The Role of Leaders and Managers in Monitoring & Evaluation: Results from MEASURE Evaluation PRH (awarded under Measure Evaluation Phase III)

BUILDING the capacity for strong monitoring and evaluation (M&E) includes putting good systems in place, and developing leaders at all levels who can inspire and engage their teams. Effective M&E leaders hold their organizations accountable for using M&E systems to improve organizational performance and health results. With funding from USAID from 2008 to 2013, MEASURE Evaluation Population and Reproductive Health (PRH) offered three types of leadership development programs. The purpose of these initiatives was to develop the capacity of individuals and teams to achieve M&E results, such as improving processes for data collection, creating clear M&E policies, and developing a supportive M&E culture.

The leadership programs offered under MEASURE Evaluation PRH included Virtual Leadership Development Programs (VLDPs), Leadership Development Programs (LDPs), and a Senior Leadership Forum. Participants learned that when strong M&E systems are in place, quality data is collected and used for effective program monitoring, evaluation, planning, and evidence-based decision making. This document summarizes the results of the programs offered under MEASURE Evaluation PRH, and looks at some of the specific success factors and lessons learned during the course of these programs.

MEASURE Evaluation PRH leadership program statistics:

**Virtual Leadership Development Programs (VLDP)**
- Teams completing the facilitated portion: 59
- Individuals completing the facilitated portion: 410 (68% women and 32% men)
- Countries represented: 23 in Africa, 3 in Asia, and 1 in the Caribbean region

**Leadership Development Programs (LDP)**
- Teams completing the program: 9
- Individuals completing the program: 47

**Senior Leadership Forum**
- Individuals attending: 21
- Countries represented: 18
Leading and managing in the population and reproductive health environment

Today’s dynamic health and development context – captured in words and phrases such as country ownership, evidence-based decision making, and innovation – reflects the increasing complexity of the global health environment. Public health practitioners and providers who work in population and reproductive health and in other health areas require skills beyond clinical expertise in nursing, medicine, or midwifery. They need to be able to lead people, manage resources, report on results, and quickly and effectively respond to change. Many of today’s health professionals and practitioners have had no opportunity to develop competencies in leading and managing, and feel pressure to take on these roles, despite knowing they don’t have the requisite skills.

The leadership development programs offered under MEASURE Evaluation PRH were designed to enable participants to develop leadership and management capacity while also addressing specific M&E challenges in their work settings. In the leadership programs, participants came together as work teams to tackle some of their most pressing problems. Some of the challenges they focused on were: How can we build strong M&E systems given that our M&E teams are not highly skilled and have high staff turnover? How can we build the M&E capacity of health workers in reproductive health, despite reduced funding? What can we do to ensure we are collecting, analyzing, and using comprehensive family planning data when we have not been trained in M&E?

While the three programs offered under MEASURE Evaluation PRH varied slightly in their delivery methods, length of program, and structure, all were geared toward helping participants attain results.

The Virtual Leadership Development Program

The first VLDPs under MEASURE Evaluation PRH were based on partner Management Sciences for Health’s original VLDP, a 13-week program with seven modules: (1) Getting Started; (2) Leadership in Health Programs and Organizations; (3) Identifying Challenges; (4) Leadership Competencies; (5) Communication; (6) Managing Change; and (7) Coming to a Close. In the third module, Identifying Challenges, teams chose a desired measurable result based on a specific organizational challenge. This result had to be quantifiable, such as “Modify current supervision procedures to include data quality checks and increase accuracy, reliability, timeliness, and completeness of data from 40% to 70% within three months.” Achieving this result was their leadership project.
As an example of the innovation and flexibility that is a hallmark of the leadership programs developed under MEASURE Evaluation PRH, after the completion of the first two programs, the remaining three VLDPs were adapted to better suit participants’ expressed needs. In the adapted format, modules 4 and 5 were eliminated and more time was given to module 3. For the fourth offering of the VLDP, the number of teams participating was doubled to 24, and the final VLDP was offered in French.

Fifty-six of the 68 teams that participated in the five VLDPs, or 87%, completed the facilitated portion of the program with an action plan. Of the four VLDP offerings for which a review was completed six months after the end of the facilitated portion, 86% of those teams overcame the challenges they had identified by implementing their action plans, fully or partially, to achieve their interim and 6-month desired results.

