** You want participants to experience the LDP+ as a process that they could scale up and sustain themselves, without professional facilitation. This is most important. It means not using PowerPoint, overhead projectors, and other technologies during the workshops that might make the facilitator appear to be an “expert” with capabilities beyond what local teams could do on their own.
- **Key stakeholders are committed.** The Governing Body commits to making it possible for the Improvement Teams to participate fully. Members of this group also make a commitment to provide good governance throughout the LDP+ experience and to scale up successful improvement projects.
- **A local champion leads the effort.** The Champion must believe in the importance of the LDP+ and be willing to lead its implementation. The Champion identifies and helps overcome any obstacles to the implementation of the full LDP+ process. Often additional champions emerge in the course of the program and become committed to carrying it forward.
- **Everything gets done in sequence.** All of the main activities in the process must be completed. The four workshops that form the core of the LDP+ (See Section 3: Workshops) have specific outcomes that must be achieved. The same team members need to participate fully and consistently in the process, including attending all of the workshops and team meetings, and implementing the team’s improvement project.
- **Monitoring and evaluation are continuous.** Monitoring and evaluation must be included in the LDP+ from the very beginning. Each team learns how to define indicators to measure progress and report results. A monitoring and evaluation (M&E) specialist, when available, should be a member of the Technical Coaching Team and can review the teams’ results statements, indicators, and Action Plans, as well as activities proposed for collecting data to monitoring progress. The M&E specialist might be from the local organization or an external resource.
- **Coaches visit and support teams between workshops.** Improvement Teams are more confident and productive when they receive feedback and support between workshops from coaches.

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## LDP+ ROLES AND RESPONSIBILITIES

The **Master Facilitator** is the overall manager of the LDP+. S/he works with the LDP+ Champion and Technical Coaching Team to train and orient participants in the LDP+ process, focusing on their specific roles in implementing it and integrating it with other health initiatives.

The Master Facilitator conducts the Stakeholder Alignment Meeting (See Section 1: Introduction, Alignment, and Scale-up) and trains the Technical Coaching Team. S/he works with the Technical Coaching Team to ensure that program data are correctly collected, recorded, collated, analyzed, and reported. At first, this person is likely to come from outside the health system; later, competent facilitators from within the system may be identified and trained for this position.

### Key Responsibilities of the Master Facilitator

- **Work with the LDP+ Champion to:**
  - *Identify and invite members of the Governing Body and Technical Coaching Team to the Stakeholder Alignment Meeting*
  - *Propose the priority health area selected for the focus of the LDP+ process*
  - *Obtain official documents with national and/or regional data on the priority health area*
  - *Prepare a presentation of the data on the priority health area addressing:*
    - The national and/or regional prevalence of specific health conditions or diseases
    - Government policies
    - 2–3 proven health interventions
    - 2–3 national/regional indicators
    - A summary of the local situation
  - *Propose a geographic location for LDP+ Improvement Teams.*
- **Work with the Governing Body to choose the Local Coordinator.**
- **Support the Local Coordinator to launch and manage the LDP+ process.**
- **Train the Technical Coaching Team.**

The **LDP+ Champion** is a senior manager with expertise in the relevant health area, a strong commitment to the LDP+ process, and the influence and credibility to advocate for the LDP+ at the highest levels of the health system. S/he assures that the LDP+ goals are consistent with the policies and goals of the health system.

In small organizations, one person may serve as both the LDP+ Champion and Local Coordinator.

## Key Responsibilities of the LDP+ Champion

- **Work with the LDP+ Master Facilitator to:**
  - *Identify and invite members of the Governing Body and Technical Coaching Team to the Stakeholder Alignment Meeting*
    - *Propose the priority health area selected for the focus of the LDP+ process*
    - *Prepare a presentation of data about the priority health area, addressing:*
      - The national and/or regional prevalence of specific health conditions or diseases
      - Government policies
      - 2–3 proven health interventions
      - 2–3 national/regional indicators
    - *propose a geographic location for the LDP+ Improvement Teams.*
- **Ensure that LDP+ activities are well coordinated with other initiatives in the priority health area.**
- **Review periodic reports on LDP+ achievements and obstacles.**
- **Arrange needed resources.**

The **Governing Body** is composed of the LDP+ Champion and senior managers from the country's health system. These senior leaders may come from:

- Local, regional, or national government
- A national nongovernmental organization (NGO) or network of small, compatible civil society organizations (CSOs)
- A combination of the above

To coordinate effectively and work within a limited budget, the Governing Body cannot be too large; ideally, the group should include between five and eight members. This group agrees on the priority health area and indicators, based on recommendations from the LDP+ Champion. It selects the geographic locations for implementation, appoints a Local Coordinator; provides oversight and sponsorship of the process, and leads the scale up of the LDP+ process.

## Key Responsibilities of the Governing Body

- Choose a priority health area and geographic location (based on the recommendation of the LDP+ Champion).
- Choose a Local Coordinator to manage LDP+ operations and logistics.
- Oversee the progress of LDP+ activities in accordance with an agreed-on timetable.
- Introduce the LDP+ to other regions and lead the launch and scale up of the LDP+ process.

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**NOTE:** Selection of the health priority area and indicators, geographical area, participant teams and LDP+ Coordinator are decisions that have to be proposed by the Master Facilitator and LDP+ Champion and decided by the Governing Body. These discussions should start before the Senior Alignment meeting, during which the rest of the stakeholders are informed.

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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 the geographic location chosen for the implementation of the LDP+. They may be content experts and officers from relevant Ministry of Health (MOH) departments or M&E specialists from the Ministry's Management Information System unit. In some instances, a member may be a regional expert from a relevant national program (e.g., HIV/AIDS Commission, National Malaria and Tuberculosis Control Programs).

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

## Key Responsibilities of the Technical Coaching Team

Taking into account the technical coaching team responsibilities described below, it is important to select coaches that have availability to attend all the workshops and visit teams between workshops. So budgetary and geographical implications have to be considered

### Technical Support:

- Agree on the priority health area, proven interventions, and indicators presented at the Stakeholder Alignment Meeting (See Section 1: Introduction, Alignment, and Scale-up).
- 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 (See Section 3: Workshops), and the Technical Coaching Team Meetings (see See Section 2: 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.

The **Local Coordinator** may come from the country's health system, the project sponsoring the LDP+, or MSH. S/he oversees the day-to-day operations of the LDP+ process.

As noted above, in small organizations one person may serve as both Local Coordinator and LDP+ Champion.

## Key Responsibilities of the Local Coordinator

- Provide a communication link between the Improvement Teams and the Technical Coaching Team.
- Manage the operational and logistical aspects of the LDP+ process.
- Provide organizational and logistical support for Improvement Team workshops (See Section 3: Workshops) and on-site meetings, as needed.

**Improvement Teams** implement the LDP+ process at their work sites. They participate in workshops and on-site meetings. They evaluate and report on their experience and results during Shared Learning Sessions and during the Final Results Workshop.

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**NOTE:** For a successful LDP+, qualified individuals must play each of the roles and take responsibility for each activity listed in the boxes above. In some situations, it may be appropriate for one person to play more than one role, as long as s/he can comfortably handle all of the required activities.

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# THE LEADERSHIP ROLE OF LDP+ FACILITATORS

## Facilitators as Continuous Learners

As an LDP+ facilitator, you will have a great influence on the success of the program. Like the Improvement Teams, facilitators use applied knowledge and reflection to learn how to best conduct the LDP+. They listen to the comments during the closing of every session to learn about and respond to the participants' needs and challenges.

Facilitators lead in a way that encourages LDP+ participants to sustain and replicate their experience. Through their openness to learning and improvement, they demonstrate that LDP+ facilitation does not require a certain kind of expertise, rather, all who are committed can lead the program.

Facilitators identify participants with a passionate interest in the program who might become facilitators someday. Facilitators should be attentive to give women equal opportunity as men to become facilitators. They create opportunities for these people to facilitate segments of workshops, give them feedback, and support as they practice and learn.

To create a spirit of inquiry and dialogue, facilitators ask questions that spark these interactions. LDP+ questions are generally open-ended—there is no possibility of a quick “yes” or “no” response, and there is no one right answer. These open-ended questions seek to expand perceptions and encourage curiosity.

## Coaching LDP+ Participants

Coaching is a key component of the LDP+. As a facilitator, you will be working with members of the Technical Coaching Team, composed of people with expertise in the priority health area and in monitoring and evaluation. Technical Coaching Team members participate in intensive training sessions led by the facilitators to build their coaching skills.

Coaching by the Technical Coaching Team takes place between workshops, typically at the Improvement Teams' work sites. Coaching gives teams the feedback and support necessary to apply the leading, managing, and governing practices. Coaching enables team members to work together to achieve results and present these results effectively. It greatly enhances participants' ability to apply what they have learned during the workshops and to make their new understanding part of the way they work every day.

Facilitators train LDP+ coaches to:

- Give Improvement Teams feedback about their Challenge Models, Action Plans, reporting formats, and evaluation forms.
- Encourage participants to reflect on their progress towards their measurable results.
- Create opportunities for Improvement Teams to share their learning throughout the LDP+ process.

This Facilitator's Guide includes coaching notes to help assure effective coaching visits between workshops.



## Tips for Facilitators

Whether you are a seasoned or first-time facilitator, these tips will help you with the LDP+ facilitation process. The many lessons learned MSH has accumulated over years of conducting the LDP and LDP+ have shaped this list. While some tips may seem obvious, all are practical and effective.

- **Read.** Read all the facilitation notes in the LDP+ Guide for Facilitators prior to the start of the program to become familiar with the exercises and the way each session builds on the one before it.
- **Read again.** Read each session again before delivering the session. Write your own notes to refer to when facilitating.
- **Practice.** Practice delivering a few sessions with a small group to become comfortable with the materials and to prepare for questions that might surprise you.
- **Stick to the facilitation notes.** While skilled facilitators may see opportunities to improvise or expand an exercise with additional materials, we ask that you not change the wording of the questions or statements written within each exercise. They have been carefully tested and are essential to the design of the experiential learning process. When questions or statements are ignored or changed, you might miss making critical points and connections.
- **Ask, don't tell.** Some facilitators might want to give detailed and complete explanations because they worry that the participants need a complete grasp of concepts right away. However, the LDP+ exercises are designed to enable participants to discover the meaning behind the concepts for themselves, rather than to have it told to them. This is a more powerful and long lasting way to learn. We encourage facilitators to follow the design and see for themselves how participants learn through this process.
- **Be attentive to observe gender dynamics** in the group and invite quiet participants to express their opinions being sure that women and men have equal opportunities to express their point of view and facilitate the teamwork.

Remember, the key to leadership development is to provide people with challenges and then give them feedback and support. Caring about their development and listening to them are fundamental.

## Preparing for LDP+ Meetings and Workshops

- Read each session completely and write out your own notes to guide you while delivering—do not read from the facilitator notes during the session.
- Practice each exercise beforehand—this is essential!
- Know the timing of each exercise—some may go more quickly than the suggested time, while some may take longer.
- Prepare any necessary flipcharts or other materials in advance.
- Have necessary handouts organized and ready.
- Insert breaks into the daily schedule—be sure to include them in the overall timing of each day.

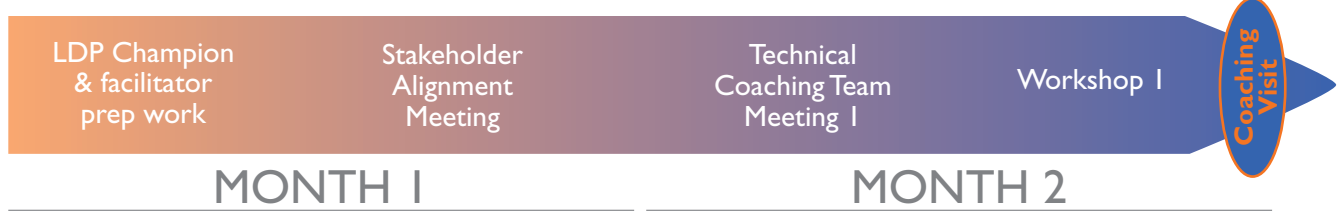
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## LDP+ TIMELINE OF ACTIVITIES

The LDP+ Timeline appears on the next page. **Preparation prior to Month 1:** The Master Facilitator meets with the LDP+ Champion and Technical Coaching Team to prepare for the launch of the program.

# LDP+ Timeline & Deliverables

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



## 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

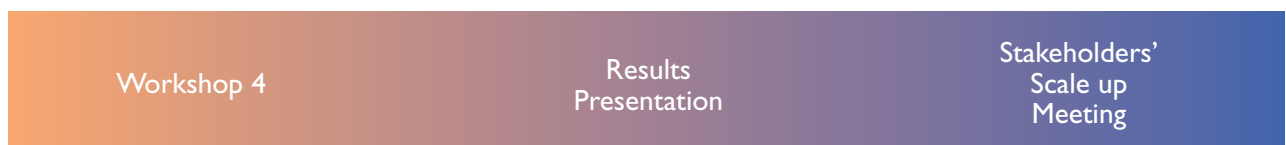


## MONTH 3

- 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



## 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

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## PHASE I: GETTING STARTED

### Laying the Groundwork (Prior to Month 1)

The Master Facilitator works with the LDP+ Champion to:

- Propose a priority health area, indicators, and proven health interventions
- Identify members of the Governing Body and Technical Coaching Team

### Stakeholder Alignment Meeting (Month 1)

See Section 1: Introduction, Alignment, and Scale-up. This is the first meeting of the Governing Body. Technical Coaching Team members are also invited to participate. The Master Facilitator conducts the meeting with the assistance of the LDP+ Champion. In this meeting, the Governing Body:

- Is oriented to the LDP+ and learns leading, managing, and governing practices for overseeing LDP+ implementation.
- Confirms the priority health area, proposed key indicators, and proposed proven interventions.
- Chooses a geographic location and proposes facilities or other workplaces for Improvement Teams.
- Selects a Local Coordinator to oversee LDP+ operations and logistics.
- Commits to the LDP+ process and produces a plan to support the LDP+ Improvement Teams.

