



# REPORT ON THE ZAMBIA MANAGEMENT AND LEADERSHIP ACADEMY PROJECT REVIEW MEETING

September 2013

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## **DISCLAIMER**

The author's views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development (USAID) or the United States Government

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# ACRONYMS

<b>BRHC</b>	BroadReach Healthcare
<b>BRITE</b>	BroadReach Institute for Training and Education
<b>COP</b>	Chief of Party
<b>M&amp;L</b>	Management and Leadership
<b>MCDMCH</b>	Ministry of Community Development Mother and Child Health
<b>MDG</b>	<b>Millennium Development Goals</b>
<b>MOH</b>	Ministry of Health
<b>MS</b>	ZISSP Provincial Management Specialist
<b>MTEF</b>	Medium Term Expenditure Framework
<b>NIPA</b>	National Institute for Public Administration
<b>PA</b>	Performance Appraisal
<b>PRM</b>	Project Review Meeting
<b>TSS</b>	Technical Support Supervision
<b>ZISSP</b>	Zambia Integrated Systems Strengthening Program
<b>ZMLA</b>	Zambia Management and Leadership Academy



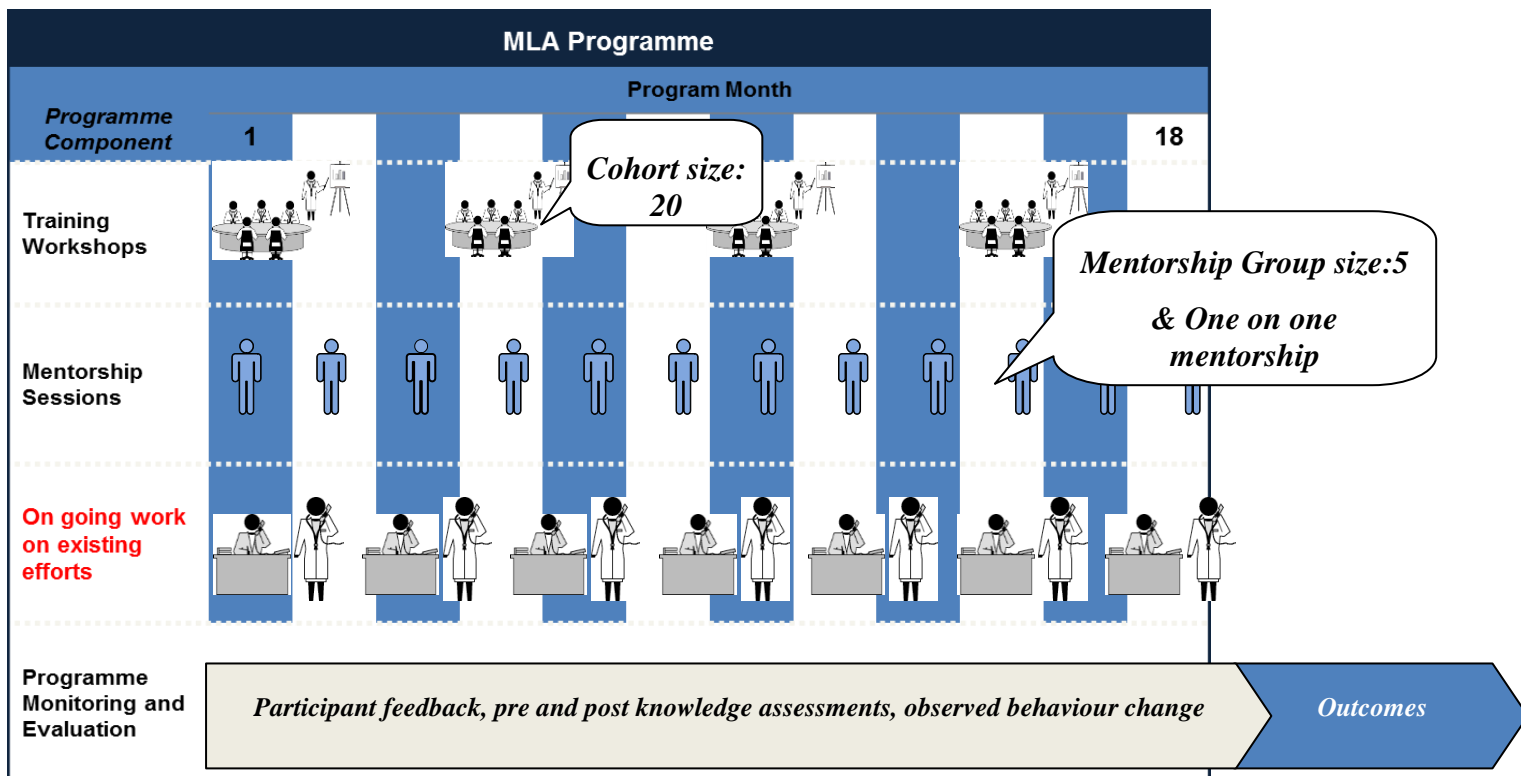
# I. BACKGROUND

Since early 2010, Zambia Integrated Systems Strengthening Program (ZISSP), with its implementing partner BroadReach Institute for Training and Education (BRITE), has been implementing the Zambia Management and Leadership Academy (ZMLA) in nine provinces and 27 districts across Zambia. The program is financially supported by USAID and the Merck Company Foundation until the end of 2014.

The objective of ZMLA is to equip healthcare workers with the knowledge and skills to lead, own and transform the delivery of healthcare in their own country, resulting in improved care and saved lives. ZMLA aims to improve management and leadership skills in the health system particularly at the central, provincial, district and hospital institutional levels.

The program aspires to train cross-functional and interdisciplinary teams and to provide decision makers with comprehensive follow-up support and mentoring. Mentoring will be supported by provincial management specialists from ZISSP and carried out by Ministry of Health (MOH) top management and the National Institute of Public Administration over a period of one year. The course content focuses on enhancing participants' skills on problem analysis and problem solving, program/project management and work planning, setting goals and measuring results, leadership and communication, supervising and motivating employees and financial management.

