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West Africa Leadership and Management Strengthening Project (WA-LEAD)

West Africa (Bobo Dioulasso, Burkina Faso)

Cooperative Agreement
No. 624-A-00-10-00100-00

FINAL REPORT
July 30, 2010 – February 28, 2013

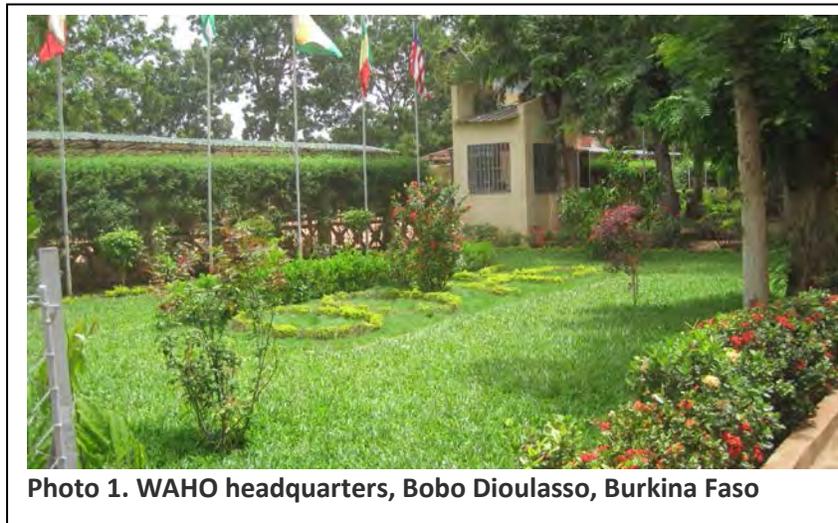
Submitted April 5, 2013



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Cover photos: (top, counterclockwise) Participants of the first Health Information Systems (HIS) Partners Forum, held in Accra, Ghana, April 2011; HIS officials from Côte d'Ivoire, Niger, and Togo presenting their certificates of completion of the Leadership Development Program (LDP) in Dakar, Sénégal, May 2012, alongside the co-facilitators, HIS Professional Officer of the West African Health Organization (WAHO) and the Senior Technical Advisor-Institutional Capacity Building of the West Africa Leadership and Management Strengthening Project (WA-LEAD); WAHO Deputy Director General, WA-LEAD Senior Project Officer, and WAHO Director of Research and HIS address attendees at the WA-LEAD end-of-project meeting held at WAHO headquarters in Bobo Dioulasso, Burkina Faso, February 2013; WAHO staff participating in the second advocacy and communications skills building workshop held in Bobo Dioulasso, February 2013.

Project name: West Africa Leadership and Management Strengthening Project (WA-LEAD)
Cooperative Agreement Number: 624-A-00-10-00100-00



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List of Acronyms

AIDS	Acquired Immune Deficiency Syndrome
DHIS2	District Health Information Software, Version 2
ECOWAS	Economic Community of West African States
HIS	Health Information System
HIV	Human Immunodeficiency Virus
LDP	Leadership Development Program
LMS	Leadership, Management and Sustainability Program
MOU	Memorandum of Understanding
MSH	Management Sciences for Health
STA-ICB	Senior Technical Advisor-Institutional Capacity Building
TOR	Terms of Reference
USAID	United States Agency for International Development
WAHO	West African Health Organization
WA-LEAD	West Africa Leadership and Management Strengthening Project
WHO	World Health Organization

Name of organization:

Management Sciences for Health (MSH)/Leadership, Management and Sustainability (LMS)/West Africa
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Project title:

West Africa Leadership and Management Strengthening Project (WA-LEAD)

Cooperative agreement number: 624-A-00-10-00100-00 (Associate Award to Leadership, Management and Sustainability Program (LMS) Leader)

Budget: \$1,997,396.00

Financial report:

	Amount	Percent of Obligation
WA-LEAD		
Obligated amount	\$1,997,396.00	100%
Project to date through December 31, 2012	<u>\$ 1,577,562.57</u>	
January 2013 expenses	\$112,883.04	
February 2013 expenses	\$46,650.68	
February 2013 Accruals	\$154,109.92	
Project to date through February 28, 2013	<u>\$1,891,206.21</u>	94.7%
Obligated funds remaining	\$106,189.79*	5.3%

*These financial figures are current as of February 28, 2013, and do not represent the final figures for project close-out, which will be provided within the 90-day close-out period.

Time period: July 30, 2010 – February 28, 2013

Change of key personnel during the project:

Senior Technical Advisor-Institutional Capacity Building
November 2010-July 2011: Dr. Pierre-Marie Metangmo
July 2011-September 2011: Dr. Abdoul Baldé (interim)
September 2011-February 2013: Ms. Letitia Sam

Executive Summary

The West Africa Leadership and Management Strengthening Project (WA-LEAD) was a two-year Associate Award under the Leadership, Management and Sustainability (LMS) Program led by Management Sciences for Health (MSH). In March 2010 the West Africa Mission of the United States Agency for International Development (USAID) requested MSH to submit a proposal to strengthen the leadership and management capacities of the West African Health Organization (WAHO), the health secretariat of the Economic Community of West African States (ECOWAS). The subsequent Associate Award originally covered the period July 30, 2010, to July 29, 2012. Upon USAID approval of a no-cost extension on July 18, 2012, WA-LEAD continued project activities through February 28, 2013. This final report describes project activities from July 30, 2010, to February 28, 2013, including the project's technical documents.

Our shared vision is that by the end of the project WAHO will be more fully regarded by stakeholders as a leading authority for health matters within West Africa. In general, this has been accomplished through the harmonization of targeted policies both within WAHO and ECOWAS member states, the initial replication of best practices within WAHO and among ECOWAS countries, and the contributions of WAHO expertise to improve program outcomes in the region. Since January 2011, WA-LEAD has worked closely with WAHO to strengthen its leadership and management capacities pertaining to health information systems (HIS). During the project's second year, WA-LEAD also worked closely with WAHO to improve advocacy and communications capabilities.

This report documents key project activities and results, including a final, updated performance monitoring plan (see Annex A). The project's major achievements include:

- With WA-LEAD's support, a regional HIS policy and strategy document was adopted and approved by the Assembly of ECOWAS Health Ministers during their 13th annual meeting held in Conakry, Guinea, April 20-21, 2012.
 - The policy and strategy document followed a collaborative process involving:
 - Development of a road map that would lead to the adoption of the document
 - Selection and engagement of a consultant team to undertake a situational analysis of HIS in the ECOWAS region
 - Review of the situational analysis report by a regional HIS Steering Committee and WAHO HIS Technical Committee, which also approved the policy's implementation strategies
 - During the project's no-cost extension, WA-LEAD supported WAHO to implement the policy, including development of standardized data collection tools and a data warehouse housed on WAHO's server. Also, HIS personnel from WAHO and 13 ECOWAS Ministries of Health were trained in the use of District Health Information Software, version 2 (DHIS2), the web-based platform for a regional HIS.



Photo 2. Participants at the DHIS2 Academy, Monrovia, Liberia, November 2012

- An MSH communications specialist assisted WAHO to develop and adopt a communications strategy for the period 2013-2017.
 - WA-LEAD worked with WAHO to design and implement an online survey for WAHO staff and external partners to help identify the organization’s key communications needs in June-July 2012.
 - WAHO approved and finalized the strategy document in the three official ECOWAS languages of English, French, and Portuguese in February 2013.

- WA-LEAD, in collaboration with WAHO, identified and engaged a consultant to help develop and adopt an advocacy strategy for the period 2013-2015.
 - The consultant conducted preliminary research to determine the status of WAHO’s advocacy efforts and resources in June 2012.
 - In collaboration with the WAHO Advocacy and Communications Officer and the MSH communications specialist, the consultant co-facilitated two advocacy and communications workshops for a total of 38 WAHO staff in November 2012 and February 2013.
 - WAHO approved and finalized the strategy document in the three official ECOWAS languages of English, French, and Portuguese in February 2013.