### Technical Coaching Team Meeting #1 (Month 2)

See Section 2: Technical Coaching Team Meetings. During this meeting, which takes place directly after the Stakeholder Alignment Meeting, members of the Technical Coaching Team:

- Are oriented to the Challenge Model and the M&E process, their role as coaches, and their deliverables in that role.

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## PHASE 2: IMPLEMENTATION OF IMPROVEMENT TEAM ACTIVITIES

### Improvement Team Workshops and Meetings (Month 2 – Month 5)

See Section 3: Workshops. The Master Facilitator leads the workshops; the Coaches work with teams between workshops; and the Local Coordinator oversees the LDP+ process. Improvement Teams routinely work together and attend regular meetings.

- **Workshops:** Over the course of four workshops, members of Improvement Teams learn and apply leading, managing, and governing practices, tools, and approaches. They plan, carry out, and monitor priority actions that will enable them to achieve their measurable results.
- **Shared Learning Sessions:** The Technical Coaching Team leads two learning sessions, one during Workshop #3 and another as part of Workshop #4. In these sessions, Improvement Teams share with each other their results to date and what they have learned in implementing their action plans.
- **Improvement Team meetings:** At the worksite, Improvement Teams apply what they have learned in the workshops, and in analyzing and addressing their challenges. Coaches support the Teams in using the Challenge Model, monitoring the implementation of their action plans, and evaluating and reporting their results.

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## PHASE 3: EVALUATING AND SCALING UP

### Preparing for the Final Results Presentation (Month 5 – Month 8)

During Workshop #3 and #4, each Improvement Team works with its Coach to evaluate the results of the LDP+ experience, to prepare a report on those results, and to write a compelling story of their LDP+ experience. In their reports, they describe the actions that have enabled them to improve their indicators, and they identify leading, managing, and governing practices that have contributed to their teamwork and their successes.

### Final Results Presentation (Month 5 – Month 8)

See Section 3: Workshops. On Day 3 of Workshop #4, Improvement Teams present their reports and stories to their LDP+ colleagues, the Technical Coaching Team, and the Governing Body.

### Stakeholder Evaluation and Scale up Planning Meeting (Month 5 – Month 8)

See Section 1: Introduction, Alignment, and Scale-up. After Workshop #4, the Master Facilitator and the LDP+ Champion facilitate a day long meeting of members of the Governing Body, the Technical Coaching Team, and six to eight senior managers from the new geographic location that will engage in the next set of LDP+ improvement projects.

Participants learn how the Improvement Teams worked on the priority health area, which proven practices were applied, what kind of support they received from the Technical Coaching Team, and how the lessons learned can be applied to extend the program to the new geographic location.



# STAKEHOLDER ALIGNMENT MEETING

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## PURPOSE

*Build commitment of key stakeholders to developing leaders at all levels of health care organizations who can face challenges and achieve results in a priority health area.*

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## OBJECTIVES

- To become familiar with the LDP+ process and content
- To learn leading, managing, and governing practices for overseeing LDP+ implementation
- To become informed about government policies, proven health interventions, and national/regional indicators in the priority health area
- To learn and apply the Challenge Model that is at the core of the LDP+
- To produce a plan to support the LDP+ Improvement Teams.
- To commit to addressing the challenges of improving health outcomes and implementing the LDP+ process over time
- To commit to ensuring gender equity in leadership development throughout the LDP+
- To select the Improvement Teams and a Local Coordinator

## SCHEDULE

*This section is illustrative for a two-day meeting.*

*Facilitators should schedule a morning and afternoon break each day.*

	DAY ONE	DAY TWO
AM	Setting the Stage (45 min.)	Settling in and Morning Reflection (30 min.)
	Getting to Know LDP+ (30 min.)	Introducing the Challenge Model (30 min.)
	Empowerment and Expert Models of Development (45 min.)	Analyzing the Current Situation (45 min.)
	What Do Leaders Do? (1 hr. 15 min.)	Developing a Measurable Result (45 min.)
		Identifying Obstacles to Achieving the Result (45 min.)
		Diagnosing Root Causes: The Five Whys Technique (45 min.)
Lunch Break		
PM	Exploring the Priority Health Area (1 hr. 15 min.)	Applying Governing Practices (2 hr.)
	Creating a Shared Vision of Success (1 hr. 30 min.)	Gaining Commitment, Not Just Compliance (45 min.)
	Closing (30 min.)	Next Steps for the Governing Body and Closing (1 hr.)

## FACILITATORS

Facilitation team, led by the Master Facilitator. May include LDP+ Champion and/or coaches.

## PARTICIPANTS

- **Key stakeholders that can become members of the Governing Body.** This group consists of five to eight senior managers from the country's health system, which may include leaders from:
  - Local, regional, or national government
  - Civil society
  - Academia (instructors from schools of medicine, nursing, public health)
  - Professional associations (medical, nursing, midwifery associations)
  - The private for-profit sector
- **Members of the Technical Coaching Team:**
  - Three to five individuals with expertise in the priority health area and in monitoring and evaluation.



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**NOTE:** If the members of the governing body and technical coaching team have not been selected before the Stakeholder Alignment Meeting (SAM), be sure potential members attend and use the SAM to encourage them to become members of these teams. Try to have gender balance in these two teams.

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## MEETING DESIGN

The Stakeholder Alignment Meeting is designed to give Stakeholders, members of the Governing Body and Technical Coaching Team hands-on experience with the content and process of the Leadership Development Program Plus (LDP+), as well as time to explore the benefits of this program for public health agendas.

Participants learn the leading, managing, and governing practices needed to face organizational challenges and achieve desired results. They focus on a national priority health area and the local situation within that area. They then apply the Challenge Model to a challenge within that priority health area.

Of all the elements of the LDP+, the Alignment Meeting is most influenced by context. When high level people are invited three or four hours is usually the most you can get. The example in this section provides a full two-day meeting, which is desirable. But depending on the circumstances and time available you can select those sections that are most appropriate. In any case, key objectives of the meeting should remain: to align stakeholders on what the LDP+ is, understand its benefits to improve the priority health area and create ownership of the delivery.

The complete meeting must include the critical LDP+ elements that will lead to alignment around the results of the program. These are:

- Provide an overview of the LDP+, Leadership, Management and Governance Practices and Challenge Model
- Inform them of the selected health area and indicators to be improved through the LDP+
- Get commitment to provide support to implement the program

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**TIP:** The word “practice” has many meanings—practice the guitar, a medical practice, and so on. “Practice” in organizations generally refers to a set of behaviors, techniques, procedures, and processes. “Leadership practices” refers to all these things in relation to how people lead.

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## PREPARATION OF CONTENT

- Read the facilitator notes for this session.
- Review the illustrative schedule and objectives and adjust based on the amount of time available.
- Work with the LDP+ Champion to
  - Identify and invite members of the Governing Body and Technical Coaching Team to the Stakeholder Alignment Meeting.
  - Propose the priority health area selected for the focus of this LDP+ experience.
  - Obtain official documents with national and/or regional data on the priority health area.
  - Prepare a presentation of data about the priority health area, addressing:
    - The national and/or regional prevalence of specific health conditions or diseases
    - Government policies
    - 2–3 proven health interventions
    - 2–3 national/regional indicators

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## PREPARATION OF MATERIALS

- Print copies of all stakeholder alignment meeting handouts, available in the handout section at the back of this guide.
- Create a handout based on the adjusted schedule.
- Prepare materials required for each session.
- Watch the video “Seeds of Success.”
- Prepare and test laptop projector to show the video.

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## MATERIALS

- ❑ Video: “Seeds of Success”  
(<https://www.youtube.com/watch?v=0olfkUmyiaY>)
- ❑ Laptop projector to view video
- ❑ Flipchart(s), easel, and paper
- ❑ Tape
- ❑ Colored markers
- ❑ Self-stick notes or note cards
- ❑ Half sheets of paper

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## PREPARED FLIPCHARTS (OR HANDOUTS)

- ❑ Flipchart with the meeting purpose, objectives, agenda, and schedule
- ❑ Expert Model (from Handout **B Two Models of Development**)
- ❑ Empowerment Model (from Handout **B Two Models of Development**)
- ❑ Flipchart with the statement: *A Manager Who Leads is someone who mobilizes others to envision and realize a better future for all and who plans and used resources efficiently to produce intended results.*
- ❑ One flipchart for each of the leading and managing practices: *Scanning, Focusing, Aligning and Mobilizing, Inspiring, Planning, Organizing, Implementing, Monitoring and Evaluating, and Other*
- ❑ Several flipcharts with national data and, as much as possible, regional and local data on the selected priority health area
- ❑ Drawing of the Challenge Model
- ❑ 2–3 national/regional indicators from the presentation on the priority health area
- ❑ 2-3 proven health interventions
- ❑ Flipchart with the following statement:  
*Governance is setting strategic direction, establishing policy, raising and allocating resources, and overseeing achievement of results in a way that is responsive to the people an organization services.*
- ❑ Flipchart with two columns, the heading *Commitment* on the left, and the heading *Compliance* on the right

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## HANDOUTS

- ❑ **A:** *LDP+ Overview*
- ❑ **B:** *Two Models of Development*
- ❑ **C:** *The Practices of Leading, Managing and Governing*
- ❑ **D:** *Integrated Processes of Managing and Leading*
- ❑ **E:** *The Challenge Model*
- ❑ **F:** *Using the Challenge Model*
- ❑ **G:** *Developing SMART Results*
- ❑ **H:** *The Five Whys Technique*
- ❑ **I:** *Conceptual Model: Leading, Managing and Governing for Results*
- ❑ **J:** *Governing Practices at the Health Facility Level*
- ❑ **K:** *Commitment versus Compliance*



SAM  
DAY I  
SCHEDULE

## STAKEHOLDER ALIGNMENT MEETING DAY ONE

- A. Setting the Stage
- B. Getting to Know LDP+
- C. Empowerment and Expert Models of Development
- D. What Do Leaders Do?

— LUNCH BREAK —

- E Exploring the Priority Health Area
- F Creating a Shared Vision of Success

Closing

## A. Setting the Stage: Welcome, Meeting Overview, Introductions, and Expectations

*Through this discussion, participants begin to understand the purpose, agenda, and expectations of the LDP+.*

- **DURATION** 45 minutes
- **MATERIALS**  Flipchart with the meeting purpose, objectives, agenda, and schedule
- **PROCESS:**

**STEP 1.** Register participants  
(complete before the formal opening, if possible)

**STEP 2.** Welcome and introduce participants (30 minutes)

**WELCOME** everyone and use the prepared flipchart to explain the purpose, objectives, and agenda of the meeting.

Have participants and facilitators introduce themselves.

**SHOW** the schedule for Day I of the meeting.

**STEP 3.** Identify expectations and concerns (10 minutes)

- ASK:**
- What do you know about the LDP+?*
  - What are your expectations for this meeting?*
  - What concerns do you have about the meeting?*

**CAPTURE RESPONSES** on a flipchart and address concerns as you are able. For concerns that you cannot immediately address, **WRITE** them on a “parking lot” poster to come back to later in the program.

**STEP 4.** Distribute handout with meeting purpose, objectives, agenda, and schedule (5 minutes)

**SAY:** *Let's review the meeting purpose, objectives, agenda and schedule. This information may address some of your concerns.*

## B. Getting to Know the LDP+

*Through this activity, participants understand the structure, components, and critical success factors of the LDP+.*

- **DURATION** 30 minutes
- **MATERIALS**  Handout: **A** *LDP+ Overview*
- **PROCESS:**

### STEP 1. Present the overview of the LDP+ (15 min.)

USE Handout **A** *LDP+ Overview* to explain the structure, components, and critical success factors of the LDP+.

### STEP 2. Explore the value of the LDP+ (15 min.)

**ASK:** *How do you think the LDP+ could help improve health results in this locality?*

**CAPTURE RESPONSES** on a flipchart.



## C. Empowerment and Expert Models of Development

*Through this exercise, participants will distinguish the LDP+ approach from other approaches to leadership development.*

➤ **DURATION** 45 minutes

➤ **MATERIALS**

- ❑ Prepared flipchart with *Expert Model* written on it
- ❑ Prepared flipchart with *Empowerment Model* written on it
- ❑ Handout: **B** *Two Models of Development*
- ❑ Blank flipchart

➤ **PROCESS:**

### STEP 1. Presentation of two models (15 minutes)

**SAY:** *This exercise helps people who want to achieve sustainable development to distinguish between two views on human development: the Expert Model and the Empowerment Model.*

**SHOW** the two flipcharts and say the following about problems in development:

**SAY:** *The Expert Model assumes that someone, either outside or inside a difficult situation, already knows the solution to the problem. That person can fix the problem by transferring his or her knowledge to others involved in the situation and having them use it.*

*The Empowerment Model assumes that the solution to the problem is complex. A solution can only be achieved by enabling those involved to understand the problem and participate in developing the solution.*

### STEP 2. Small group discussion (15 minutes)

**DISTRIBUTE** copies of Handout **B** *Two Models of Development*.

Ask the participants to form small teams of three to five at a table. The teams should be a mix of individuals from different levels.