Figure 1: MLA Project Delivery Model



Over the course of a year, participants enrolled in the ZMLA program must attend four didactic workshops, complete a problem solving project, and attend four group mentorship sessions and four individual mentorship sessions to graduate

(figure 1). Each workshop and group mentorship session should take two days. Problem solving projects are developed throughout the course of the program as they are an opportunity to apply the training concepts to solving real-life problems in the healthcare system.

Since October 2011, ZMLA has enrolled 469 participants. Over a period of 18 months, 367 participants were trained in four workshops, and of these, 177 participants also completed four group mentorship sessions. ZMLA plans to train and mentor another 225 participants in ZMLA from the Zambian health sector by the end of 2014.



## 2. OBJECTIVES OF THE PRM

In preparation for the second phase of recruitment, the first Project Review Meeting (PRM) of the ZMLA project was held with the aim of disseminating information on the impact of training and to gain insights from key stakeholders. The meeting was held at Fringilla Lodge in Chisamba, Zambia from 2<sup>nd</sup> to 6<sup>th</sup> September 2013. In attendance were representatives from ZMLA participants at the central and provincial level, the Ministry of Health, Ministry of Community Development, Mother Child Health (MCDMCH), NIPA, ZISSP, consultant trainers, mentors, BRHC and BRITE (

Annex 1: List of participants and Annex 2: Agenda).

The PRM was structured to achieve three objectives:

1. To disseminate key program updates from the field to main stakeholders.
2. To capture recommendations from partners on how to refine the ZMLA approach and curriculum.
3. To capture recommendations from partners on preparations for the final phase of implementation.

Presented below are the outcomes of the PRM, which summarizes recommendations from stakeholders relating to the training approach and module content. Specific curriculum amendments and planning recommendations have been presented below according to the course delivery mode, namely trainings, mentorship and case studies.