Some of the specific M&E challenges that were addressed by VLDP participants were:

- Timeliness, accuracy, and compliance of reporting
- Basic data collection processes and procedures
- M&E training at all levels within an organization
- Development of M&E plans, policies, procedures, and harmonized tools
- Data analysis and use

The Leadership Development Program

The face-to-face LDPs were offered to two International Planned Parenthood regional offices, one in South Asia (IPPF SARO) and the other in Africa (IPPF ARO). The LDP was offered over an eight-month period and had four workshops: (1) Scanning and choosing a leadership project; (2) Focusing and overcoming obstacles and refining plans; (3) Sphere of influence; Aligning/mobilizing and inspiring; and (4) Preparation and delivery of the results. Team coaching was offered between workshops.

The first LDP had three participating teams and the second had six teams from both the regional offices, and one team each from the host country Member Association. Some of the team results attained through the LDP included:

- Developed and piloted a database of infrastructure, services, staffing components, and drug supply information for clinics within its affiliate organizations. More than two years after the LDP, the database continues to be operational and used by the program teams in the regional office to access data quickly for programmatic decision-making.
- Developed a tool to summarize data on the integration of family planning and HIV for adolescents and youth to assist MAs in scaling up the integration of HIV and family planning services for adolescents and young people. This has since become a standard tool and the data is regularly fed into a dashboard for monitoring purposes.
- Focused on data demand/use and leveraged the skills gained through the LDP to successfully increase the number of family planning clients by more than 52%.

“M&E is not just about measurement of data, which many people consider ‘proper’ M&E, but it is also about management of data. Where we talk about management, we will definitely have to talk about leadership!”

- Alfred Okema, Reproductive Health Uganda

“Monitoring and evaluation really helps organizations carry out self-reflection and assess whether they are relevant and whether their interventions are producing any change or not. Evaluation is critical for assessing whether interventions implemented over a period of time have had any impact or not. Therefore, the most important role of M&E lies in how well the organization can utilize the results to improve its effectiveness.”

- Lorna Muhirwe, Uganda Protestant Medical Bureau
The Senior Leadership Forum
In November 2012, MEASURE Evaluation PRH organized a two-day leadership program for 21 IPPF ARO Member Association Executive Directors in the Africa Region. In this shortened adaptation of the longer leadership interventions, Executive Directors had the opportunity to discuss and compare their specific M&E challenges, such as a lack of formal systems to collect and disseminate data, insufficient use of data for decision making, and low levels of understanding regarding the role of M&E. They then collaborated to develop a shared vision for M&E for the African region. A benefit of this program design was that it gave participants a chance to reflect on their roles in M&E as the senior leader of the organization, and the importance of developing a supportive M&E culture.

Some of the specific areas focused on by participants included:

- Developing an M&E framework
- Building M&E capacity and awareness of importance of M&E among the staff
- Data archiving
- Improving and harmonizing data collection tools
- Using data for decision-making
- Adding M&E to their strategic plan and annual budget

“...To simplify M&E, we need to understand that it is a process which begins by knowing where we are, where we need to be, and how. Simply put, we need to set clear, attainable, and measurable targets and objectives, and follow up on the achievement of those objectives within a given time period.”

- Peter Kagwe, Tupange Kisumu Project

Success Factors and Lessons Learned
Staff who facilitated these programs observed that the most critical factor for success was team motivation. Teams that had high levels of program participation, met deadlines, and acted upon facilitators’ feedback were the most successful. These teams had internalized two of the most important lessons in leadership: taking responsibility and being accountable are the keys to success.

The high demand for these programs calls for a renewed emphasis on using technology platforms to make them more widely available. For the MEASURE Evaluation PRH VLDPs, the project received 405 team applications for a total of 82 openings during the course of the program. This is evidence of a continuing and growing demand for leadership skills among those who are tackling population and reproductive health challenges around the world. Based on the experiences described here, it appears that linking the development of leadership capacity to monitoring and evaluation has significant benefits for M&E in population and reproductive health.