Photo 3. WA-LEAD STA-ICB, Letitia Sam, reviews final versions of the WAHO advocacy and communications strategy documents with WAHO Deputy Director General, Dr. Jeanetta Johnson

- Members of three WAHO workplace teams completed the Leadership Development Program (LDP), with the following results:
 - The Department of Research and HIS published the 2011 WAHO annual Epidemiological Bulletin in 9 months, compared to the 1-2 years it previously took.
 - The Department of Primary Health Care/Disease Control drafted a concept note for a human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS) observatory, improving HIV monitoring and resource mobilization, with plans to submit a full proposal for funding to one or more WAHO partners.

- The Department of Planning and Technical Assistance is developing a document for WAHO that outlines the data needs for planning and resource mobilization to be integrated into the organizational database.
- Team members from three ECOWAS countries completed the LDP, with the following results:
 - The Côte d'Ivoire team reported that completeness of data reporting for the national HIS increased from 50% to 82% and timeliness of reporting increased from 50% to 77%.
 - The Niger team facilitated a parliamentary decree in January 2012 calling for the strengthening of HIS at all levels of the health system and among funding and technical stakeholders.
 - The Togo team is now working to integrate its national data collection policies and processes. Data had previously been collected in parallel systems.
- While not directly participating in the LDP, as a result of exposure to the program, WAHO senior management successfully supported the LDP goals and objectives and proposed improvements in WAHO's internal management systems and organizational structures.

In addition to these results, other key project activities included:

- WA-LEAD conducted an initial WAHO needs assessment in October 2010, with a report based on the findings circulated to WAHO and USAID in November 2010.
- WAHO and WA-LEAD signed a Memorandum of Understanding (MOU) on May 30, 2011, which was subsequently revised to account for the HIS focus of the project and signed November 11, 2011.
- WAHO developed a draft of the list of tracer health indicators for the ECOWAS region following a lengthy participatory process involving WAHO's HIS Technical Committee, national HIS coordinators from selected ECOWAS countries, and WA-LEAD. The list of indicators is expected to be adopted by all ECOWAS countries at the 2013 National HIS Coordinators Meeting.

Key recommendations provided by WAHO staff and country representatives attending the WA-LEAD end-of-project meeting are included in the following text box:

Key recommendations provided by WAHO staff and country representatives

- Implement the HIS policy and the WAHO advocacy and communications strategies
- Scale up project activities such as the LDP, advocacy and communications skills-building, and pilot testing of the data warehouse to all WAHO staff and ECOWAS member countries, where applicable
- Communicate regularly with liaison officers and provide them with key information, including reports from project-related activities

Introduction

In March 2010 the West Africa Mission of USAID requested the Leadership, Management and Sustainability (LMS) Program of MSH to support the West African Health Organization. As the specialized health institution of ECOWAS, WAHO has a unique political mandate in the sub-region to influence health policy at the highest level within its member states, to promote high standards for health, and to ensure harmonization of policies, pooling of resources, and the promotion of international collaboration to combat regional health challenges. Member states include Benin, Burkina Faso, Cape Verde, Côte d'Ivoire, Ghana, Guinea, Guinea Bissau, Liberia, Mali, Niger, Nigeria, Sénégal, Sierra Leone, The Gambia, and Togo.

The objective of the initial response to USAID was to provide technical assistance to address WAHO's institutional development and capacity building needs, as stated in the second strategic orientation of WAHO's strategic plan of 2009-2013. A rapid, participatory needs assessment, conducted in October 2010, established an understanding of WAHO's program management, advocacy, leadership, communications, and marketing capacities. This assessment informed a technical assistance plan to address identified challenges and track and evaluate changes in WAHO's leadership and management capacities as a result of the project.

In response to USAID's request in January 2011 to concentrate on program priorities and demonstrate measurable results, WA-LEAD worked with WAHO to focus its assistance and identified strengthening health information at the regional level as a priority. As a result, WA-LEAD's technical assistance was refocused to enhance WAHO's capacity to collect, analyze, and disseminate health information and strengthen HIS in the sub-region. This required the implementation of interrelated capacity building strategies in the areas of advocacy, communications, and marketing to improve WAHO visibility to member countries and other regional stakeholders. WA-LEAD's project goals and objectives are presented in the box to the right.

WA-LEAD's goals and objectives 2010-2013

Project goal: The WA-LEAD project aims to strengthen WAHO's institutional capacity in HIS to facilitate health policy harmonization and best practices replication and to improve resource leveraging and health program outcomes in the West Africa region.

Project objectives: WA-LEAD will provide assistance to address WAHO's institutional development and capacity building needs, as stated in the Fourth Strategic Orientation of WAHO's strategic plan 2009-2013, with a focus on HIS. Specific objectives include:

1. Strengthen the capacity of WAHO's internal HIS to monitor its operational activities
2. Build WAHO's capacity to assist member countries to improve their HIS in order to collect, analyze, and disseminate high quality data to be used in annual country and regional health profiles
3. Support WAHO to achieve measurable results
4. Provide tools that will strengthen WAHO's capacity to implement its overall strategic plan
5. Increase WAHO's visibility as a leading authority for health matters in the region, effectively advocating for health policy harmonization and best practices replication at the level of ECOWAS countries to improve health financing and program outcomes in the region

Activities and Results

From the period July 30, 2010, to February 28, 2013, WA-LEAD successfully completed several major activities that strengthened the institutional capacity of the West African Health Organization, including an HIS situational analysis in the ECOWAS region, the development and adoption of the HIS policy document “Health Information Policy and Strategies in the ECOWAS Region,” completion of the Leadership Development Program for selected WAHO staff and HIS managers from five ECOWAS countries, and development and adoption of advocacy and communications strategy documents for WAHO. A final, updated performance monitoring plan is included as Annex A.

Project oversight activities included administrative and logistical responsibilities as well as staffing the position of Senior Technical Advisor-Institutional Capacity Building (STA-ICB).

Memorandum Of Understanding

WA-LEAD and WAHO signed a Memorandum of Understanding to guide WA-LEAD’s working relationship with WAHO in May 2011. However, this MOU did not take into account the change in focus of the WA-LEAD project following USAID’s request for a new focus on HIS strengthening. Consequently, the MOU was revised to reflect the new focus, and this revised MOU was signed by WAHO and WA-LEAD on November 11, 2011.

HIS Policy Process

The Ministers of Health of the 15 ECOWAS countries officially adopted a regional HIS policy during the annual Assembly of Health Ministers in Conakry, Guinea, April 20-21, 2012. The key activities that aided the process included the following:

- In November 2010, WAHO organized a regional workshop to address the need for a regional HIS framework. This was followed by the first meeting of the HIS Partners Forum in April 2011, which identified the need for an HIS policy road map.
- In July 2011, WAHO’s HIS Technical Committee outlined the HIS policy road map, including a timeline, budget, and necessary personnel, which was presented and approved at the first meeting of the regional HIS Steering Committee in September 2011 in Bobo Dioulasso. Members of the HIS Steering Committee, identified during the April 2011 HIS Partners Forum, included three WAHO senior personnel, one representative from the ECOWAS Commission, one representative each from Cape Verde (Lusophone), Côte d’Ivoire (Francophone), and Nigeria (Anglophone), and one representative from each of the partner organizations, Agence de Médecine Préventive, the World Health Organization (WHO), University of Oslo, and USAID.
- The HIS Steering Committee also approved the terms of reference (TOR) for the consultants who would undertake the HIS situational analysis and complete the initial draft of the HIS policy document.
- WAHO advertised the three HIS consultant positions; a total of seventeen applications were received and reviewed by a panel of the WAHO HIS Technical Committee. A team of consultants proposed by the University of Oslo was selected after the University resigned from the Steering Committee to avoid any potential conflict of interest.
- The team of consultants arrived at WAHO headquarters in December 2011 and began collecting data for the HIS situational analysis. In addition to WAHO, the consultants collected primary data during December 2011 and January 2012 from Burkina Faso, Cape Verde, Ghana, Guinea, Guinea Bissau, Liberia, and Niger. The consultants also collected secondary data from the 8 remaining ECOWAS countries.