Pending further review and clearance from MOH and MCDMCH and the ZMLA funders given policy, recommendations from the project review meeting will be incorporated in the October 2013 to September 2014 work plan by the end of September 2013,

# 3. OBJECTIVE I: DISSEMINATION OF INFORMATION

All participants were welcomed by the founder of BroadReach Healthcare, Dr Ernest Darkoh. Dr Darkoh shared the history of MLA whose genesis was to underpin the a successful HIV national program rollout in Botswana, with further application of MLA curricula in Ethiopia and now its successful implementation in the Zambian health system. The meeting was officially opened by Dr. Dennis Mulenga, the Deputy Director of Technical Support Services at the Ministry of Health, a key partner in the implementation of the first phase of the program. His address was followed by the dissemination of key findings and challenges as noted by the implementing partner BRITE.

## 3.1 PRESENTATION OF OUTCOMES FROM THE 2011-2013 IMPLEMENTATION PERIOD

Findings from the preliminary analysis of data from ZMLA evaluation process were presented to the meeting. Various data sources were used to assess ZMLA’s impact participant management and leadership confidence and skills (Annex 2: PRM Agenda). The data also assessed any subsequent effect on ZMLA participant job motivation, the work environment and ultimately, service delivery.

Preliminary findings were presented at the project review meeting and are summarized in Table I below. The majority of evaluation findings presented to the meeting also included a summary of qualitative feedback solicited from a small purposive sample of 36 participants and 11 mentors to inform necessary adjustments to the course content, format, and delivery of ZMLA.

Table I: Preliminary findings from ZMLA mid-term evaluation held in August 2013

Measure	Data Source	Result
“Agree” and “strongly agree” that they feel adequately trained to meet management and leadership (M&L) challenges encountered in	Confidence Survey: Part III	Before: 63% After: 99%
Feel adequately trained to meet their M&L responsibilities	Interviews & Focus Group Discussions	100%
M&L Confidence Composite Score	Confidence Survey: Part II	Before: 7.3/10 After: 8.8/10
Measure	Data Source	Result
Quiz Scores	Pre- & Post-Workshop	Before: 5.5/10 After: 7.5/10
Self-Reported Improved Skills	Interviews & Focus Group Discussions	Skills such as: problem identification, atomization, planning, decision-making, prioritization, meeting management, report writing, work planning, supervision, data management and use, financial management, interpersonal skills, time management, etc.
Case Study Assignment Scores	NIPA Assessments	TBD



Findings from the key informant interviews supported findings from an independent USAID mid-term evaluation of the ZISSP project as a whole, including ZMLA, which indicated that the majority of respondents saw workshops, case studies, and mentorship as interconnected and complementary, saying all three components were very useful. It was communicated to the meeting that Management and leadership (M&L) Knowledge and Skills in Table I show improved scores on pre- and post-workshop quizzes. While interviews with trainees also highlighted that skills from the training are being applied in the work place. Skills mentioned include meeting management, work planning, problem identification, prioritization, teamwork, time management, supervision, data collection and use, decision-making and report-writing. Reports on improvements in the workplace climate have anecdotally been related to more effective meetings, better teamwork, communication, and better implementation of the annual performance appraisal (PA) system.