Ask teams to answer the following questions for each model by indicating the organizational level responsible for activities that support service delivery.

**SAY:** Consider staff at the central, provincial, district, or facility level:

- Who would analyze the current situation and set the priorities?
- Who would do the planning and set the goals?
- Who would supervise the activities?
- Who would monitor and evaluate the results?
- Who would be responsible for results and, if successful, take the credit?

### STEP 3. Large group discussion (15 minutes)

In the large group, ask for two or more examples of challenges in service delivery to present to the group.

**WRITE** the examples on the flipchart.

**ASK:** What are the benefits of that model?

**SAY:** The LDP+ follows an Empowerment Model of development. It draws on the understanding and participation of those in the situation to come up with solutions to the challenges they face.

## D. What Do Leaders Do?

Through this discussion, participants use their own experiences to understand the the Practices of Leading, Managing and Governing. Participants will gain a shared understanding that leading and managing practices are carried out at all levels in an organization.

➤ **DURATION** 1 hour 15 minutes

- **MATERIALS**
- ❑ Handouts: **C** *The Practices of Leading, Managing and Governing*; **D** *Integrated Processes of Managing and Leading*
  - ❑ Prepared flipchart (covered) with the definition:  
*A Manager Who Leads is someone who mobilizes others to envision and realize a better future for all and who plans and used resources efficiently to produce intended results.*
  - ❑ Nine prepared flipcharts posted around the room, but covered (folded over). Each should have a heading, as follows: Scanning, Focusing, Aligning and Mobilizing, Inspiring, Planning, Organizing, Implementing, Monitoring and Evaluating, and Other.
  - ❑ Half sheets of paper
  - ❑ Self-stick note cards

➤ **PROCESS:**

### STEP I. Introduce 'Managers Who Lead' (15 minutes)

**SAY:** *This morning we are going to explore what it means to lead and manage. We will talk more about what it means to govern later in the program.*

**SAY:** *Give me some names of people who you consider a leader.*

Take responses from some participants.

---

**NOTE:** Repeat the instructions if participants start to give you definitions of leadership. You want the participants to name people.

---

**ASK:** *Can one be a leader when not in a position of power?*

*Some people think that one has to have charisma (check if this word is known) to be a leader. What do you think?*

**SAY:** *Leading solely through a powerful position or appealing personality is not the type of leading that we will explore in this program.*

*We are going to talk about leading as an activity or practice that people at every level of an organization can engage in.*

## STEP 2. Individually reflect on what it means to lead (15 minutes)

**SHOW** the flipchart you prepared with this definition: *A Manager Who Leads is someone who mobilizes others to envision and realize a better future for all and who plans and used resources efficiently to produce intended results.*

**ASK:** *What would it be like if you had people who lead and manage well at all levels in your sector/system/organization?*

*What would be possible that is now not possible?*

Answers will probably confirm the need for this activity at every level of an organization. Be sure it is clear that everyone, not just managers, needs to lead.

Start a discussion.

**SAY:** *Now we are going to see if the practices of managing and leading that we have found in our research, are valid for you as well.*

*To do this, we will look at people who are excellent managers who lead.*

*This time we are going to take examples only of people you know personally and learn about their practices.*

## STEP 3. Discuss leading practices (15 minutes)

**SAY:** *Think of a person (still alive or dead), who you have known up close and who you consider to be a good 'manager-who-leads'.*

*Visualize this person in action and write down the kinds of things this person did that show that s/he is a good example of what we understand good managing and good leading to be.*

---

**NOTE:** It is important to visit each group to make sure people are not writing characteristics such as “integrity” or “motivation.” Coach them to write specific practices with verbs in them, such as “listens to people at all levels,” or “gives feedback when needed.”

---

Have participants share at their tables and come to agreement on actions that are good examples of managing and leading in their context. Ask them to write each on the pieces of paper provided in a few words, using large capital letters. Encourage them to add any details in small letters on the back.

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**NOTE:** When groups start writing their note cards, catch any that are not actions and clarify that they are not looking at personality characteristics or even values—they are simply looking at actions. The more you catch before the plenary, the fewer problems you will have in the next exercise.

---

**NOTE:** Remind the participants that this is not a theoretical exercise. Whatever they put on their cards should be behaviors and actions they have witnessed. Often groups, especially intellectuals, stray into ‘shoulds’ and ‘oughts’ rather than what they have observed.

---

**STEP 4.** Put leading, managing, and governance in context (5 minutes)

**SAY:** *Leading, managing, and governing are interdependent and closely linked. They reinforce each other and interact to achieve a desired result.*

*Today we looking at the first two elements—leading and managing—in order see whether these practices ring true for managers who lead in your context. Later, we will focus on governance: the element that has special meaning for the Governing Body.*

**STEP 5.** Explain the leading practices and compare the practices to the actions identified (10 minutes)

**UNCOVER** the headings on the flipchart pages with the four leading practices that are posted around the room.

**SAY:** *There are four leading practices. They are scanning, focusing, aligning and mobilizing, and inspiring.*

*Let's look at each one.*

Ask the participants what each word means to them. Ask for examples and, if necessary, provide examples yourself. If needed, provide the definitions below:

- **Scanning.** *Identifying internal and external conditions that influence desired results.*
- **Focusing.** *Directing attention and efforts to priority challenges and actions.*
- **Aligning and mobilizing.** *Uniting and motivating internal and external stakeholders to commit resources to support desired results.*
- **Inspiring.** *Creating a climate of commitment and continuous improvement.*

**SAY:** *Everyone please stand up with your note cards from the previous exercise. Stick each one on the flipchart page that best describes the practice you identified.*

*Use the flipchart marked “Other” for practices that do not seem to fit under any of the eight headings.*

---

**NOTE:** Check what people put on the ‘Other’ flipchart. Many times, these are personality traits.

---

**STEP 6.** Explain the managing practices and compare the practices to the actions identified (10 minutes)

After reviewing the leading practices, **UNCOVER** the remaining five flipchart headings.

**SAY:** *In addition to the leading practices, there are four managing practices. They are planning, organizing, implementing, and monitoring and evaluating.*

*Now let’s look at each of the managing practices.*

Ask the participants what each word means to them. Ask for examples and, if necessary, provide examples yourself. If needed, provide the definitions below:

- SAY:**
- **Planning.** *Preparing a set of activities, timeline, and accountabilities to meet goals.*
  - **Organizing.** *Developing structures, systems, and processes to support the plan of action.*
  - **Implementing.** *Carrying out and adapting the plan of action while coordinating related activities.*
  - **Monitoring and evaluating.** *Observing, examining, and assessing progress.*

**SAY:** *Everyone please stand up with and review the cards you posted.*

**ASK:** *Do any of the cards placed on the “Other” flipchart belong under the managing practices? Are any of the cards you posted under the leading practices better described by the managing practices?*

**SAY:** *Please move the cards between the flipcharts as you wish.*

After all the note cards are posted, **READ ALOUD** (or have one of the participants read) the practices on each flipchart.

Then check those on the “Other” flipchart and see if they fit on one of the other flipcharts.

---

**NOTE:** If people disagree on where to put a card, ask the group that produced it about what they meant. Ideally, the “Other” flipchart will be empty after this step is completed.

---

If the size of the group and the space allow this, invite people to **WALK** around the room with you as you read the notes on each flipchart.

## STEP 7. Review the Practices (5 minutes)

**DISTRIBUTE** copies of the Handout **C** *The Practices of Leading, Managing and Governing* and Handout **D** *Integrated Processes of Managing and Leading*.

**SAY:** *In 2001, managers around the world were interviewed and asked about public health leaders they see as an example to others. By asking them what these leaders did, the practices were identified.*

**SAY:** *The Improvement Teams will also work on how gender influences the way men and women exercise the leading and managing practices and how their teams can support gender equity in leadership development.*

**POINT OUT** to participants that this morning they have addressed two of the three categories of practices of managers who lead. Remind them again that they will explore the third category – governing practices – and the governing body’s role of ensuring gender equity in leadership development in tomorrow’s session.

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**NOTE:** By presenting the *Integrated Processes and Practices* after the groups create their key practices, you affirm the group members’ experiences with good leading and managing practices.

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**TIP:** Participants can find more information on the leading and managing practices, and more, on the LeaderNet blog (<http://leadernet.org/blog/>) and through the publication *ABCs for Managers who Lead* (<http://leadernet.org/resource/abcs-for-managers-who-lead/>).

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## E. Exploring the Priority Health Area

*Through this exercise, the participants are informed of a shared health focus for all the participating LDP+ Improvement Teams. It ensures that a successful LDP+ will contribute to a health area that is of great importance to the government and the public health community.*

➤ **DURATION** 1 hour 15 minutes

➤ **MATERIALS**

- Prepared flipcharts with national data and, as much as possible, regional and local data on the priority health area selected for the LDP+. Include:
  - Prevalence of the health conditions or diseases relevant to the priority health area
  - Government policies in this health area
  - 2–3 proven interventions that the government is promoting
  - 2–3 national/regional indicators

➤ **PROCESS:**

### STEP 1. Present data on the priority health area (45 minutes)

Inform participants of the priority health area that has been proposed as the focus for the LDP+ and the reasons for its selection.

---

**NOTE:** Prior to the SAM, the health area, health indicators and geographical area are proposed by the LDP+ Champion and decided by the Governing Body.

---

Have the LDP+ Champion use the prepared flipcharts to present national and regional data on prevalence, policies, proven interventions, and indicators regarding the health area.

### STEP 2. Consider the role of leading and managing practices (30 minutes)

**ASK:** *How do you think the leading and managing practices we talked about this morning could help local Improvement Teams to contribute to the national goals?*



*Which leading and managing practices could be used more effectively to achieve results in this health area?*

**CAPTURE** responses on a flipchart.

**SAY:** *As we work through the Challenge Model, you will begin to see how these leading and managing practices will be applied by teams throughout the LDP+ process.*

## F. Creating a Shared Vision of Success

*This exercise helps participants imagine a future they want to create in the priority health area.*

- **DURATION** 1 hour 30 minutes
- **MATERIALS**
  - ❑ “Seeds of Success” video about Aswan (make sure to test the projector, sound, and video beforehand). To access the video, go to the URL <https://www.youtube.com/watch?v=0olfkUmyiaY>.
  - ❑ Paper for participants to write on
  - ❑ Several blank flipcharts in the front of the room
  - ❑ Colored markers
- **PROCESS:**

### STEP 1. Watch and discuss the video “Seeds of Success” (30 minutes)

Introduce and **SHOW** the video. In the large group:

**SAY:** *Turn to one of your neighbors and talk for a few minutes about what stands out in this video as being relevant to your country or institution.*

Take some ideas from the whole group.

### STEP 2. Imagine the future (10 minutes)

**SAY:** *Now we will create a shared vision of success for our priority health area in our district/region.*

*Free your mind from distractions. Give your mind the freedom to dream of the future and to create a picture of your dream.*

*Relax, sit comfortably in your chair, and close your eyes or find a point a few meters in front of you to stare at to avoid such distractions.*

*If the story of the Aswan health workers inspires you, think for a minute about what you would like to see in your own health system.*

*Suppose there is a video made after the completion of the LDP+. All of your dreams have come true.*

*You have been very successful at developing leaders at all levels in the Improvement Teams.*

**ASK:** *What will you want to see shown in that video?*

*What will change for beneficiaries? For health providers? For health services?*

Tell participants to imagine an ideal future and **WRITE** it down.

### STEP 3. Integrate your vision with another one (15 minutes)

Ask the participants to form pairs and then share their visions with each other:

**SAY:** *Now combine your visions to arrive at one shared vision, using the best parts of each.*

Ask the participants to form groups of four (composed of two pairs) and share their combined visions with each other:

**SAY:** *Now combine these visions further to arrive at one shared vision for each group of four people.*

### STEP 4. Record the key elements of all the vision statements (15 minutes)

With the whole group:

**ASK:** *Would each group of four please present its combined vision?*

**RECORD** the key elements or phrases of each vision statement on a flipchart.

Review the elements and **CONSOLIDATE** them to eliminate overlaps.

### STEP 5. Prioritize the elements (15 minutes)

- If the list is long, ask each participant to choose the elements that s/he considers most critical.
- **RECORD** them on a flipchart.
- If an element is repeated in identical form, **PUT A CHECK MARK** next to it each time it is repeated.
- Identify the three elements of the vision that were chosen most often.
- Check with the entire group to see if these three elements or phrases correspond to their visions.

## STEP 6. Present the shared vision statement (5 minutes)

If this is the last session before a long break (lunch or overnight) ask a few people to create a statement using the elements selected and present it to the others when they reconvene. If there is no break, leave the elements up in front and refer to them as relevant during the coming sessions.