- In February 2012, the consultants met with the WAHO HIS Technical Committee to review the situational analysis, which subsequently recommended that the report be adopted by the regional HIS Steering Committee. The consultants also discussed and received approval from both committees for the strategic axes for the HIS policy document.
- In March 2012, the consultants sent the first draft of the HIS policy and strategy document to the WAHO HIS Technical Committee. The committee reviewed the draft policy with the consultants and proposed modifications before the document was presented to the ECOWAS national HIS coordinators during their annual meeting in April 2012.



Photo 4. Attendees of the annual meeting of ECOWAS national HIS coordinators in Ouagadougou, Burkina Faso, April 2012

- The national HIS coordinators reviewed and approved the draft, which was subsequently sent for review to the 13th annual Assembly of Health Ministers.
- The policy was approved by the health experts on April 18, 2012, and adopted by the ECOWAS Ministers of Health during the Assembly of Health Ministers held in Conakry, Guinea on April 20, 2012.

Regional HIS policy document adopted, published and disseminated

The policy document “Health Information Policy and Strategies in the ECOWAS Region” has now been approved, translated and disseminated among stakeholders in hard copy and compact disc in the official ECOWAS languages of English, French and Portuguese.

Since adoption of the HIS policy and strategy document, WA-LEAD supported WAHO to organize several activities to facilitate operationalization of the policy:

- In November 2012, national HIS database managers from 13 ECOWAS countries attended a “DHIS2 Academy”, a DHIS2 training organized by the University of Oslo in Liberia, Monrovia. DHIS2 is the open-source software that is expected to serve as the regional platform and the

system that WAHO’s regional data warehouse will use. While at various stages of implementation, 8 ECOWAS countries currently use DHIS2 in their national HIS; at least 2 additional countries intend to launch their DHIS2-based systems in 2013.

- WAHO hosted 26 individuals from 11 organizations and five ECOWAS countries to participate in the HIS Partners Forum, “Operational Planning Workshop on Health Information Systems Strengthening in the ECOWAS Region, 2013 – 2014,” held in Ouagadougou, Burkina Faso, December 4-7, 2012. This forum allowed partners to determine how the HIS policy can be operationalized, with WAHO currently finalizing its HIS operational plan for 2013-2014.
- A consultant developed the initial structure of WAHO’s DHIS2-based data warehouse in December 2012, in consultation with the University of Oslo. The initial structure was transferred to WAHO in February 2013, where it is currently hosted on WAHO’s external server where HIS partners from the University of Oslo can access it.
- The HIS consultant developed a set of data collection tools based on the current draft list of tracer health indicators. These tools will be adopted or modified during the 2013 National HIS Coordinators Meeting, when the health indicators will be reviewed.
- The HIS consultant also developed a data quality assessment tool to enable WAHO to assess the data collected from ECOWAS countries. The tool was shared with WAHO’s HIS and monitoring and evaluation officers in February 2013. The consultant assessed the quality of the data collected by WAHO’s HIS Officer for his bi-annual Epidemiological Bulletin in February 2013.

Leadership Development Program (LDP)

To strengthen HIS leadership and management capacity within WAHO and throughout the ECOWAS region, WA-LEAD launched two Leadership Development Programs (LDP) during the first year of the project. One LDP targeted WAHO staff, while the other was designed for Ministry of Health HIS managers of the five ECOWAS countries who were still developing their national HIS policies: Côte d’Ivoire, Mali, Niger, Sénégal, and Togo. The LDP consists of four workshops which occur at minimum intervals of two months targeting the same participants. Workshop participants are divided into workplace teams, and each team selects and works on a leadership project that will enhance their leadership skills while addressing specific workplace challenges. The facilitators provide continual coaching between workshops to ensure that teams remain on target to achieve their goals.

The first of the four workshops aims to enhance the ability of participants to scan their environment to identify their own strengths and the opportunities and resources available to them. The second workshop provides participants with the tools necessary to select and focus on the most appropriate solution to identified challenges. The third workshop focuses on ensuring that the team agrees on their goals and objectives, teaching them to mobilize the resources needed to achieve the goals and objectives, and inspiring them to meet their goals. After each of these



Photo 5. Country teams participating in the third LDP workshop identify the actions needed to achieve their projects’ goals and objectives

workshops, participants are given assignments and receive coaching from the facilitators. The final workshop focuses on team presentations of results and the identification of new challenges.

The first workshop for WAHO staff was held June 21-23, 2011, in Banfora, Burkina Faso, and the first workshop for the HIS country teams was held July 4-6, 2011, in Dakar, Sénégal. All five countries and three WAHO workplace teams attended their respective first workshop.

The second workshop for the countries was organized in Dakar, Sénégal, and took place September 12-14, 2011. The second workshop for WAHO staff was held in Bobo Dioulasso October 24-26, 2011. All the country and WAHO teams were represented at their respective workshops.

The third LDP workshops for both the HIS country teams and WAHO staff were implemented in January 2012. The HIS country team workshop took place January 18-20, 2012, in Ouagadougou; the WAHO staff workshop took place January 25-27, 2012, in Bobo Dioulasso. For the WAHO staff workshop, 9 of 11 participants who were expected to attend were present. For the HIS country team workshop, 9 of 14 expected participants were able to attend. Representatives from Côte d'Ivoire, Mali, Niger, and Togo participated, although one Togo participant was unable to attend due to illness and one Côte d'Ivoire participant had to cancel due to a ministerial assignment. Due to a prior engagement, the Sénégalaise participants were not able to attend the workshop.

The fourth and final LDP workshop for WAHO staff took place April 25-27, 2012, in Bobo Dioulasso, with 6 participants presenting results from the three workplace teams:



Photo 6. WAHO staff receiving their LDP certificates of completion

Table 1. LDP results of the WAHO workplace teams

WAHO workplace team	Challenge	Result
Department of Research and HIS	How to make available the annual Epidemiological Bulletin taking into account the high workload of team members?	Team published WAHO 2011 annual Epidemiological Bulletin in 9 months, compared to the 1-2 years it took previously.
Department of Primary Health Care/Disease Control	By the end of March 2012, how to produce a concept note outlining a regional health observatory at WAHO despite the constraints regarding the availability of technical staff?	Team drafted concept note for an HIV/AIDS observatory to improve HIV monitoring and resource mobilization, with plans to submit as full proposal for funding to one or more WAHO partners.
Department of Planning and Technical Assistance	How to integrate data for planning and resource mobilization into WAHO's HIS, despite the limitations of the current system, including data that is incomplete and of poor quality?	Ongoing, identified as the team's next challenge

For the HIS country teams, the fourth and final workshop was held May 2-4, 2012, in Dakar, Sénégal. Seven participants from Côte d'Ivoire, Niger, and Togo were present.¹ As a result of LDP participation:

Table 2. LDP results of the HIS country teams

Country team	Challenge	Result
Côte d'Ivoire	By March 31, 2012, how to get 95% of monthly reports from health facilities into the national HIS despite data routing challenges?	Team reported that completeness of reporting to national HIS increased from 50% to 82%; timeliness of reporting increased from 50% to 77%.
Niger	By March 30, 2012, how to have a national HIS that utilizes two types of data collections tools, given the limited number of trained workers?	Team increased district coverage for two data collection tools, including use of health dashboard from 50% to 62%. Team also facilitated parliamentary decree in January 2012 calling for the strengthening of HIS at all levels of the health system and among funding and technical stakeholders.
Togo	By March 30, 2012, how to compile at least 80% of the reports from 4 sub-systems into the national HIS despite the fact that an integrated framework is not functional?	Team increased the proportion of sub-system reports received from 82% to 91%. Team is also working to integrate its national data collection policies and processes, ensuring that data from priority programs are integrated into the national data collection system.