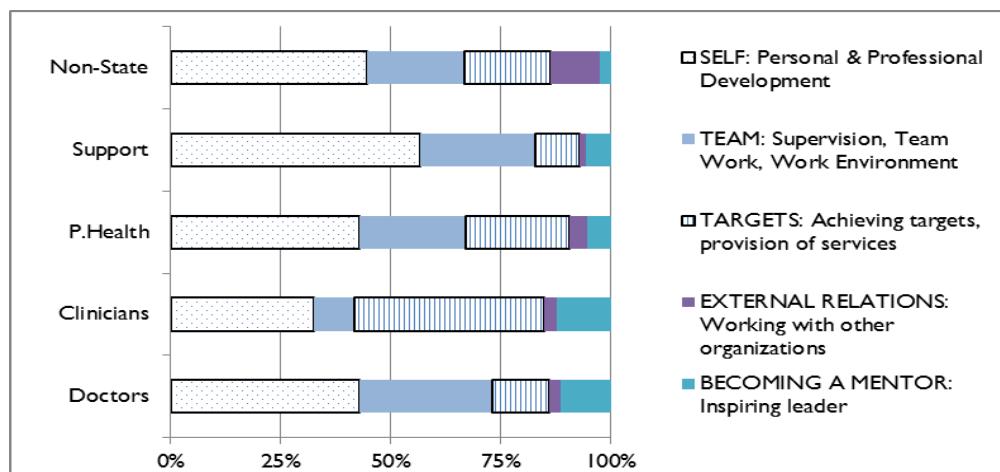
Noted challenges of the program were also communicated to the meeting. Evaluation findings pointed out that communication to participants and mentors on scheduled workshops and requirements for graduation were unclear. It was also highlighted to evaluators that the course did not allocate enough time to workshops and group mentorship, especially where activities were held at venues too close to participant’s place of work. A few key informants found it problematic for subordinates and supervisors to attend the same trainings.

### 3.1.1 MENTORSHIP PRESENTATION

The theoretical justification of mentorship as a key adult learning strategy was presented to the meeting, as was the mentorship experiences and expectations of ZMLA participants.

The presentation noted that the 200 ZMLA participants had different mentorship expectations, ranging from personal professional goals to improved team dynamics that in turn improve overall service delivery targets. Some ZMLA respondents intimated that one of their top goals of receiving mentorship would be to develop themselves into future mentors. Each of these goals was categorized into goals for self-development, team development, target attainment, improved external relations or ambitions of becoming a mentor. Professional groupings of participants appeared to have different expectations on mentorship. Clinicians<sup>1</sup> in particular did not have high expectations of improving team work, while support<sup>2</sup> teams unsurprisingly ranked the least proportion of goals relating to meeting service delivery targets (Figure 2).

Figure 2: Top three goals solicited from 200 ZMLA participants according to profession. Goals categorized according to levels of professional development from managing and leading self to managing and leading an organization.



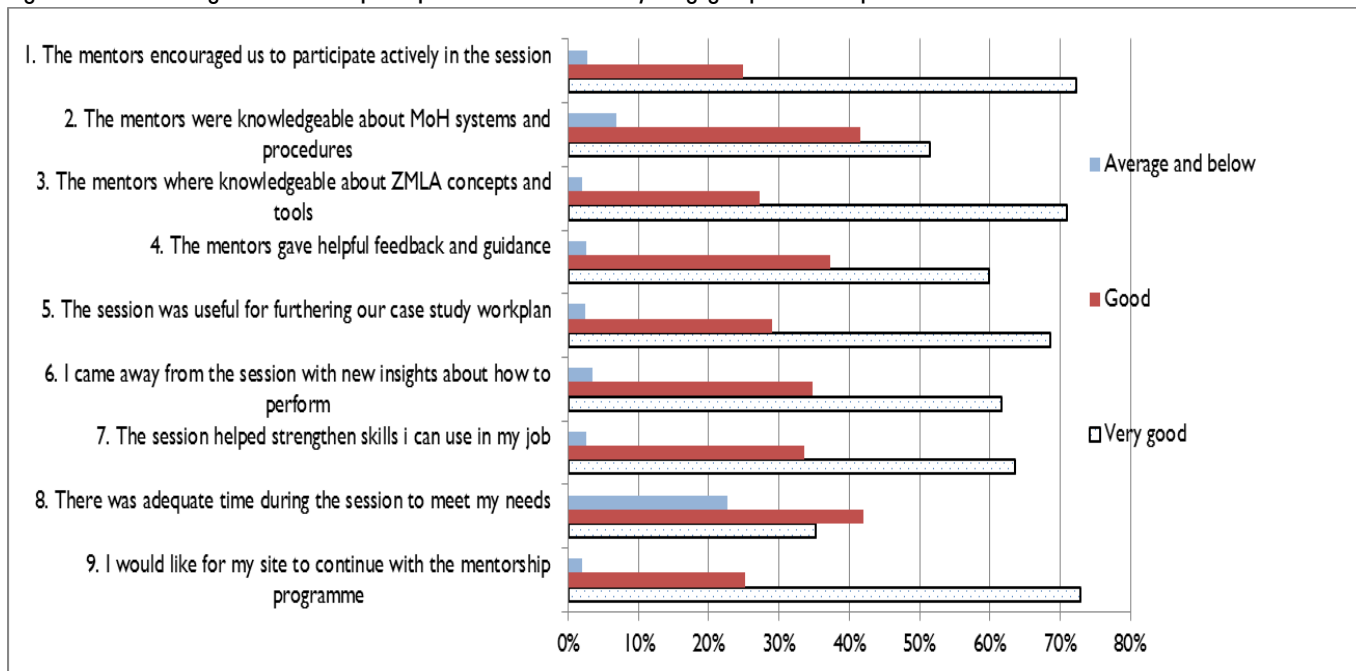
The presentation noted that not adequately responding to these variations in expectations was the main challenge that the implementation team faced. Participant evaluations noted that a large proportion of participants felt that the mentors provided were not knowledgeable about MOH systems and that four two-day sessions of mentorship were too