## CLOSING: 30 minutes

To the entire group:

**ASK:** *What did you learn today? What stands out for you?*

*Take about five minutes to write down your answers.*

*When you are done, discuss your answers with a person next to you.*

After about 10 minutes, address the entire group:

**SAY:** *Would each pair please share one of your answers with the group? We will go around the room.*

Listen carefully and thank participants for their thoughtful answers.

**SAY:** *Tomorrow we will focus on what needs to be done to launch the LDP+ successfully in your organization.*

*We will work through a step-by-step model for meeting challenges and achieving public health results.*

*We will explore the governing practices that work together with leading and managing practices to achieve public health results.*

*And we will discuss the first steps that the Governing Body will take to lead this LDP+ effort.*

**SAY:** *It is critical to create a shared understanding and a firm commitment in this group in order to launch an effective LDP+.*





SAM  
DAY 2  
SCHEDULE

## STAKEHOLDER ALIGNMENT MEETING DAY TWO

- A. Settling In and Morning Reflection
- B. Introducing the Challenge Model
- C. Analyzing the Current Situation
- D. Developing a Measurable Result
- E. Identifying Obstacles to Achieving the Result
- F. Diagnosing Root Causes: The Five Whys Technique
- LUNCH BREAK —
- G. Applying Governing Practices
- H. Gaining Commitment, Not Just Compliance
- I. Next Steps for the Governing Body and Closing

## A. Settling In and Morning Reflection

*In this session, participants build continuity between yesterday's and today's activities.*

➤ **DURATION** 30 minutes

➤ **MATERIALS**  Prepared flipchart with Day 2 agenda

➤ **PROCESS:**

Going around the room

**ASK:** *How are you?*

Give everyone a chance to answer in two words.

**ASK:** *What stands out for you from yesterday? What did you think about when you went home?*

Take a few responses.

**ASK:** *Are there questions or other reflections about yesterday that anyone would like to share?*

Take a few responses.

**PRESENT** the agenda for Day 2.



## B. Introducing the Challenge Model

*This exercise provides participants with a brief overview of the Challenge Model.*

- **DURATION** 30 minutes
- **MATERIALS**
  - ❑ Prepared flipchart with the Challenge Model drawn on it
  - ❑ Handouts: **E** *The Challenge Model*; **F** *Using the Challenge Model*
- **PROCESS:**

### STEP 1 Explain the difference between challenges and problems (5 minutes)

**SAY:** *A problem is “out there” and is often blamed on external forces.*

*A challenge is something you own and take on. It involves a result that you are committed to achieving.*

*You can state a challenge as a question: “How can we achieve the result we want to achieve in the face of obstacles we have to overcome?”*

Check for understanding by asking if the difference is clear:

Encourage participants to think about whether problems they identify can be seen as challenges that they are willing to own and that they can use their leading, managing, and governing skills to address.

### STEP 2. Introduce the steps of the Challenge Model (20 minutes)

**SAY:** *The Challenge Model will help Improvement Teams to meet a challenge by moving from vision to action. It will enable them to know where they currently are and determine where they want to go before deciding on a plan of action.*

---

**TIP:** To guide the participants through the steps of using the model, point out its parts, one by one, on the flipchart.

---

**POINT** to the priority health area at the top of the Challenge Model.

**SAY:** *Yesterday you completed Step 1, acquiring information about the selected priority health area.*

*You looked at disease prevalence, national (and regional) priorities, indicators, and a few proven health interventions.*

*Each Improvement Team will carry out Step 1 and review the data about the priority health area in the same way that you did.*

**POINT** to the vision “cloud.”

**SAY:** *You also completed Step 2, creating a shared vision of the future.*

*Each Improvement Team will create a shared vision in an exercise like the one you experienced. This vision will inspire the teams to face new challenges.*

**POINT** to the current situation.

**SAY:** *In Step 3, Improvement Teams will assess their current situation in relation to the priority health area by scanning their internal and external environments.*

*They will consider positive and negative factors in the environment that can affect their ability to move towards their vision and to contribute to the priority health area goals.*

**POINT** to the measurable result.

**SAY:** *In Step 4, the Improvement Teams will use the priority health area indicators and their understanding of the current situation to agree on one measurable result that will move them closer to the vision.*

*Each team will be committed to achieving its measurable result in the next six to eight months. The result should be a “stretch” for the team.*

*Teams will choose one or more key indicators and track those indicators. This is how they will monitor progress toward their measurable result and evaluate their achievements at the end of their LDP+ experience.*

**POINT** to the obstacles and root causes.

**SAY:** *In Step 5, the teams will identify the obstacles that they have to overcome to reach their result.*

*They will use a tool to analyze the root, or underlying, causes of these obstacles so that they can address these causes in their Action Plans.*

**POINT** to the bottom of the Challenge Model.

**SAY:** *In Step 6, the teams will produce a written statement of their challenge, citing the result they plan to achieve in light of the obstacles they will face.*

**POINT** to the Priority Actions section in the Challenge Model.

**SAY:** *In Step 7, the teams will select priority actions to address the root causes.*

**SAY:** *In Step 8, the teams will develop their Action Plans.*

*These plans will include the human, material, and financial resources needed and timelines for implementing their priority actions.*

*The plans will include activities to monitor progress toward their results.*

*They will monitor their progress and evaluate their results according to indicators that they have identified.*

*Monitoring their progress will help them adjust their plans, if needed, to keep moving toward their intended results.*

*Evaluating their results will help them look back at positive and negative factors in meeting their challenge. And it will help them use their learning to meet future challenges in this and other priority health areas.*

### STEP 3. Introduce the handout (5 minutes)

**DISTRIBUTE** copies of Handout **E** *The Challenge Model* and Handout **F** *Using the Challenge Model*.

**SAY:** *This handout explains the steps we just reviewed.*

*The Improvement Teams will also receive copies of this handout to guide them in filling out their Challenge Models.*

*They will begin to fill out the Challenge Models in the workshops and complete them at their work sites.*

**SAY:** *Now you will have the opportunity to complete more of these steps in your own Challenge Model, to get a sense of what the Improvement Teams will be experiencing.*

## C. Analyzing the Current Situation

*In this exercise, participants develop an initial, detailed description of the conditions that can affect progress towards improved indicators in the priority health area.*

- **DURATION** 45 minutes
- **MATERIALS**
  - ❑ Prepared flipchart with the Challenge Model drawn on it
  - ❑ Flipchart with priority health area indicators
  - ❑ Flipchart paper for small groups
- **PROCESS:**

### STEP I. Describe internal and external environments (30 minutes)

**POINT** at “Current Situation” on the Challenge Model flipchart.

Have participants look at the flipchart with the priority health area indicators and agree on one indicator to use as an example for this exercise.

Have participants divide into groups of five or six people, with at least one group to discuss the internal environment and the at least one group to discuss the external environment regarding that indicator. If there are more than two groups, assign odd-numbered groups to discuss the internal environment and even-numbered groups to discuss the external environment.

**SAY:** *In your small group, consider the indicator that you have agreed on for the priority health area.*

*As a group, consider the positive and negative factors that could make it easier or harder for the LDP+ Improvement Teams to contribute to improving that indicator.*

*Write your ideas on flipcharts, separating them into positive and negative factors.*

Offer suggestions to each group.

- The internal environment group, for example, might look at such factors as organizational and personal needs, concerns, time available, and strengths and weaknesses that will affect your new role as Governing Body supporting the LDP+.
- The external environment group might look at such factors as access to and quality of services, community priorities, human and financial resources, and government policies and laws.

**SAY:** *You may not know all the details without doing more scanning to collect missing data or checking the truth of your assumptions. But you can use your combined experience and knowledge to give a reasonably accurate picture of the current situation.*

---

**NOTE:** You can remind the participants that these are only examples. Encourage them to come up with other factors that could have an effect on the implementation of the LDP+.

---

**STEP 2. Share and learn (15 minutes)**

Invite each small group to come to the front and **PRESENT** the results of their group work.

---

**NOTE:** Be sure to ask questions about and clarify the results that are presented so that everyone learns from each example.

---

## D. Developing a Measurable Result

Participants use what they have learned about their current situation to select a result for this LDP+ that is SMART: Specific, Measurable, Appropriate, Realistic, and Time-bound.

➤ **DURATION** 45 minutes

- **MATERIALS**
- ❑ Handout: **G** *Developing SMART Results*
  - ❑ Prepared flipchart with the Challenge Model drawn on it
  - ❑ Prepared flipchart with 2–3 indicators from the presentation on the priority health area
  - ❑ Blank flipchart

➤ **PROCESS:**

### STEP I. Propose measurable results for the LDP+ (10 minutes)

**POINT** at “Current Situation” and “Measurable Result” on the Challenge Model flipchart.

Then **POINT** at the indicators from the presentation on the priority health area.

**ASK:** *Given the current situation you just described, what might be a result that would indicate movement toward one of these indicators? It’s very important that the result can be measured. You need to be able to know for sure that you are making progress.*

Have participants brainstorm possible results. **WRITE** four or five of their responses on a blank flipchart.

---

**NOTE:** People will often answer using action verbs (for example, to train, to improve, to collect). Emphasize that a result is not an action or activity, but refers to the outcome of the activity, such as the number of patients served.

---

## STEP 2. Revise the results to meet the SMART criteria (20 minutes)

**SAY:** *There are five criteria essential to an LDP+ result that a team can achieve and measure. The result must be SMART: Specific, Measurable, Appropriate, Realistic, and Time-bound.*

**DISTRIBUTE** Handout **G** *Developing SMART Results*. Review the S, M, A, R, and T of SMART criteria and present examples of SMART results. Form 4–5 small groups, assigning one group to cover each result on the flipchart.

---

**NOTE:** In some cases, participants may be familiar with A and R instead referring to Achievable and Relevant, but the meaning is the same.

---

**SAY:** *Look closely at the result your group is considering. Go through the SMART criteria one by one and decide whether your result meets each criterion.*

*If it does not, revise it to make it SMARTer.*

Coach groups individually if they need help.

In plenary, invite each group to present its result. Determine together whether each result meets the SMART criteria.

## STEP 3. Establish a baseline (15 minutes)

**SAY:** *In order to be measurable, the result must contain an indicator, a marker of change over time. The result states the goal, that is, the value of the indicator that the team is aiming for at the end of the LDP+.*

*The result also includes a baseline value for the indicator at the beginning of the LDP+, before activities begin.*

*Gathering baseline data provides the starting point for tracking changes in the indicator over the life of an Action Plan.*

*Improvement Teams can obtain baseline data for their indicators from such documents as the Demographic and Health Survey, service statistics, the national or regional Health Information System, or Health Management Information System.*

*They will then track the indicator month by month (if possible or regularly) to show progress towards their desired results.*

Have participants return to their small groups to work on establishing a baseline for an indicator of their SMART result.

**SAY:** *You may not have access to data sources today, but you do have general knowledge of the priority health area and the current situation in your [district/region].*

*Use what you know to come up with a possible baseline value for your indicator. Be ready to explain why you chose that figure.*

In plenary, have each group **PRESENT** their baseline and explain their choice.



## E. Identifying Obstacles to Achieving the Result

*This exercise helps participants identify the work needed to be done to achieve the desired measurable result.*

- **DURATION** 45 minutes
- **MATERIALS**
  - ❑ Tape to stick papers to the wall
  - ❑ Half sheets of paper, enough to give each team three pieces
  - ❑ Markers for each group
- **PROCESS:**

### STEP I. Identify the obstacles to reaching the result (30 minutes)

Have participants work in their small groups.

**SAY:** *Think about the SMART result your group has defined.*

**ASK:** *Since you have all agreed that this result is important for the success of the LDP+, why aren't you already there?*

*What is blocking the way to this result? What are the obstacles?*

*Consider the four categories into which most public health obstacles fall:*

- *Policies and procedures*
- *Providers*
- *Equipment, infrastructure, and supplies*
- *Clients and communities.*

*Select obstacles that that you can influence. For example, lack of resources from others or widespread poverty is probably not something you can influence.*

**SAY:** *Talk in your small groups and agree on the three most important obstacles to your desired measurable result.*

**WRITE** each obstacle on a separate piece of paper.

---

**NOTE:** Circulate and check to make sure you do not get a list of vague descriptions, such as “lack of human resources.” If you see these kinds of obstacles, help the teams analyze more deeply by asking, “Why is that?”

---

## STEP 2. Select one critical obstacle for root cause analysis (15 minutes)

Synthesize small-group lists.

- Each group reads aloud its three most critical obstacles and **POSTS** the sheets of paper on the wall.
- The large group **CLUSTERS** similar obstacles together and agrees on one obstacle to use as an example for root cause analysis.

**SAY:** *Through our next activity, we can make sure that LDP+ Action Plans will address the root causes of our obstacle and not simply the symptoms of the root causes.*

## F. Diagnosing Root Causes: The Five Whys Technique

*This exercise helps participants to tell the difference between presenting symptoms and root causes and then to diagnose the root causes of an obstacle.*

- **DURATION** 45 minutes
- **MATERIALS**
  - ❑ Handout: **H** *The Five Whys Technique*
  - ❑ Blank flipcharts, one for each small group
- **PROCESS:**

### STEP I. Introduce the concept of root cause analysis (10 minutes)

In the large group:

**SAY:** *You have identified the main obstacles to achieving a desired measurable result that is tied to public health priorities, to your vision, and to your current situation.*

*Prior to developing an Action Plan, it is time to take a close look at the root causes for these obstacles.*

*The better the analysis, the better the Action Plan.*

On a flipchart, **DRAW** a tree with its roots showing.