Upon completion of the LDP, participants are asked to identify challenges and next steps over the following nine months. Several participants from both LDPs expressed interest in applying the LDP model to additional teams and workplace challenges, such as incorporating the work climate assessment into WAHO staff evaluations and training other country teams. During the no-cost extension, the WA-LEAD STA-ICB continued to support WAHO staff in integrating LDP modalities into their work environment, as well as shared the facilitator's guide with country teams interested in training others. Future support will provide the opportunity for WA-LEAD to train other WAHO staff and country teams.

During the third LDP workshop for WAHO staff, participants requested a workshop for WAHO senior management to improve executive understanding of and support for LDP goals and objectives. The staff believed this would garner support for the specific LDP activities they were applying in their work. WA-LEAD responded to this request, and WAHO senior management was enthusiastic about the opportunity. Consequently, with USAID approval, WA-LEAD organized a WAHO Senior Alignment Meeting on March 26-27, 2012. All directors who were in Bobo Dioulasso at the time took part in the workshop, including the Deputy Director General, Dr. Jeanetta Johnson; only the Director General and the Director of Planning and Technical Assistance were absent, as they were traveling. Workshop feedback was very positive, and all directors were satisfied with having participated.

At the meeting, participants assessed the strengths and weaknesses of WAHO's management systems and organizational structures and proposed improvements that could be implemented over the next 12 months, such as including leadership development in the evaluation system for WAHO staff. The

¹ The Mali team was unable to participate due to political unrest in their country; the Sénégal team was unable to participate due to competing commitments.

directors selected Dr. Johanna Austin Benjamin, WAHO Director of Primary Health Care, as WAHO's leadership "champion" who would ensure that WAHO management and staff applied their acquired leadership skills to their daily work.

Six months after the LDPs, the STA-ICB followed up with group members to determine the progress they had made since the fourth workshops. While most groups indicated that their various responsibilities made it difficult for them to meet for group projects, all participants indicated they were applying the leadership techniques and tools to their daily work, with successful results. During the end-of-project meeting held February 20, 2013, several LDP participants from the ECOWAS countries and WAHO shared their positive experiences.

Health Indicators

With USAID and WA-LEAD support, WAHO organized a three-day workshop in Banfora, Burkina Faso, on September 23-25, 2011, to review WAHO's 2009 country profile document and to identify a common set of health indicators on which ECOWAS countries would report. The meeting was chaired by WAHO's Deputy Director General. After a thorough review of the health profiles document and modifications approved by WAHO, WAHO translated and published the document and e-mailed it to stakeholders. For the health indicators, the technical officers selected key health indicators for their respective areas, resulting in a list of more than 90 indicators.

As a next step, WAHO gave this draft list to the consultants hired to develop the HIS policy so they could identify indicators for the ECOWAS countries to review during the April 2012 HIS Coordinators Meeting. After participants selected the indicators, subsequent review by WAHO personnel and the HIS consultants indicated that the countries had only chosen routine indicators and rejected indicators that would require surveys or studies. The consultants were therefore asked to review the list to ensure that all the indicators required by international conventions were included in this final list. The consultants also prepared indicator description sheets that described the indicator and indicated the numerator and denominator for measuring indicator progress.

WAHO staff and ECOWAS country representatives met on July 25-27, 2012, to review and validate the list of tracer health indicators and their descriptions. Participants preliminarily approved a list of 59 indicators, with the understanding that more would be added to cover medicines and vaccines, traditional medicine, epidemic response, and communicable and non-communicable diseases. As expected, during the HIS Partners Forum held in December 2012, WAHO added 10 indicators on epidemic response to the list.

Due to questions about certain indicators that emerged during discussions at the Forum, participants agreed that it would be necessary to organize a subsequent forum where the national HIS coordinators from all 15 ECOWAS countries are present to discuss all remaining questions and arrive at a consensus. WAHO and the partners decided that this discussion will be held during the 2013 ECOWAS HIS Coordinators meeting in (indicate date). The list of tracer health indicators could therefore not be finalized by the end of the WA-LEAD project, but a near-final list is available to WAHO and other stakeholders for continued discussion.

Strengthening Capacity in Advocacy and Communications

A major concern for WAHO and its partners is its generally weak communications and advocacy capacity. These concerns were raised by USAID following its assessment of WAHO's capacity needs in July 2011, which confirmed findings from the October 2010 WA-LEAD needs assessment.

Consequently, a fourth expected result was added to the WA-LEAD Year 2 project work plan and budget: “Strengthened capacity in communication and advocacy.” This expected result was achieved through the following intermediate results:

- IR 4.1: WAHO communication strategy updated and implemented
- IR 4.2: Improved advocacy skills among WAHO personnel

Beginning in the project’s second year, WA-LEAD planned to provide targeted communications and advocacy assistance through two scopes of work to be supervised by the STA-ICB and the WAHO Professional Officer for Advocacy and Communications: (1) develop a five-year WAHO communication strategy; and (2) develop a three-year WAHO advocacy plan. Both scopes of work included training for WAHO staff in advocacy and communications techniques.

Despite the absence of a specific counterpart within WAHO (since the Advocacy and Communications Officer had resigned in July 2011), in November 2011, WA-LEAD developed TORs for the two areas of assistance, which WAHO’s Deputy Director General, Dr. Jeanetta Johnson, approved. As no MSH staff member was available for the advocacy work, MSH and WAHO jointly selected a regional advocacy consultant; an MSH communications specialist was engaged to complete the communications work. Finding a replacement for the professional who had resigned took longer than expected; therefore, the planned activities were delayed, at WAHO request, until the new Advocacy and Communications Officer, Mr. Kayode Egbeleye, joined in August 2012. In the interim, with WAHO’s approval, WA-LEAD began data collection for the two scopes of work. In June 2012, the MSH communications specialist designed an online survey regarding WAHO’s communications capacity and needs, which WAHO sent to all staff and external partners. The response rate was 75% for staff and 56% for partners.

The advocacy consultant, who worked with WAHO from June 18-22, 2012, met with management and various departments to obtain a clear understanding of WAHO’s advocacy capacity and needs. The advocacy consultant returned to WAHO on October 15-20, 2012, to work with WAHO’s Advocacy and Communications Officer and a newly-appointed advocacy and communications working group, composed of WAHO staff, to review findings from the June assessment and to determine the format of the WAHO advocacy strategy. Similarly, the MSH communications specialist visited WAHO headquarters on October 22-30, 2012, to present findings from the communications survey and to collaborate with WAHO’S Advocacy and Communications Officer and the working group to outline the WAHO strategy. The consultant, specialist, and working group were able to obtain consensus on the format of both strategy documents.



Photo 7. WAHO Advocacy and Communications Professional Officer, Kayode Egbeleye, and MSH communications specialist, Laura Lartigue, work together to draft the WAHO communications strategy

Both consultants returned to WAHO during the week of November 19, 2012, to present the draft at a review meeting with the working group to solicit feedback and refine content. The consultants then co-facilitated a skills building workshop with Mr. Egbeleye for 15 WAHO staff on November 27-30, 2012,

half of which focused on communications and half on advocacy. Participant feedback was so positive that WA-LEAD organized a second workshop for 23 additional staff members on February 12-14, 2013.

WAHO advocacy and communications capacity strengthened

Following a process that was highly collaborative and participatory, WAHO achieved the following results by the close of WA-LEAD:

- A new Advocacy and Communications Officer was installed and supported by an advocacy and communications technical working group
- The 2013-2017 WAHO communications strategy and 2013-2015 advocacy strategy have been finalized, approved, translated and disseminated in hard copy and compact disc in English, French and Portuguese
- A total of 38 WAHO staff have been trained in advocacy and communications tools and techniques.

The success story, “West African Health Organization adopts advocacy and communications strategies,” is included as Annex B.

Translation and Publication of Key Documents

During the course of this project, WA-LEAD has supported WAHO to develop key organizational documents to strengthen health information systems, advocacy and communications. Each of these documents was translated into English, French, and Portuguese and published and disseminated in hard copy and compact disc.

End-of-project Meeting

As the WA-LEAD project drew to a close, WA-LEAD and WAHO staff organized an end-of-project meeting on February 20, 2013, at WAHO headquarters, to hear about project results and to provide feedback. The meeting was attended by a total 44 participants, including WAHO senior management and professional staff, as well as liaison officers and beneficiaries of WA-LEAD training programs from seven ECOWAS countries.

The meeting was chaired by WAHO’s Deputy Director General, Dr. Jeanetta Johnson, who was assisted by Dr. Stanislas Kambou, the Director of Research and Health Information Systems. The STA-ICB presented WA-LEAD’s activities and results. WAHO professional officers who had worked



Photo 8. Liaison officers and HIS professionals from Benin, Côte d'Ivoire, Guinea, Guinea-Bissau, Niger, Sénégal, and Togo attend the WA-LEAD end-of-project meeting

closely with WA-LEAD then gave presentations, including the HIS Officer, who presented on the HIS process to date, the Technology, Information and Communications Officer, who presented on the data warehouse, and the Advocacy and Communications Officer, who provided an overview of WAHO's new advocacy and communications strategies.

WAHO staff, liaison officers, and other Ministry of Health participants shared their experiences in the WA-LEAD capacity strengthening programs, such as the LDP, the DHIS2 training, and the advocacy and communications skills building workshops. An end-of-project meeting report, including recommendations, next steps and participant presentations, was shared with WAHO and USAID.

Challenges and Lessons Learned

The following section documents challenges to project implementation and offers suggestions for future planning.

Challenges

- WAHO staff travel frequently, which made it consistently difficult to schedule activities, even with joint work planning. For the most part, to prevent this issue from hindering project implementation, activities were maintained if a majority of WAHO participants were able to attend.
- Ministries of Health often respond with a delay when they must nominate participants for an activity. WAHO policy indicates that when an invitation is sent to a Ministry, it should only contain the profile of the expected participant and not an individual's name. Additionally, per WAHO policy, the invitation cannot contain a deadline for submission of names. Therefore, numerous phone calls and email reminders are required before nominations are received. To the best of our ability, WA-LEAD tried to start the process early, but Ministries, not realizing the time necessary to receive international travel approval from USAID, typically sent their responses at the last minute.
- Optimizing WAHO's working relations with its liaison officers can only be effective if one person is assigned the responsibility of communicating with the liaison officers. WA-LEAD recommends that the WAHO Advocacy and Communications Officer plays this role.
- During almost the entire duration of the WA-LEAD project, WAHO did not have a Professional Officer for Advocacy and Communications, which caused significant delays in the implementation of this component of the project. However, the installation of an advocacy and communications officer in August 2012 allowed for the successful completion of these activities within a context that facilitated WAHO ownership, including approval of advocacy and communications strategy documents.
- It has been difficult to obtain consensus on key issues among the 15 ECOWAS countries at various stages of HIS development, illustrated by the difficulty in finalizing the list of tracer health indicators before the end of the WA-LEAD project. This situation represents a major challenge that WAHO and the member states will have to work together to overcome as WAHO seeks to promote policy harmonization in the region. The finalization and adoption of the HIS policy was achieved through the use of a road map applied within a highly participatory process.

- As WAHO and ECOWAS recognize three official languages, the translation of the HIS policy and strategy document from its original English into French and Portuguese proved to be challenging and to take longer than anticipated. WAHO and the HIS experts from the University of Oslo found the initial French and Portuguese translations to be technically inaccurate, which required the University of Oslo and WAHO to perform a thorough document review. WA-LEAD worked closely with WAHO to finalize and produce the document during the project close-out period.
- To have a regional-level capacity strengthening project such as WA-LEAD produce regional-level impact, its activities should cover at least 7 or 8 of the 15 ECOWAS countries. As the LDP takes 6-9 months to complete and involves complex logistics and monitoring, it proved difficult to implement more than one LDP for the ECOWAS countries within the two-year period. WA-LEAD has explained this challenge to WAHO and to country representatives attending the end-of-project meeting, with subsequent recommendations to disseminate materials to the ECOWAS countries and to scale up LDP implementation in the future.

Lessons Learned

During implementation of the WA-LEAD project, several important lessons were learned:

- Keep project partners and counterparts in WAHO regularly informed of the project’s objectives and expected results to ensure that all parties share a common understanding. This was particularly necessary during the HIS process, during which some partners were not operating on the same timeline, despite the fact that a road map had been developed.
- Regularly document formal and informal program discussions, as at times parties committed one way on an issue and later shifted their position, leading to incongruities in expectations and actions. While documentation will not prevent people from changing their minds, it provides a useful record on which to base discussions.
- In order to facilitate workplace changes, begin with management and higher-level personnel when implementing capacity strengthening programs. If the supervisors do not understand and encourage the approach adopted by their staff, they may not support their efforts.
- Due to the diverse and sometimes divergent views of the 15 ECOWAS countries, significant advocacy efforts – including the anticipation of extended timeframes – are necessary to inform, persuade, and prepare for consensus building around some issues, such as the tracer health indicators.
- Regularly review and revise project indicators to ensure they remain appropriate and relevant for measuring progress. Assumptions made at the beginning of a project may be inaccurate or may become irrelevant.

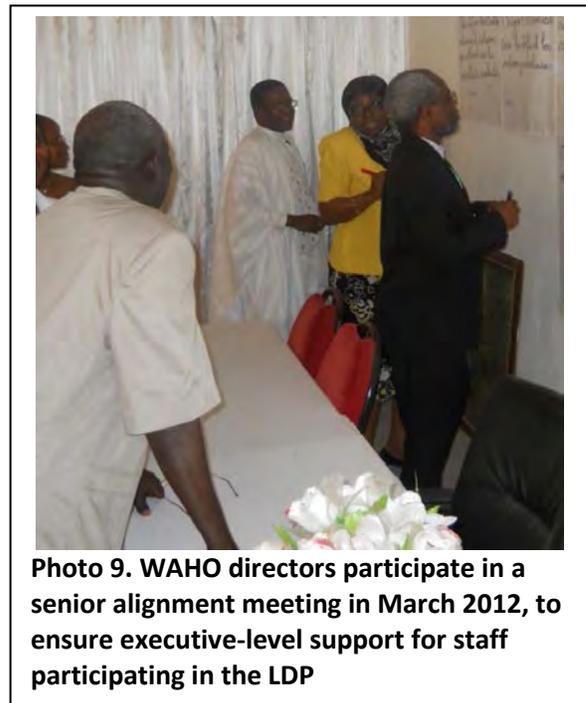


Photo 9. WAHO directors participate in a senior alignment meeting in March 2012, to ensure executive-level support for staff participating in the LDP

- Despite participant satisfaction with WA-LEAD's capacity strengthening programs, such as the Leadership Development Program and the advocacy and communications workshops, the fact that the majority of WAHO staff and member countries had not participated led to recommendations that project activities be scaled up. Future capacity building programs should aim to cover at least 60% of the target beneficiaries.

Recommendations and Next Steps

During the WA-LEAD end-of-project meeting held February 20, 2013, participants made several recommendations to continue and extend WA-LEAD's initiatives to strengthen WAHO's institutional capacity. Following the meeting, WAHO's Deputy Director General asked WA-LEAD to meet with WAHO's Director of Planning and Technical Assistance, Salifou Zouma, and the Director of Research and Health Information Systems, Dr. Stanislas Kambou, to review the recommendations and identify further steps. The following actions were identified during the follow-up meeting held February 27, 2013:

1. Data warehouse should be presented at the 2013 Assembly of ECOWAS Health Ministers.

Action: *Dr. Kambou wrote to the WAHO Director General requesting that the item be added to the agenda of the next Assembly of Health Ministers to be held April 4-5, 2013, in Praia, Cape Verde. The Director General responded that this would not be possible; however, the presentation could be added to the program for the health experts meeting, which will precede the Ministers meeting.*

2. WAHO should attend and participate in HIS planning and evaluation meetings in all ECOWAS member countries.

Action: *WAHO already has a budget for this activity. The Director of Research and Health Information Systems will write to member countries, requesting they invite WAHO to participate in these meetings. The Director General will authorize WAHO's participation.*

3. Scale up project activities such as the LDP, advocacy and communications skills-building, and pilot testing of the data warehouse to all WAHO staff and ECOWAS member countries, where applicable.