**ASK:** *What does this picture have to do with the leading practice of focusing?*

Take responses until someone mentions root cause analysis.

**ASK:** *Does anyone know what root cause analysis is?*

Take responses and encourage (“very good,” “that makes sense,” and so on) explanations of root cause that are correct or nearly so.

**SAY:** *Root cause analysis allows us to look at the reasons that obstacles exist.*

*Root cause analysis allows us to find and correct the underlying causes of obstacles, as opposed to merely dealing with obvious symptoms.*

**SAY:** *One method is to keep asking “Why?” in order to get beneath the symptoms and learn what causes them.*

**WRITE**, on a separate flipchart—one under the other—  
**Why? Why? Why? Why? Why?**

Give an example of how these “Whys” are applied to the causes listed under the four categories of obstacles. Select a cause and

**ASK:**     *Why is this happening?*

Repeat the question after each response to illustrate the technique.

**SAY:**     *It is important to stop at a “Why?” that is within your sphere of influence, not one that is outside of your influence.*

## STEP 2. Practice the Five Whys Technique (20 minutes)

**DISTRIBUTE** copies Handout **H** of *The Five Whys Technique*.

**SAY:**     *For each of the root causes you listed, ask five “Why?” questions.*

*Mark those causes that you feel you can do something about.*

*For example, “poverty” often appears as a root cause. If the answer to “Why are people not coming to the clinic?” is “Because they are poor and uneducated,” rather than asking “Why are they poor and uneducated?” it is better to stop. Continuing to ask “Why?” would not yield actionable information.*

Facilitators should **CIRCULATE** among the teams and listen closely to the teams’ deliberations to make sure they understand the task.

---

**NOTE:** People might want to know if they should always ask “Why?” five times. It is true that sometimes only three “Whys” are enough. When to stop asking “Why?” depends on the answers. If a root cause cannot be acted on, it is better to move up to “Why?” answers that people can do something about.

---

### STEP 3. Report out on progress (15 minutes)

In the large group, invite teams to share the list of the root causes they discovered from their analysis.

**SAY:** *Include only the ones you marked – those you feel you can do something about. These are the root causes to focus on in your Action Plans.*

Discuss any concerns or questions.

Emphasize that teams must address a root cause over which they have control.

**SAY:** *At this point, the teams would develop their challenge statement which will ask the question of how they can achieve their measurable result, given the obstacles in their way. They would then brainstorm priority actions based on the root cause analysis and develop an Action Plan.*

## G. Applying Governing Practices

*Through this activity, participants will understand the governing practices and apply them to the responsibilities of the LDP+ Governing Body.*

➤ **DURATION** 2 hours

➤ **MATERIALS**

- ❑ Prepared flipchart: *Governance is setting strategic direction, establishing policy, raising and allocating resources, and overseeing achievement of results in a way that is responsive to the people an organization serves.*
- ❑ Handouts: **I** *Conceptual Model: Leading, Managing and Governing for Results*; **C** *The Practices of Leading, Managing and Governing*; **J** *Governing Practices at the Health Facility Level*

➤ **PROCESS:**

### STEP I. Put governing into context (15 minutes)

**SAY:** *Yesterday we explored the leading and managing practices. Today we will explore the third element – governing practices.*

Emphasize these points:

- *Leading, managing, and governing are interdependent and reinforce each other.*
- *There is some overlap among leading, managing, and governing. Nevertheless, all three elements are essential to achieving a measurable result.*
- *Effective leadership is a prerequisite for effective governance and effective management.*

Remind participants of the relationship among these three elements of leadership. **DISTRIBUTE** the Handout **I** *Conceptual Model: Leading, Managing and Governing for Results*.

## STEP 2. Introduce governing (15 minutes)

**ASK:** *What does it mean to govern?*

Have participants discuss in pairs the meaning of governing and share their definitions in plenary.

**SHOW** the prepared flipchart labeled “Governance is. . .” and relate it to the definitions that came out of the paired discussions.

Facilitate a conversation about governing bodies.

**ASK:** *What are some examples of governing bodies in our locality?*

**ASK:** *When they are working well, what do governing bodies do?*

**WRITE** responses on a flipchart

## STEP 3. Apply practices of good governance to the LDP+ (60 minutes)

**REFER** back to the Handout **C** *The Practices of Leading, Managing and Governing* and briefly go over each of the four governing practices.

**DIVIDE** participants into four small groups and assign one practice to each group.

**SAY:** *Read the description of your small group’s governing practice.*

*Discuss how this Governing Body can use this practice to support the LDP+.*

*On a piece of flipchart paper, list specific activities related to this practice that the Governing Body will do to support the LDP+.*

In plenary, ask each small group to briefly describe what their practice is and the ways in which the Governing Body will apply it to support the LDP+.

**STEP 4.** Consider how the governing body can contribute to gender equity in leadership development (15 min)

**SAY:** *Women (as a group, not all) have historically been excluded from most formal positions of leadership, authority, and power. They have usually been held responsible for building and maintaining relationships..*

*Men (as a group, not all) have historically held leadership positions with greater authority and formal power. This has enabled men to have more control over the resources needed for important activities.*

**SAY:** *Research has shown that women involvement in leadership is beneficial for health outcomes. We want to empower both women and men to be effective leaders.*

**ASK:** *How can you as governing body empower men and women to become effective leaders and contribute to gender equity in leadership development?*

**WRITE** recommendations on a flipchart and remind participants that these suggestions should be part of the governing body Action Plan.



**STEP 5.** How the teams can apply governance practices at the facility level (15 min)

**SAY:** *We have seen how you, the Governing Body, can apply the practices of good governance as you oversee LDP+ implementation and plan for scale up.*

*These practices are equally important for the Improvement Teams and will form an important part of their workshops.*

*The teams will consider ways in which they can apply governing practices at their level of the system, and they will receive this handout with some examples at the facility level.*

**DISTRIBUTE** Handout J *Governing Practices at the Health Facility Level.*

**POINT OUT** the definitions in the left-hand column, which apply to working groups at all levels.

Bring participants attention to the second column with actions where governing practices are applied specifically to the facility level.

---

**NOTE:** Use an inquiry mode (not prescriptive) when discussing governance with the Governing Body. Emphasize their role in the LDP+ and avoid getting diverted to other roles they play as individuals or as a group.

Be careful with time. If the general discussion of governing practices takes too long, you will not be able to devote enough time to concrete actions the Governing Body will carry out.

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## H. Gaining Commitment, Not Just Compliance

*This exercise increases understanding of the difference between compliance and commitment. It can help a workgroup or group of managers generate commitment to a set of tasks or work plan.*

- **DURATION** 45 minutes
- **MATERIALS**
  - ❑ Paper for participants to write on.
  - ❑ Prepared (covered) flipchart with two columns and the headings: *Commitment* for the left column and *Compliance* for the right. Leave two rows of space above the headings.
  - ❑ Handout: **K** *Commitment versus Compliance*
- **PROCESS:**

### STEP I. Reflect on motivating factors (20 minutes)

Instruct people to get a piece of paper and **DRAW A LINE** in the middle from top to bottom to make two columns.

In the large group:

**SAY:** *Think of a time when you were really committed to doing something.*

*In the left column, write the factors that motivated you.*

(Pause)

*Now think about another situation where you were forced or obliged to do something.*

*Write the factors that motivated you in that situation in the right column.*

(Pause)

*At your table, share what you wrote in each column.*

In the large group:

**ASK:** *What is the difference between the answers in the two columns?*

**COLLECT** a few responses.

**REVEAL** the prepared flipchart with two columns.

**ASK:** *What did you write in the left column?*

**RECORD** each new idea. Repeat for the right column.

**ASK:** *What is the difference between the two lists?*

---

**NOTE:** You will probably find that commitment has internal motivators while compliance has external motivators.

---

**STEP 2.** Discuss the meaning of commitment and compliance  
(15 minutes)

**WRITE** “internal motivators” and “external motivators” above the two lists.

**ASK:** *What is commitment?*

Take some responses and **WRITE** them on a flipchart.

**ASK:** *What is compliance?*

Take some responses and **WRITE** them on a flipchart.

**ASK:** *What is the difference in the types of performance they produce?*

*Why is this distinction important for the improvement project you selected?*

**ASK:** *Are there times when compliance is okay? For what reasons?*

Take some responses.

**DISTRIBUTE** and read aloud, or ask a participant to read, Handout **K** *Commitment versus Compliance*.

---

**NOTE:** Be sure participants understand that in many situations there are good reasons for compliance, especially compliance with medical protocols or government regulations.

---

**SAY:** *Compliance is not always a problem; it just does not inspire innovation and creativity. You need to judge the situation and know what is needed.*

*The real problem is malicious compliance—foot dragging and sabotage.*

Ask for questions or comments. Be sure malicious compliance is part of a group discussion.

### STEP 3. Wrap up and suggestions for practice (10 minutes)

**SAY:** *Think about the implementation of the LDP+ and how to inspire commitment of the LDP+ Improvement teams and stakeholders.*

**COLLECT** a few responses and encourage people to look for more opportunities like them.

## I. Next Steps for the Governing Body and Closing

*This gives members of the Governing Body a clear view of their role in launching the LDP+.*

- **DURATION** 60 minutes
- **MATERIALS**
  - ❑ Handout: **A** LDP+ Overview
  - ❑ Blank flipchart
- **PROCESS:**

### STEP 1. Review responsibilities of the Governing Body (10 minutes)

In plenary, review Handout **A** LDP+ Overview, focusing on the key responsibilities of the Governing Body.

### STEP 2. Confirm decisions already made for LDP+ implementation (20 minutes)

**SAY:** *You can see from the list of responsibilities that this Governing Body plays a very important role in making the LDP+ successful.*

*You can begin by making sure that you are all aware of the key decisions that have already been made:*

- *The priority health area and the 2–3 national/regional indicators*
- *The choice of the geographic area for the LDP+*

**SAY:** *Two important decisions that you still have to make are about the location and membership of the Improvement Teams and selection of the Local Coordinator.*

*Experience has shown that the LDP+ works best when there are between five and eight Improvement Teams all working on the same priority health area.*

**SAY:** *Each team should be made up of between three and six people from the same facility or department. They should be people who usually work together and whose schedules will allow them to attend the four workshops and team meetings together over the next few months.*

*If only two or three members of a larger team can attend the workshops, these participants should plan with their coach to systematically engage the rest of the team in the process.*

**SAY:** *The Local Coordinator is the individual who will provide a communication link between the Improvement Teams and the Technical Coaching Team; manage the operational and logistical aspects of the LDP+ process; and provide organizational and logistical support for Improvement Team workshops and on-site meetings, as needed.*

**ASK:** *Who are your nominations for the Improvement Teams and the Local Coordinator?*

**WRITE** recommendations on a flipchart and ask the participants to vote on the Improvement Teams and the Local Coordinator. Remind participants when selecting the local coordinator and members of the Improvement Teams that gender balance should be taken into account.

---

**NOTE:** Selection of the priority health area and indicators, geographical area, participant teams and LDP+ Coordinator are decisions that have to be proposed by the Master Facilitator and LDP+ Champion and decided by the Governing Body. This discussion should occur before the SAM, in which case the SAM serves to inform the rest of the stakeholders. If any of these decisions have not yet been made, they can be discussed during this session as suggested here.

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### STEP 3. Plan Governing Body activities (15 minutes)

**SAY:** *Now let's talk about how you can best carry out the other Governing Body responsibilities. Here are some questions that may help you plan.*

Lead a discussion of each of the following questions. If you have any information that will help participants answer the questions, share it with them.

When participants have reached agreement, **WRITE** their responses on a flipchart.

**ASK:** *How often and when will the Governing Body meet throughout the LDP+ cycle?*

- *They will need to meet at least one more time (probably halfway through the program) to review the Improvement Teams' progress, after Workshop 3. They will attend the Final Results Presentation in Workshop #4.*

**ASK:** *How will we, the Governing Body, be informed of progress and provide feedback on the process?*

- *The Champion will update them verbally and/or in writing at agreed-on intervals, including the monthly entries on Improvement Teams' monitoring and evaluation graphs.*
- *At the next Governing Body meeting, they will get a full report from the Champion and representatives of the Technical Coaching Team.*
- *They will also hear about progress and issues at the Shared Learning Sessions. They will provide feedback to the Champion and the Technical Coaching Team.*

**ASK:** *How will the Governing Body use the results of the Improvement Teams' work to guide decisions about scaling up the LDP+ process?*

*We will learn about the different ways Improvement Teams can implement the LDP+. We can share that learning with new teams in other parts of the region or country.*

*We will also learn about actions to improve health services that have succeeded at the local level and can be shared with other localities.*

**ASK:** *What do we need to do now to start the LDP+ process?*

- *Appoint a leader of the Governing Body.*
- *Distribute responsibilities among Governing Body members.*

**ASK:** *What are we, the Governing Body, committed to?*

- *Acting as public supporters/sponsors of the LDP+.*
- *Overseeing the progress of the LDP+.*
- *Leading the scale up of the LDP+ process after this initiative ends.*

Guide participants in developing a set of required activities for the Governing Body over the LDP+ time period. Be sure that one member of the Governing Body agrees to assume responsibility for each activity.