Action: *In 2013, WAHO will share the LeaderNet website information with member countries and WAHO staff. This website contains LDP materials and other leadership and management resources. WAHO will assess resources available for 2014 to determine the possibility of future activities. WA-LEAD will provide website and other relevant information to WAHO.*

4. Implement the HIS policy and the WAHO advocacy and communications strategies.

Action: *WAHO will use existing resources in 2013 to begin implementation of the HIS policy and the WAHO advocacy and communications strategies. WAHO will also mobilize partner support for country-level implementation.*

5. Share LDP facilitator contact information with member countries so that they can mobilize financial support from partners and WAHO for the LDP.

Action: *WA-LEAD staff will prepare a list of LDP contacts. WAHO will distribute the list with online LDP resources.*

6. Provide financial and technical support to member countries for operationalizing the data warehouse.

Action: *WAHO does not have the resources to provide this support in 2013. WAHO can share this request with its partners, with the expectation that through this support WAHO and its technical and financial partners can provide support to member countries beginning in 2014.*

7. Communicate regularly with liaison officers and provide them with key information, including reports from project-related activities.

Action: *WAHO Professional Officer for Advocacy and Communications, Kayode Egbeleye, will coordinate the development and distribution of a quarterly online newsletter to liaison officers and member countries. He will also send this information to the communications contacts within the ECOWAS Ministries of Health.*

8. Invest in health information documentation (including health journals, books, and reports). WAHO's library should facilitate access to all scientific health publications.

Action: *Department of Research and Health Information Systems will prepare a budget for 2014.*

9. Mobilize resources for sustainability of WA-LEAD initiatives.

Action: *Ongoing.*

10. Post information about the WA-LEAD project on WAHO's website.

Action: *This was coordinated between WA-LEAD and the WAHO webmaster and was finalized in February 2013.*

11. Ensure that the WA-LEAD project issues a final report on the lessons learned during project implementation.

Action: *WA-LEAD project to submit final project report by April 2013.*

Specific recommendations and next steps to operationalize the WAHO data warehouse are presented in the following text box:

Recommendations and next steps for WAHO to operationalize the data warehouse:

1. Engage the Ministries of Health and representatives from the 5 ECOWAS countries selected to pilot the data warehouse.

Action: WAHO will send an official letter to the Ministries of Health of selected countries in March 2013.

2. Develop the data warehouse user manual.

Action: A WA-LEAD consultant, John Ojo, has already started this work. The WAHO Professional Officer for Information and Communication Technology, Albert Ouedraogo, will finish the manual by the end of May 2013.

3. Populate the database with country geographic coordinates and map data.

Action: This work is currently ongoing between WAHO and the University of Oslo. This is the objective of the pilot testing phase that will begin in May 2013.

4. Pilot the data warehouse with the 5 ECOWAS countries that currently use DHIS2: Burkina Faso, Gambia, Ghana, Liberia, and Sierra Leone.

Action: This work will begin in May 2013 and will be coordinated by WAHO technicians in collaboration with the University of Oslo.

Conclusion

The WA-LEAD project was successful in achieving its objectives of strengthening the leadership and management capacity of WAHO, particularly in the areas of HIS and advocacy and communications. WAHO now has a regional HIS policy that will be implemented over the next five years, as well as advocacy and communications strategies. Moreover, at least 13 WAHO professional officers and national HIS teams from 4 ECOWAS countries received leadership training, and 38 WAHO staff received training in the use of advocacy and communications tools and techniques. The design of the data warehouse has commenced, and ECOWAS national HIS database managers have been trained in the use of DHIS2 systems.

WA-LEAD is ending just as WAHO prepares to operationalize the above-mentioned policies and strategies. It is important that follow up to this project build on these successes, so that support and enthusiasm for gains made continue, and all ongoing activities and processes are brought to successful conclusion.

Annexes

Annex A: Final Performance Monitoring Plan

Annex B: Success Story, “West African Health Organization adopts advocacy and communications strategies”

Annexes begin on the following pages

WA-LEAD Performance Management Plan (PMP)

Performance Management Plan for WA-LEAD Associate Award

This Illustrative Performance Management Plan (PMP) will be used to monitor and report on the overall performance of the West African Health Organization (WAHO) Capacity Building Associate Award in meeting its expected results and targets. The plan classifies performance indicators by the four expected results in the results framework: ER 1) Strengthened capacity to manage and lead HIS policy development and implementation in the region; ER 2) Improved coordination and communication with countries and stakeholders; ER 3) Improved monitoring and evaluation system; and ER 4) Strengthened capacity in communication and advocacy. Progress towards these results will be measured using the appropriate indicators that are listed with their respective outputs and outcomes under each expected result.

Overall Project Objective: WAHO institutional capacity is strengthened to facilitate health policy harmonization, best practices replication, and resources leveraging in the region.

Green = Indicator met

Blue = Indicator in progress, not fully met by February 28, 2013

Result	Indicator	Indicator Definition	Target	Data Collection Method	Source of Information	Frequency	Indicator Progress	Comments
Expected Result 1: Strengthened capacity to manage and lead HIS policy development and implementation in the region								
Output 1.1 WAHO staff and ECOWAS Ministry of Health Liaison Officers provided with an assessment of HIS status in all member countries and WAHO headquarters	1. WAHO internal needs assessment completed and findings shared	WAHO internal needs assessment report completed and results shared with USAID and WAHO	1	Document review	Assessment reports	One time at end of assessment	1	Completed. Report finalized and submitted to USAID November 2010
	2. WAHO external assessment completed and findings shared	WAHO external needs assessment report completed and results shared with USAID and WAHO	1	Document review	Assessment reports	One time at end of assessment	1	Completed. Report finalized and submitted to USAID November 2010
	3. Memorandum of Understanding between WAHO and MSH completed	Memorandum of Understanding delineating roles and responsibilities for technical support completed and shared with USAID staff	1	Document review	Memorandum of Understanding	One time; milestone	1	Completed. Original MOU signed May 2011; revised MOU signed April 2012

Result	Indicator	Indicator Definition	Target	Data Collection Method	Source of Information	Frequency	Indicator Progress	Comments
Output 1.2 WAHO staff, ECOWAS Ministry of Health Liaison Officers, and National HIS managers provided with the capacity to develop an HIS policy framework approved and adopted by ECOWAS member countries	1. Regional Steering Committee established and meets quarterly with a SOW to conduct and promote the regional HIS policy development process	The Steering Committee will include selected liaison officers and partner institutions, such as WHO, UNFPA, and USAID	1 (Cttee established)	MSH will support and attend first meeting	Agenda and minutes	Sep 2011 Feb 2012 Mar 2012	1	Completed. Steering committee established April 2011, met September 2011 and February 2012
	2. HIS Country Coordinators meeting held	The meeting will include country HIS Coordinators and managers as well as Liaison Officers, and will take place in conjunction with the WAHO HIS partners meeting	2	Review	Minutes	Annual	2	Completed. First meeting held April 2011; second annual meeting held April 2012
	3. Conduct regional HIS situation analysis	The HIS situational analysis policy and procedures completed in the 15 member countries and the region	1	Situational analysis	Situational analysis report	One time; Milestone Feb 2012	1	Completed. Report finalized by HIS Steering Committee and WAHO HIS Technical Committee February-March 2012; submitted to USAID May 2012
	4. HIS policy framework in place	Policy framework approved and adopted by ECOWAS member countries	1	Review HIS policy framework document	HIS policy framework document; minutes of approval meeting	One time; Milestone April 2012	1	Completed. Policy document adopted by ECOWAS April 2012 during Assembly of Health Ministers, submitted to USAID and other stakeholders April 2013
Output 1.3 Annual integrated plans developed to include HIS program activities and support services	1. WAHO 2012 Operational Plan contains an integrated regional HIS plan and policies	The WAHO 2012 Operational Plan contains the HIS policy and plan including activities, a schedule, and responsibilities	1	Review WAHO 2012 Operational Plan	WAHO 2012 Operational Plan	Annual	1	Completed. HIS is integrated into the 2012 WAHO Operational Plan