#### STEP 4. Close the Stakeholder Alignment Meeting (15 minutes)

Review the responses to questions on the flipchart to be sure that everyone agrees. Tell participants that you will **TYPE** up the responses and **SEND** a copy to each of them.

Review the objectives and expectations expressed at the beginning of the workshop. Solicit participants' reactions to the meeting and additional comments.

End by reminding them of their special obligation and privilege to follow and model the four governing practices: cultivating accountability, engaging stakeholders, setting a shared direction, and stewarding resources.







# LDP+ STAKEHOLDER SCALE UP PLANNING MEETING

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## **FPURPOSE**

*Build commitment of key stakeholders to scale up the LDP+ for developing leaders at all levels of health care organizations that can face challenges and achieve results in a priority health area.*

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## **OBJECTIVES**

- To review the results and learning of the first LDP+ experience, with a discussion of ways to build on successes and avoid what was not successful
- To use the governing practices to: 1) Analyze how the Governing Body has supported the LDP+ and 2) Propose actions that can strengthen team performance, with an emphasis on good governance and gender equity
- To create a new Challenge Model to guide the scale up process
- To make a commitment to address the challenges of improving health outcomes and implementing the LDP+ process over time
- To select the Improvement Teams and a Local Coordinator

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## SCHEDULE

*This section is illustrative for a one-day meeting.*

*Facilitators should schedule a morning and afternoon break each day.*

DAY	
AM	Setting the Stage (50 min.)
	Team's Results Analysis (1 hr. 15 min.)
	Applying Governance Practices (45 min.)
Lunch Break	
PM	Using the Challenge Model to Define the Scale Up Strategy (1 hr.)
	Developing an Action Plan to Implement the Strategy (1 hr.)
	Next Steps for the Governing Body and Closing (1 hr.)

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## FACILITATORS

Facilitation team, led by the Master Facilitator. May include LDP+ Champion and/or coaches.

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## PARTICIPANTS

- Members of the Governing Body
- Members of the Technical Coaching Team:

In some instances, the Governing Body will have already selected a new geographic area and identified senior health system managers from that area to lead the implementation of the next LDP+. The Governing Body may choose to invite these people to participate in this meeting.

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**NOTE:** When selecting members of the Governing Body and Technical Coaching Team, gender balance should be taken into account, trying to have similar number of male and female members in both groups.

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## MEETING OUTCOMES

- A commitment from the Governing Body to oversee and support the scale up of the LDP+
- A complete new Challenge Model with vision and priority actions for scaling up the LDP+ to new geographic areas and/or to address a new health priority, to guide the scale up process
- Defined roles and responsibilities for the scale up of the LDP+
- Selected proven interventions for scale up
- Documented lessons learned from program implementation, from both the Improvement Teams and from the Governing Body

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## MEETING DESIGN

The Governing Body, with support from the Master Facilitator and the LDP+ Champion, will design this one-day meeting. During the meeting the Governing Body will:

- **Review the results and lessons of the first LDP+ experience, with a discussion of ways to build on successes and avoid what was not successful.**
- **Use the governing practices to analyze how the Governing Body has worked and to propose actions that could strengthen their performance in the future.**
- **Decide to continue with the same health area and indicators or make any changes.**
- **Select new geographical areas to scale up the LDP+.**
- **Identify potential key stakeholders: LDP+ Champion, LDP+ Facilitator, Technical Coaching Team members, Local Coordinator, and potential new members of the Governing Body.**
- **Create a new Challenge Model to guide the scale up process.**

The current guide can be adapted to the local needs for this evaluation and scale up meeting. We are proposing to use the Challenge Model to identify effective interventions to scale up the LDP+.

If there are new members, the LDP+ overview and the video “Seeds of Success” that are part of the materials for the Stakeholders Alignment Meeting, are effective tools to use to help orient and align new stakeholders to the LDP+. If you want to change the health priority area or indicators you can also identify appropriated sessions to do that in the Stakeholders Alignment Meeting.

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## PREPARATION

- **Read the facilitator notes for this session.**
- **Work with the Governing Body to prepare the agenda for the meeting and decide:**
  - Continue with the same priority area and indicators. If not, use the Stakeholder Alignment Meeting to incorporate activities to select the priority health area and indicators.
  - Choose which geographical areas will continue to be scaled up in the LDP+.
  - Decide if new people should be invited to be members of the Governing Body and the Technical Coaching Team.
- **Invite people to the meeting**
- **Review the illustrative schedule and objectives and adjust based on the amount of time available.**

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## PREPARATION OF MATERIALS

- Prepare materials required for each session.
- Collect flipcharts from Workshop #4 and improvement team's reporting form to make a summary of results on flipcharts.
- Print copies of all stakeholder scale-up planning meeting handouts, available in the handout section at the back of this guide.
- Create a handout based on the adjusted schedule.

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## MATERIALS

- Flipchart(s), easel, and paper
- Tape
- Colored markers

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## PREPARED FLIPCHARTS

- Flipchart with the meeting purpose, objectives, agenda, and schedule
- Flipcharts which contain the improvement team's results and capture:
  - Summary of improvement team results, in relation to the health priority area indicators
  - Proven health interventions that supported the improvement teams in achieving their results
  - The application of leading, managing, and governing practices during the implementation of the improvement projects.
  - Recommendations developed by the Improvement Teams during Workshop #4 for the Governing Body on how to sustain and scale up the LDP+.
- Flipchart with the following definition:  
*Governance is setting strategic direction, establishing policy, raising and allocating resources, and overseeing achievement of results in a way that is responsive to the people an organization services. Good governing involves openness, transparency, accountability, and participation of the governed in the decision-making process.*
- Flipchart with the Challenge Model drawn on it, with the priority health area and vision developed in the Stakeholders Alignment Meeting
- Flipcharts with a blank Action Plan (Workshop #2)
- Flipchart with tasks:
  - Write a list of all activities needed to complete each priority action.
  - Assign a person to be responsible for each activity.
  - Estimate resources needed to complete the activity.
  - Indicate start and completion dates for each activity.
  - Look back at the Action Plan and make revisions as necessary.

- Flipchart with “Questions to check the quality and logic of your Action Plan”
  - Are there enough activities for each of the priority action?
  - Did you include activities related to your role as Governing Body?
  - Are the activities listed enough to contribute to the achievement of your desired result?
  - Are specific people identified to be responsible for the completion of each activity?
  - Have all the needed resources been identified?
  - Does each activity have a time frame?

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## HANDOUTS

- **A:** *LDP+ Overview*
- **C:** *The Practices of Leading, Managing and Governing*
- **E:** *The Challenge Model*
- **F:** *Using the Challenge Model*
- **L:** *Action Plan for the Improvement Team*



## LDP+ STAKEHOLDER SCALE UP PLANNING MEETING

- A. Setting the Stage
- B. Improvement Team Results Analysis
- C. Applying Governing Practices

— LUNCH BREAK —

- D. Using the Challenge Model to Define the Scale Up Strategy
- E. Developing an Action Plan that Leads to Results
- F. Next Steps for the Governing Body and Closing

## A. Setting the Stage: Welcome, Meeting Overview, Introductions, and Expectations

Through this discussion, participants understand the purpose, agenda, and expectations of the LDP+.

- **DURATION** 50 minutes
- **MATERIALS**
  - ❑ Flipchart with the meeting purpose, objectives, agenda, and schedule
  - ❑ Handout: **A** LDP+ Overview
- **PROCESS:**

### STEP 1. Welcome and introduce participants (15 minutes)

Welcome everyone and **USE** the prepared flipchart to explain the purpose, objectives, and agenda of the meeting.

Have participants and facilitators introduce themselves.

**SHOW** the schedule for Day 1 of the meeting.

### STEP 2. Identify expectations and concerns (15 minutes)

**ASK:** *What are your expectations for this meeting?*

*What concerns do you have about the meeting?*

**CAPTURE** responses on a flipchart and address concerns, as best as you can. For concerns that you cannot immediately address, **WRITE** them on a “parking lot” poster to come back to later during the day.

### STEP 3. Remind the LDP+ structure and components (20 minutes)

**DISTRIBUTE** Handout **A** LDP+ Overview to remind participants of the LDP+ structure and components.

Allow Improvement Team members to describe their experience participating as a Governing Body in the LDP+.



## B. Improvement Team Results Analysis

*In this activity, Improvement Teams' results are presented to the Governing Body and analyzed to make scale up decisions.*

- **DURATION** 1 hour 15 minutes
- **MATERIALS**
  - ❑ Flipchart, Summary of Improvement Team results on the health priority area indicators
  - ❑ Flipchart, Proven health interventions that supported the Improvement Teams in achieving their results
  - ❑ Flipchart, The application of leading, managing, and governing practices during the implementation of the improvement projects
  - ❑ Flipchart, Recommendations developed by the Improvement Teams during Workshop #4 for the Governing Body on how to sustain and scale up the LDP+
- **PROCESS:**

### STEP I. Improvement team results in relation to the health priority area (30 minutes)

**USE THE FIRST FLIPCHART** to present the team results related to the health priority area indicators.

**SAY:** *Here we have the results obtained by the teams related to the health priority area indicators. Let's analyze the results.*

**ASK:** *How many teams did we have? How many achieved their results? How many moved close to their results? What results did we see?  
What surprised you? How do you feel about the experience and the results?  
What explains the successes (or failures)? Why is this important? What lessons can we draw from this?  
How can we create more of these results? How can we create more of these experiences? If we were to repeat this, what would we change?*

**TAKE NOTES** on the flipchart to record the conclusions of the analysis. Keep the flipchart for the last session on next steps.

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**NOTE:**Analyze with participants if there were factors additionally to the LDP+ interventions (leading and managing practices, interventions in their action plans) that could be also contributed to the result (additional training, changes in procedures or supervisory practices unrelated to the action plans).

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**STEP 2.** Proven health interventions that supports the team in achieving their results (30 minutes)

**USE THE SECOND FLIPCHART** to explain the health interventions implemented by the teams. Give concrete examples that can illustrate the interventions.

**SAY:** *Here we have the list of the health interventions the teams used to obtain their results. Let's explain one by one.*

**DIVIDE** the group in sub-groups, one sub-group for each intervention. **DISTRIBUTE** the interventions to the sub-groups. On the flipchart, **WRITE** questions that will facilitate an analysis on how useful the interventions are and if it is worth to disseminate them

**SAY:** *In each group, analyze the intervention I gave you using the following questions:*

- *What evidence do we have of the efficacy of this intervention?*
- *What potential does this intervention have to be scaled to other areas?*
- *Do we recommend scaling up this intervention?*
- *What actions do we recommend to scale up this intervention?*

Give teams 10 minutes to discuss its intervention and reconvene to share their recommendations in plenary. **TAKE NOTES** on the flipchart of the recommendations.

### STEP 3. Application of leading, managing, and governing practices by Improvement Teams (15 minutes)

**USE THE THIRD FLIPCHART** to present the team's application of leading, managing, and governing practices during the implementation of their improvement projects. Share some of the stories told by teams to exemplify how they used leading, managing and governance practices.

**SAY:** *Here we have what the teams shared in Workshop #4 on how they applied leading, managing and governance practices.*

**ASK:** *What observations or comments do we have in terms of teams utilizing leading, managing or governance practices?  
What indicators do we have of these results?  
If not, what caused this?*

**PRESENT THE FOURTH FLIPCHART** and read the recommendations developed by the Improvement Teams during Workshop #4 for the Governing Body on how to sustain and scale up the LDP+.

**ASK:** *What can we do to continue supporting the improvement teams that participated in the LDP+ to continue learning and improving?*

**TAKE NOTES** on the flipchart to record the suggestions on how to continue to support the LDP+ improvement teams. Keep the flipchart for the last session on next steps.

## C. Applying Governing Practices

*In this activity, participants will review how governance practices were applied by the Governing Body during the LDP+ implementation.*

- **DURATION** 45 minutes
- **MATERIALS**
  - ❑ Flipchart that defines governance:  
*Governing is setting strategic direction, establishing policy, raising and allocating resources, and overseeing achievement of results in a way that is responsive to the people an organization serves. Good governing involves openness, transparency, accountability, and participation of the governed in the decision-making process.*
  - ❑ Handout: **C** *The Practices of Leading, Managing and Governing*
- **PROCESS:**

### STEP I. Refresh the concept of governing (10 minutes)

**SAY:** *In our Stakeholders Alignment Meeting, when we started the LDP+ we explored the leading, managing and governance practices and how all three elements are essential to achieving a measurable result. In this session, we will review how you played your governing role and how you applied the governing practices.*

**ASK:** *Do you remember how we defined governing?*

Listen to the answers shared, **SHOW** the flipchart labeled “Governing is...”, and relate the answers shared to these concepts.

**SAY:** *“Governance is setting strategic direction, establishing policy, raising and allocating resources, and overseeing achievement of results in a way that is responsive to the people an organization serves”. Good governing involves openness, transparency, accountability, and participation of the governed in the decision-making process.*

## STEP 2. How we applied the practices of good governance to LDP+ (35 Minutes)

**DISTRIBUTE** Handout **C** *The Practices of Leading, Managing and Governing* and briefly go over each of the four governing practices.