Result	Indicator	Indicator Definition	Target	Data Collection Method	Source of Information	Frequency	Indicator Progress	Comments
	2. Harmonized indicators developed, approved and adopted by ECOWAS countries	Indicators developed that monitor progress of each program activity and support services	1-2 indicators per activity /services	Review WAHO 2012 Operational Plan	WAHO 2012 Operational Plan	Annual	5 indicators per activity /services	List of indicators developed by WAHO in consultation with ECOWAS countries, to be reviewed and adopted at the next national HIS Coordinators meeting in April 2013; draft list submitted to USAID October 2012
Output 1.4 WAHO staff and Liaison Officers have the management capacity to support HIS development and management in the ECOWAS region	1. % of WAHO/ECOWAS liaison teams participating in leadership and/or management development programs that experience an increase in work climate assessment (WCA) scores at conclusion of program	<u>Numerator:</u> # of WAHO/ECOWAS teams who complete valid pre and post WCAs and experience an increase in WCA score <u>Denominator:</u> Total # of WAHO/ECOWAS teams who complete valid WCAs (WCA scores are valid if the same people and number of WAHO/ECOWAS team members complete the pre-WCA and post-WCA.)	75%	Self-administered Survey	Work Climate Assessment	Post program	75%	Completed. Work climate assessments were completed by 3/5 country teams and 3/3 WAHO teams at conclusion of 4 th LDP workshops held April-May 2012, indicating improvements
	2. % of WAHO/ECOWAS Liaison teams that have made progress in achieving their desired performance according to the indicators in their action plans at the end of program and within 6 months of completing program	<u>Numerator:</u> # of WAHO/ECOWAS Liaison teams that make progress in achieving their desired performance according to indicators in their action plans <u>Denominator:</u> Total # of WAHO/ECOWAS Liaison teams implementing action plans (at end of program and within 6 months of completing program)	75%	Interview	Senior Technical Advisor Report	End of program and at 6 months	75%	Completed. 2/3 WAHO teams (67%) and 4/5 ECOWAS teams (80%) continue to make progress on their projects; 3 of the 5 ECOWAS teams, which include WAHO Liaison Officers, report workplace improvements as they continue to apply leadership and management techniques learned during the LDP

Result	Indicator	Indicator Definition	Target	Data Collection Method	Source of Information	Frequency	Indicator Progress	Comments
	3. # of ECOWAS countries implementing prioritized HIS policies	ECOWAS countries implement HIS policies with priorities defined by each country and in line with the WAHO regional HIS policy framework	10	Document review, interviews with Ministries	Senior Technical Advisor Report	Once	10	Completed. 11 ECOWAS countries have existing national HIS policies that preceded the regional policy which was adopted April 2012. To facilitate regional integration using the DHIS2 platform recommended in the HIS policy, database managers from 13 ECOWAS countries attended a DHIS2 training in November 2012. Ten ECOWAS countries are now using DHIS2 for their national HIS, and 1 will soon launch its DHIS2 system
	4. # of senior decision-makers oriented, and fully aware and supportive of project objectives, workplan and activities	Numerator: Total # of senior decision-makers supportive of project objectives, workplan and activities Denominator: Total # of senior decision-makers	1	Document review, interviews with senior decision-makers	Meeting minutes and interview notes	Senior Alignment Meeting	1	Completed. Senior Alignment Meeting held February 2011, followed by meeting to update WAHO senior leadership in March 2012
Expected IR 2 : Improved coordination and communication with countries and stakeholders								
Output 2.1 Liaison Officers reporting quarterly to WAHO	1. Revised roles and responsibilities, especially with regard to reporting, of Liaison Officers	Revised document should include roles and responsibilities with respect to WAHO and to in-country HIS activities, and new reporting formats and due dates	1	Document available	Document	One Time	1	Completed. Document revised, approved in conjunction with Assembly of Health Ministers April 2012

Result	Indicator	Indicator Definition	Target	Data Collection Method	Source of Information	Frequency	Indicator Progress	Comments
	2. Percentage of Liaison Officers reporting on country HIS activities	Numerator: Total # of Liaison Officers reporting in country HIS activities Denominator: Total # of Liaison Officers	75%	Document Review	Quarterly Reports	Quarterly	100%	Completed. National HIS coordinators are primarily responsible for HIS reporting; all 15 national coordinators send data to WAHO on an ad hoc basis. Liaison Officers provide annual reports on WAHO and national health-related activities during their annual meeting
Output 2.2 Assist WAHO and ECOWAS HIS coordinators ¹ to harmonize, integrate and coordinate data collection and reporting mechanisms	Number of harmonized data collection tools developed and adopted by ECOWAS countries	Number of harmonized data collection tools developed and adopted by ECOWAS countries in the priority health areas of FP/RH, MNCH, HIV/AIDS, and Nutrition	1	Document review	MSH Staff Report	Annually	80%	Two data collection tools, the weekly epidemiologic disease reporting tool (reflecting 8 epidemiologic diseases) and the quarterly tracer indicator reporting tool (consisting of 58 indicators) have been developed by WA-LEAD and WAHO, to be reviewed and adopted at the next national HIS Coordinators meeting in April 2013
Output 2.3 WAHO ensuring harmonization and coordination with partners regarding regional HIS policy	This process will be measured through output indicators in ER 3.							

¹ For activities related to the coordination, collection and reporting of data, designation of the appropriate ECOWAS personnel has been changed in this updated PMP from Liaison Officers to HIS coordinators, as both personnel have explained this is the HIS coordinators' role.

Result	Indicator	Indicator Definition	Target	Data Collection Method	Source of Information	Frequency	Indicator Progress	Comments
Expected IR 3: Improved monitoring and evaluation systems								
Outcome 3. WAHO has strong M&E systems, whereby high quality data and information are regularly collected, analyzed, and disseminated to all stakeholders throughout the region	1. # of countries in which WAHO is assisting Ministries of Health to improve planning, monitoring, and evaluation, data analysis, and reporting on priority health programs	Ministries of Health assisted by WAHO have better systems in place to improve planning, monitoring, and evaluation, data analysis, and reporting on priority health programs of FP/RH, MNCH, HIV/AIDS, and Nutrition	15	Interview with Ministries of Health and National HIS Managers	Senior Technical Advisor Report	Quarterly	15	Completed. WA-LEAD has supported WAHO professional officers to assist all 15 ECOWAS Ministries of Health through 5 HIS country teams participating in the LDP (selected based on HIS status), ECOWAS Liaison Officer M&E training completed June 2011, finalization of 2009 country health profiles, and drafting of Liaison Officers' roles & responsibilities; quarterly reports describe progress related to indicator
	2. # of meetings in which data is presented through a performance dashboard	Data is presented through a performance dashboard	3	Document review	WAHO Technical Committee meeting minutes	Quarterly	70%	The performance dashboard has been developed as part of WAHO's data warehouse system. 13 ECOWAS database managers have received training and 10 are already using the DHIS2 system in their NHIS and are therefore reporting data through a performance dashboard at the national level
	3. # of mid-term and annual reviews of HIS data to inform WAHO's Strategic Plan with recommendations undertaken	Mid-term and annual reviews of HIS data to inform WAHO's Strategic Plan with recommendations undertaken	1	Document review	WAHO meeting minutes	Annually	1	Completed. WAHO mid-term review held November-December 2011 and HIS situational analysis will inform WAHO's Strategic Plan 2014-2018