**DIVIDE** participants into pairs or small groups and assign one practice to each group.

**SAY:** *Discuss with your partner how this practice was applied to support the LDP+ initiative.*

In plenary, ask each small group to briefly describe how the practices were applied to support LDP+ and what other activities can be done to support it in the future.

**TAKE NOTES** on the flipchart about specific activities that the governing body did and what can be done to support the scale up of the LDP+.

**SAY:** *We have seen how you and the governing body applied the practices of good governance when overseeing the LDP+ implementation and how you will continue supporting the LDP+. Now we will use the challenge model to define the interventions the governing body will implement to scale up the LDP+.*

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**Note:** Use an inquiry mode (not prescriptive) when discussing governance within the governing body. Emphasize the role of the governing body members in scaling up the LDP+ and avoid getting diverted to the other roles they play as individuals or as a group.

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## D. Using the Challenge Model to Define the Scale Up Strategy

In this exercise, participants agree on a challenge to scale up the LDP+ to new areas.

- **DURATION** 60 minutes
- **MATERIALS**
  - ❑ Flipchart easel and blank flipchart
  - ❑ Prepared flipchart with the Challenge Model, filled with the health priority area and vision developed during the Stakeholders Alignment Meeting
  - ❑ Handouts: **E** *The Challenge Model*; **F** *Using the Challenge Model*
  - ❑ Tape to stick flipcharts to the wall
  - ❑ Markers
- **PROCESS:**

### STEP I. Take the first steps of using the Challenge Model (20 minutes)

Walk through the steps of filling out the Challenge Model to define the LDP+ scale up strategy.

**DISTRIBUTE** the Handout **E** *The Challenge Model* and Handout **F** *Using the Challenge Model*.

**SAY:** *During the LDP+ Stakeholders Alignment Meeting, we used the Challenge Model to define what interventions we will undertake to support the launch of the LDP+. Now that the first roll-out has finalized we will use it again to define the strategy to scale it up.*

**REFER TO** the mission and vision on the filled in Challenge Model flipchart.

**SAY:** *As you can see, the first two steps in the Challenge Model are already filled with your organization's mission, the health priority area you selected, and the LDP+ vision you developed.*

*The next step is to analyze the current situation in order to pick a result that can contribute to the vision.*

**ASK:** *What is the current situation in relation to the LDP+? Take into account what we just analyzed in the previous sessions on improvement team results and Governing Body performance.*

**MAKE A SUMMARY** of the group comments on the current situation and **WRITE** it on the Challenge Model flipchart.

**ASK:** *Taking into account this current situation:*

What can be one measurable result for the Governing Body as a next step to scale up the LDP+?

One example of a Governing Body measurable result could be: By the end of Year XX, one team from each health center in Districts X,Y and Z will have finalized their training on the LDP+ and have implemented their first improvement project.

**TAKE NOTES** on a blank flipchart about the different measurable results, and help the group to select one. When the group reaches a consensus help them refine the result to make it SMART.

**SAY:** *Let's review this result and try to make it is SMART.*

- ASK:**
- **Specific**  
*Is the result clear enough so that others can understand what it will look like when it is accomplished?*
  - **Measurable**  
*Progress towards the result can be measured using numbers, rates, proportions, or percentages.*
  - **Appropriate**  
*Is the result aligned with the priority health area and the goals of your organization and your improvement team?*
  - **Realistic**  
*Can your improvement team achieve this result with your current activities and resources?*
  - **Time-bound**  
*Does your result have a start date and an end date?*

When the result is refined, **WRITE** it on the Challenge Model flipchart.

## STEP 2. Identify obstacles to reaching the result (20 minutes)

**ASK:** *Why aren't we already there?*

*What is blocking the way to this result?*

*What obstacles on the way can be removed by the Governing Body?*

**TAKE NOTES** on a blank flipchart about the different obstacles, and help the group to select the three most important ones. Obstacles can be related to trainers, resources, peoples' time, etc. Make sure they are obstacles that are under the Governing Body's control.

**SAY:** *What are the three most important obstacles that the Governing Body can help remove?*

Continue talking and agree on the three most important obstacles facing the desired result that can be removed by the Governing Body. When you are done, **WRITE** them on the Challenge Model flipchart.

## STEP 3. Define a challenge and select the strategy (20 minutes)

Help the Governing Body write a challenge statement on the flipchart.

**SAY:** *The next step in filling in the Challenge Model is to write the challenge statement, beginning the statement with "How will we achieve X (your result)... in the face of Y (the main obstacles you identified)?"*

*For instance: How can we scale up the LDP+ to X, Y, and Z districts, in light of the scarce number of facilitators and resources?*

**WRITE** the challenge statement at the bottom of the Challenge Model flipchart.

**SAY:** *Now that we have our challenge and obstacles, we need to identify the strategy or priority actions that need to be implemented by the Governing Body to overcome the obstacles.*

**ASK:** *What are the priority actions the Governing Body has to make to overcome the obstacles to scale up the LDP+?*



**TAKE NOTES** on a blank flipchart about the strategy/priority actions, and help the group to select the three most important ones.

Continue talking and agree on the three most important strategies/priority actions that will be implemented by the Governing Body. When you are done, **WRITE** them on the Challenge Model flipchart.

Summarize by **READING** the entire Challenge Model in order: Mission, Priority Health Area, Vision, Current Situation, Measurable Result, Obstacles, Challenge, and Priority Actions.

**SAY:** *Now that we filled in the entire Challenge Model, you know the priority actions you, as a Governing Body, will implement to support the LDP+ scale up. Let's work on a specific Action Plan to implement them.*

## E. Developing an Action Plan that Leads to Results

*This exercise helps to develop an Action Plan that shows the specific activities, timelines, and accountabilities for each of the priority actions.*



### DURATION

60 minutes



### MATERIALS

- ❑ Prepared flipcharts with blank Action Plan
- ❑ Prepared flipchart with tasks:
  - Write a list of all activities needed to complete each priority action.
  - Assign a person to be responsible for each activity.
  - Estimate resources needed to complete the activity.
  - Indicate start and completion dates for each activity.
  - Look back at the Action Plan and make revisions as necessary.
- ❑ Prepared flipchart with “Questions to check the quality and logic of your Action Plan”
  - Are there enough activities for each of the priority actions?
  - Did you include activities related to your role as Governing Body?
  - Are the listed activities enough to contribute to the achievement of your desired result?
  - Are specific people identified to be responsible for the completion of each activity?
  - Have all the needed resources been identified?
  - Does each activity have a time frame?
- ❑ Handout: **L** *Action Plan for the Improvement Team*



### PROCESS:

#### STEP I. Review the Action Plan format (10 minutes)

**SHOW** and explain the prepared flipchart with the five tasks to be completed to fill in the Action Plan.

**DEMONSTRATE** how to complete the Action Plan on the flipchart by giving an example.

## STEP 2. Filling in the Action Plan (50 minutes)

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**NOTE:** Some activities, especially those related to aligning and mobilizing, may not fit under any of the priority actions, but they are still important.

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**SAY:** *First, let's write a list of all activities needed to complete each priority action in the left column, under "Activities."*

Invite participants to give their ideas and **FILL IN** the Action Plan flipchart with suggestions of activities needed to complete each priority action. Recommend about 3-5 activities for each priority action to increase likelihood of follow through.

**ASK:** *In addition to the activities related to the priority actions identified, are there other activities you as a Governing Body have to implement? For instance, activities suggested by the improvement teams or by you when reviewing the role of the Governing Body.*

**SAY:** *Now that we have described all activities needed, let's assign a person to be responsible for each activity.*

**WRITE** on the flipchart the names of the people responsible for each activity.

**SAY:** *Now that we have assigned responsibilities, let's define when each activity should start and when each should be completed.*

**WRITE** on the flipchart the estimated dates to start and finalize each activity.

**SAY:** *Now we need to estimate what resources we will need to complete each activity.*

**WRITE** on the flipchart the estimated resources needed to complete each activity.

**SHOW** the prepared flipchart with the Action Plan.

**SAY:** *Let's now check our draft Action Plan answering the following questions:*

**SHOW** the prepared flipchart "Questions to check the quality and logic of your Action Plan". Review one by one each question and **MAKE CHANGES** to the Action Plan if needed.

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**NOTE:** Improvement teams should not assign an activity to a person who is not in the room.

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## F. Next Steps for the Governing Body and Closing

*This activity will give members of the Governing Body a clear view of the next steps to fill in their role in scaling up the LDP+.*

- **DURATION** 60 minutes
- **MATERIALS**
  - ❑ Handout: **A** LDP+ Overview
  - ❑ Blank flipchart
- **PROCESS:**

### STEP 1. Review responsibilities of the Governing Body (10 minutes)

In plenary, review Handout **A** LDP+ Overview, focusing on the key responsibilities of the Governing Body.

### STEP 2. Confirm decisions already made for LDP+ scaling up (20 minutes)

**SAY:** *You can see from the list of responsibilities that this Governing Body plays a very important role in making LDP+ successful.*

*You can begin by making sure that you are all aware of the key decisions that have already been made:*

- *The priority health area and the 2–3 national/regional indicators*
- *The choice of the geographic area for the next step of scaling up the LDP+*
- *The Local Coordinator to manage LDP+ operations and logistics*

**SAY:** *Two important decisions that you still have to make are about the location and membership of the Improvement Teams and selection of the Local Coordinator.*

*Experience has shown that the LDP+ works best when there are between five and ten Improvement Teams on each roll out, all working on the same priority health area.*

**SAY:** *Each improvement team should be made up of between three and six people from the same facility or department. They should be people who usually work together and whose schedules will allow them to attend the four workshops and team meetings together over the next few months.*

*If only two or three members of a larger team can attend the workshops, these participants should plan with their coach to systematically engage the rest of the team in the process.*

**SAY:** *The Local Coordinator is the individual who will provide a communication link between the Improvement Teams and the Technical Coaching Team; manage the operational and logistical aspects of the LDP+ process; and provide organizational and logistical support for Improvement Team workshops and on-site meetings, as needed.*

**ASK:** *Who are your nominations for the Improvement Teams in each district and who will be the Local Coordinator?*

**WRITE** recommendations on a flip chart and ask the participants to vote on the Improvement Teams and the Local Coordinator. Remind participants when selecting the local coordinator and members of the Improvement Teams that gender balance should be taken into account.

### STEP 3. Plan Governing Body structure and activities (20 minutes)

**SAY:** *Now let's talk about how you can best carry out the other Governing Body responsibilities. Here are some questions that may help you plan.*

Lead a discussion of each of the following questions. If you have any information that will help participants answer the questions, share it with them.

When participants have reached an agreement, **WRITE** their responses on a flipchart.

**ASK:** *Is the current Governing Body structure adequate for meeting the scale up of the LDP+? Is there a need to change or add members? Who should be part of the Governing Body in these new circumstances?*

**ASK:** *How often and when will the Governing Body meet throughout the LDP+ cycle?*

- *They will need to meet to follow up on the implementation plan and to review the Improvement Teams' progress, after Workshop #3. They will attend the Final Results Presentation in Workshop #4.*

**ASK:** *How will we, the Governing Body, be informed of progress and provide feedback on the process?*

- *The Champion will update them verbally and/or in writing at agreed-on intervals, including the monthly entries on Improvement Teams' monitoring and evaluation graphs.*
- *At the next Governing Body meeting, they will get a full report from the Champion and representatives of the Technical Coaching Team.*
- *They will also hear about progress and issues at the Shared Learning Sessions. They will provide feedback to the Champion and the Technical Coaching Team.*

**ASK:** *How will the Governing Body use the results of the Improvement Teams' work to guide decisions about continue the LDP+ scale up process?*

- *We will learn about the different ways Improvement Teams can implement the LDP+. We can share that learning with new teams in other parts of the region or country.*
- *We will also learn about actions to improve health services that have succeeded at the local level and can be shared with other localities.*

**ASK:** *What do we need to do now to start the second phase of the LDP+ scaling up process?*

- *Appoint a leader of the Governing Body.*
- *Distribute responsibilities among Governing Body members.*

**ASK:** *What are we, the Governing Body, committed to?*

- *Acting as public supporters/sponsors of the LDP+.*
- *Overseeing the progress of the LDP+.*
- *Leading the scale up of the LDP+ process after this initiative ends.*

Guide participants in developing a set of required activities for the Governing Body over the LDP+ time period. Be sure that one member of the Governing Body agrees to assume responsibility for each activity. Add these activities to the developed Action Plan.

#### STEP 4. Close the Stakeholder Scale up Meeting (10 minutes)

Review the responses to questions on the flipchart to be sure that everyone agrees. Tell participants that you will **TYPE UP** the responses and **SEND A COPY** to each of them.

Solicit participants' reactions to the meeting and additional comments.

End by reminding them of their special obligation and privilege to follow and model the four governing practices: cultivating accountability, engaging stakeholders, setting a shared direction, and stewarding resources.



# HANDOUTS

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## STAKEHOLDER SCALE UP PLANNING MEETING

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## 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.



## TWO MODELS OF DEVELOPMENT

Indicate the level of staff who should take responsibility for the following activities that support service delivery (i.e., the central, provincial, district, or facility level).

	<b>EXPERT MODEL</b> <i>Model assumes that someone already knows the solution to the problem and can solve it by transferring his or her knowledge to others to implement.</i>	<b>EMPOWERMENT MODEL</b> <i>Model assumes that the challenge is complex and requires the ideas, understanding, and participation of those in the situation.</i>
1. Who would analyze the current situation and set the priorities?		
2. Who would do the planning and set the goals?		
3. Who would supervise the activities?		
4. Who would monitor and evaluate the results?		
5. Who would be responsible for results and, if successful, take the credit?		

# 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 responsibly.*

### 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.*

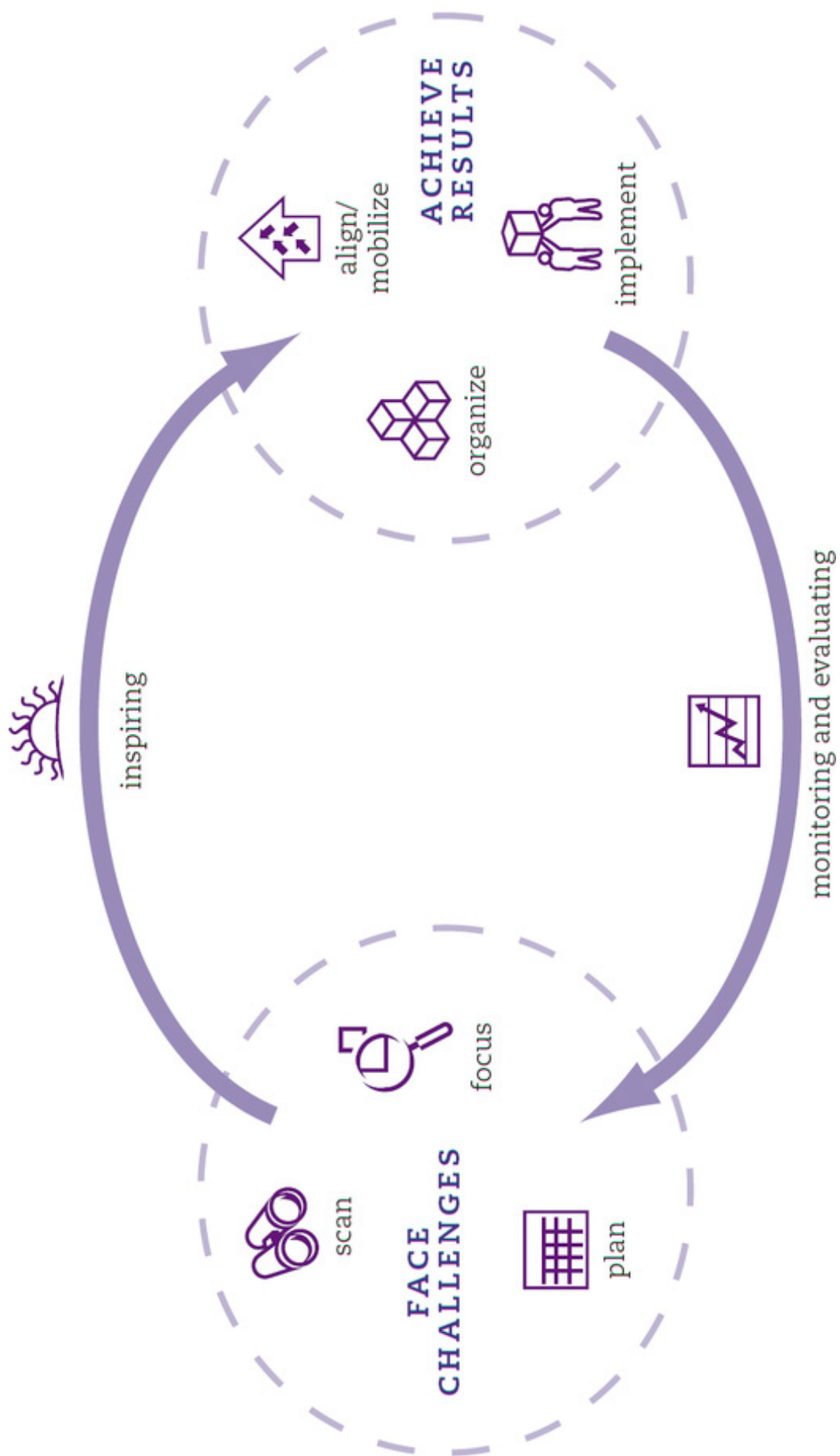
### STEWARD RESOURCES

- 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 its design with the shared goals
- Build capacity to use resources in a way that maximizes the health and well-being of the public
- Inform and allow the public opportunities to monitor 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



## THE CHALLENGE MODEL

Mission/Priority Health Area:

Vision:

Measurable result:

Priority actions

Obstacles and root causes

Current situation:

Challenge:

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[ How will we achieve our desired result in light of the obstacles we need to overcome? ]

## 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:

<p><b>S</b> SPECIFIC</p>	<ul style="list-style-type: none"> <li>❑ Is the result clear so that others can understand what it will look like when it is accomplished?</li> </ul>	<ul style="list-style-type: none"> <li>❑ Does your result have an indicator of what will change over time?</li> <li>❑ Is your result limited to 1 to 2 indicators?</li> </ul>
<p><b>M</b> MEASURABLE</p>	<ul style="list-style-type: none"> <li>❑ Can progress towards the result be measured using numbers, rates, proportions or percentages?</li> </ul>	<ul style="list-style-type: none"> <li>❑ Does the result state a baseline value for the indicator?</li> <li>❑ Does it state a target value for the indicator?</li> <li>❑ Is the indicator expressed in numbers as well as in percentages?</li> </ul>
<p><b>A</b> APPROPRIATE</p>	<ul style="list-style-type: none"> <li>❑ Is the result aligned with the strategic priority of your organization and your team?</li> </ul>	
<p><b>R</b> REALISTIC</p>	<ul style="list-style-type: none"> <li>❑ Can your team achieve this result with your current activities and resources?</li> </ul>	
<p><b>T</b> TIME-BOUND</p>	<ul style="list-style-type: none"> <li>❑ Does your result have a start date and an end date?</li> </ul>	

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).

## 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.

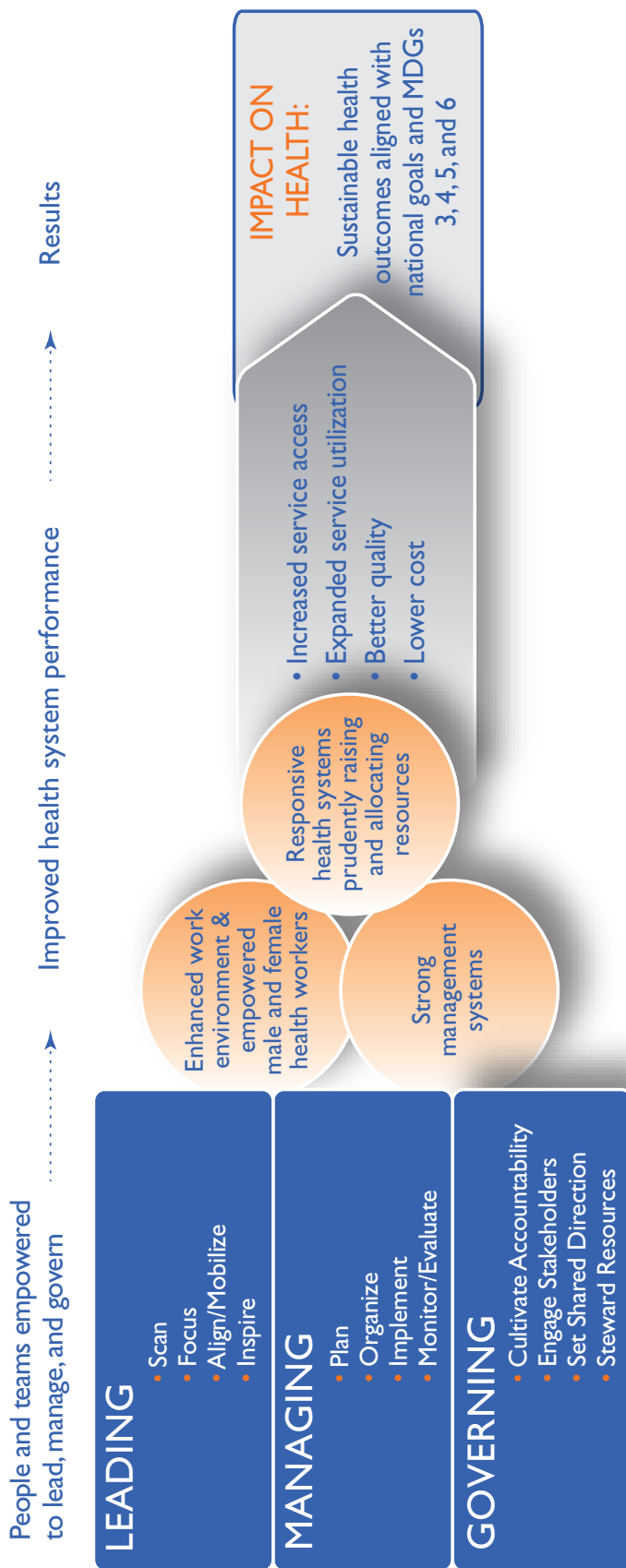
### Note:

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.

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

# CONCEPTUAL MODEL: LEADING, MANAGING AND GOVERNING FOR RESULTS





## 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
<p><b>CULTIVATE ACCOUNTABILITY</b> Create and sustain a culture of accountability by practicing conduct that upholds transparency and integrity.</p>	<ol style="list-style-type: none"> <li>1. Share the Action Plan and advances in the Monitoring and Evaluation plan with all stakeholders</li> <li>2. Reward behaviors that reinforce transparency, integrity, participation, and inclusion.</li> </ol>
<p><b>ENGAGE STAKEHOLDERS</b> Engage and collaborate with all stakeholders to participate in public health decisions that affect their lives.</p>	<ol style="list-style-type: none"> <li>1. Establish a formal consultation mechanism through which staff, clients, and other stakeholders may voice concerns.</li> <li>2. Systematically respond to feedback on services from all stakeholders.</li> <li>3. Give voice to marginalized groups in formal decision-making and oversight structures.</li> </ol>
<p><b>SET SHARED DIRECTION</b> Develop a collective vision of the “ideal state” of a priority health area and a process for reaching it.</p>	<ol style="list-style-type: none"> <li>1. Be sure the shared vision and desired measurable result reflect stakeholders’ needs and priorities.</li> <li>2. Disseminate and oversee the development and implementation of the shared Action Plan to achieve the desired result.</li> <li>3. Establish accountability mechanisms for achieving the result, using well-defined indicators to measure progress.</li> </ol>
<p><b>STEWARD RESOURCES</b> 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.</p>	<ol style="list-style-type: none"> <li>1. Mobilize resources to carry out the facility’s Action Plan.</li> <li>2. Oversee the use of these resources wisely to serve beneficiaries and other stakeholders.</li> <li>3. Provide the public with information and opportunities to monitor the acquisition and deployment of resources.</li> </ol>

## COMMITMENT VERSUS COMPLIANCE

### Commitment — Internally driven

Source of motivation	Feelings	Outcomes
<b>You WANT to do something.</b>		
<ul style="list-style-type: none"> <li>■ You want to do something extraordinary.</li> <li>■ You believe in it.</li> </ul>	<ul style="list-style-type: none"> <li>■ Care about the work</li> <li>■ Determined to persevere in the face of obstacles</li> <li>■ Empowered to overcome obstacles.</li> <li>■ Energetic, bring new possibilities and options to the work.</li> </ul>	<ul style="list-style-type: none"> <li>■ Good results that you are proud of.</li> </ul>

### Compliance — Externally driven

Source of motivation	Feelings	Outcome
<b>You HAVE to do something.</b>		
<p><b>Formal compliance</b> You do just what is required and no more.</p>	<ul style="list-style-type: none"> <li>■ Compliant but not enthusiastic; act to satisfy an external standard or requirement</li> <li>■ Motivated only enough to achieve organizational objectives</li> </ul>	<ul style="list-style-type: none"> <li>■ Do what is expected</li> <li>■ Follow orders and work according to a plan</li> <li>■ Do what one has to, but in a routine way</li> </ul>
<p><b>Noncompliance</b> You don't do what is required.</p>	<ul style="list-style-type: none"> <li>■ Annoyed, frustrated, critical of others, or similar</li> <li>■ Uncooperative, negative; refuse to participate in work activities</li> </ul>	<ul style="list-style-type: none"> <li>■ Insubordination</li> <li>■ No results</li> </ul>
<p><b>Malicious compliance</b> You purposely do the wrong thing, although you may not object openly.</p>	<ul style="list-style-type: none"> <li>■ Resentful and critical, but unwilling to discuss complaints</li> <li>■ Follow the "letter of the law" but undermine desired results</li> </ul>	<ul style="list-style-type: none"> <li>■ Sabotage</li> <li>■ Negative results</li> </ul>

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



# ACTION PLAN FOR THE IMPROVEMENT TEAM

CHALLENGE:	INDICATOR(S):
DESIRED MEASURABLE RESULT:	
PRIORITY ACTIONS:	

Activities	Person Responsible	Start Date	End Date	Resources





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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.

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MSH's staff of more than 2,000 people from almost 70 nations work in: its Cambridge, Massachusetts headquarters; offices in the Washington, DC, area; and 40 country offices. Through technical assistance, research, training, and systems development, MSH is committed to making a lasting difference in global health.

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