Result	Indicator	Indicator Definition	Target	Data Collection Method	Source of Information	Frequency	Indicator Progress	Comments
	4. # of Data Quality Assessments undertaken by WAHO for Health Profile report data	Annual Regional Health Profile Reports using Data Quality Assessment data	2	Document review	Health Profile Reports, Data Quality Assessments documents	Annually	50%	A Data Quality Assessment (DQA) tool has been developed for use by WAHO and ECOWAS countries; one DQA has been completed. During the course of the WA-LEAD project, WAHO has produced only 1 annual regional Health Profile Report
Output 3.1 Improved data collection, analysis, and reporting for health systems performance improvement in WAHO and ECOWAS member countries	1. Monitoring and evaluation plan updated and implemented as part of Operational Plan	Monitoring and evaluation plan updated and implemented. This plan is to include harmonized indicators for essential program areas (FP/RH, MCNH, HIV/AIDS, and Nutrition), harmonized data collection tools, and a Data Quality Assessment plan.	1	Document review	M&E Plan	Annually	1	Completed. M&E plan has been updated
	2. # of WAHO staff, ECOWAS liaisons and National HIS staff trained in monitoring and evaluation, data reporting and analysis	WAHO staff, ECOWAS liaisons, and National HIS staff trained in monitoring and evaluation, data reporting and analysis, including the use of a dashboard to determine if activities are on track and to improve future performance	38 ²	Document review	Senior Technical Advisor Report	Annually	33	Completed. 11 ECOWAS staff from 5 country teams and 11 WAHO staff participating in LDPs have been trained in M&E, as well as 11 additional ECOWAS Liaison Officers during M&E workshop June 2011

² This target number has been changed from “1” to “38” based on estimation of number of WAHO staff, ECOWAS Liaison Officers and national HIS staff available to be trained in M&E. Of these 38, 33 (87%) have been trained as of July 30, 2012.

Result	Indicator	Indicator Definition	Target	Data Collection Method	Source of Information	Frequency	Indicator Progress	Comments
Output 3.2 Improved annual Health Profile document used by ECOWAS countries and partners	1. Database in place with country-level HIS data	The website to be developed will include the capability for each member state to upload and update its own HIS data, especially for harmonized indicators	1	Review		Annually	70%	The initial database structure has been designed and is in the process of being hosted on WAHO's external server to enable public access. Countries will start reporting into the system once the regional tracer indicators have been adopted by ECOWAS countries during the 2013 NHIS Coordinators meeting
Expected IR 4: Strengthened capacity in communication and advocacy								
Output 4.1 Improved communication skills among WAHO personnel	1. WAHO communications needs assessment conducted	WAHO communications needs assessment conducted to identify existing skills/assets to improve through training	1	Needs assessment	Document review; needs assessment	Annually	1	Completed. On-line survey of WAHO communications needs completed July 2012, with 51/60 (85%) WAHO staff and 20/36 (56%) external partners completing surveys; summary report submitted to USAID October 2012
	2. WAHO Communications Strategy updated	2005-2010 Communication Strategy document (by 2005 Communications Consultant Marsha McCoskrie) is updated and approved by key stakeholders, and communications needs assessment findings are incorporated	1	Document review	Communication Strategy document	Annually	1	Completed. WAHO 2013-2017 Communications Strategy finalized and approved by WAHO; translated into English, French and Portuguese; produced and disseminated in hard copy and compact disc

Result	Indicator	Indicator Definition	Target	Data Collection Method	Source of Information	Frequency	Indicator Progress	Comments
	3. Create and implement a formal Communication and Knowledge Exchange Plan, approved by key stakeholders, that encourages staff to create, learn, share, and use knowledge for the benefit of the organization and its stakeholders	Implementation of Communication and Knowledge Exchange Plan includes hosting a communications capacity building workshop to review strategy, roles and responsibilities, and action planning	1	Document review	2005-2010 Communication Strategy, Communication and Knowledge Exchange Plan document, workshop report	Annually	1	Completed. Communications and advocacy skills building workshop implemented for WAHO staff Nov 27-30, 2012 and February 12-14, 2013. Communication and Knowledge Exchange Plan incorporated into WAHO Communications Strategy, which has been approved by WAHO, produced and disseminated
Output 4.2 Improved advocacy skills among WAHO personnel	1. WAHO's services and successes are documented and disseminated in the region	Updated advocacy documents disseminated among WAHO personnel and shared with stakeholders	1	Document review and staff interviews	WAHO personnel	Semi-annually	1	Completed. WAHO 2013-2015 Advocacy Strategy finalized and approved by WAHO; translated into English, French and Portuguese; produced and disseminated in hard copy and compact disc
	2. WAHO staff mobilize support and funding to sustain health programs in the region	Detailed research on funding sources/opportunities is regularly updated and funding is received	1	Document review	Research, budget, funding proposals	Annually	50%	Research on funding sources conducted June 2012, with staff trained in advocacy and the role of resource mobilization in November 2012. 2013-2015 Operational Plan indicates additional research to be conducted by WAHO staff in 2013
	3. Marketing and Advocacy workshop	Build WAHO marketing skills around the successful marketing of the Young Professionals Internship Program (YPIP) in order to attract funds and support	1	Document review	Workshop report	Annually	1	Completed. Communications and advocacy skills-building workshop implemented for WAHO staff Nov 27-30, 2012, for 15 staff members; second workshop implemented February 12-14, 2013 for 23 WAHO staff



SUCCESS STORY

West African Health Organization adopts advocacy and communications strategies

These strategies strengthen the West African Health Organization (WAHO) as the leading health institution for the region.



Photo: WA-LEAD

WAHO Deputy Director General, Dr. Jeanetta Johnson, reviews the new advocacy and communications strategies.

“Developing advocacy and communications strategies for WAHO has always been a priority for me; I am really pleased that we have them ready before I leave office.”

*Dr. Jeanetta Johnson,
WAHO Deputy Director General*

In February 2013, the West African Health Organization (WAHO) approved two new strategies for advocacy and communications that will strengthen its position as the leading health institution for the Economic Community of West African States (ECOWAS), a 15-country commission serving 300 million people. Together, these strategies provide WAHO with a comprehensive approach to influence health policy, replicate best practices, and mobilize resources across the region. Due to the dynamic nature of the policy-making environment, a three-year strategy (2013-2015) was developed for advocacy; the communications strategy is a five-year document (2013-2017) that allows for annual operational planning.

Both strategies were developed through a highly participatory process led by WAHO’s Professional Officer for Advocacy and Communications, Kayode Egbeleye, working in collaboration with the USAID-funded West Africa Leadership and Management Strengthening Project (WA-LEAD) of Management Sciences for Health (MSH). In June 2012, a WA-LEAD consultant visited WAHO to assess its advocacy needs, returning in October 2012 to work with Mr. Egbeleye and a technical working group to develop the strategy. For communications, an MSH specialist administered an online survey of WAHO staff and stakeholders in July 2012, also visiting WAHO in October to work with Mr. Egbeleye and the working group, which reviewed both strategies before final WAHO approval. The strategies have been produced in the three official ECOWAS languages of English, French and Portuguese, in both print and electronic formats for dissemination.

WAHO Deputy Director General, Dr. Jeanetta Johnson, who reviewed and approved the strategies, remarked, “Developing advocacy and communications strategies for WAHO has always been a priority for me; I am really pleased that we have them ready before I leave office.”

As implementation of the strategies begins, 38 WAHO staff, including members of the working group, have been trained in advocacy and communications tools and techniques. Mr. Egbeleye expects to draw on their support as he leads the effort to integrate advocacy and communications activities into all of WAHO’s programs.