<sup>1</sup> Nurses, Biotechnicians, Pharmacists, Radiographers.

<sup>2</sup> Finance, Human Resource and Procurement professions.

short to meet their needs (Figure 3). One-on-one mentorship was not tracked by the implementation team. Thus it was noted by the presenter, that this aspect of mentorship needed further development and intervention.

Figure 3: Likert ratings of over 200 participants over four two day long group mentorship sessions.



The presentation highlighted the need to improve the quality of mentorship by allocating specific mentors to particular cohorts for the duration of implementation to ensure consistency in constructive criticism. Furthermore, at least three mentors should be assigned to each case study group. Additional findings from field reports referenced in the presentation intimated that mentors should be chosen for their years of professional experience and seniority in the civil service. Such mentors should then be trained on ZMLA concepts and mentorship tools.

The presentation recommended that mentorship sessions should be conducted away from places of work for participants to concentrate and minimize delays in the programme. To address time constraints, it was suggested that workshops and mentorship should take place in the same weeks of implementation and that assigned work be given to participants ahead of workshops (such as individual work plans and action plan analysis).

The presentation also recommended that facilitators reassure participants that the ZMLA forum is a safe space to share their experiences in management. Findings from field reports referenced in the presentation emphasis that participants have a good understanding of the challenges that they face, and so mentors should rather interrogate why their solutions aren't working during mentorship sessions, rather than give solutions. Additional recommendations from field reports were to leave out introduction of positions of participants at the beginning of mentorship sessions to make all participants more comfortable and free to interact with mentors.

### 3.1.2 CASE STUDY PRESENTATION

The BRITE team presented the evaluation findings of the case study approach to the PRM. Key informants interviewed by the BRITE evaluation team praised the problem-solving group project as being practical and hands-on, however, some respondents experienced challenges. They intimated that maternal health topics were assigned rather than chosen by trainees while time constraints and limited funding reduced the likelihood of implementation. The midterm evaluation of the programme as well as feedback forms highlighted that the expectations of the projects were not well communicated to participants. Most felt that the exercise felt academic and unrealistic.

The BRITE team noted that in the course of implementation, ZMLA teams were not meeting outside of training and mentorship activities. Many groups had spectators, while knowledgeable, younger or more activity participants in the group did most of the work. Participants left all problem-solving around clinical issues to clinicians, reducing group

participation in problem solving tasks. Field reports recommend combining case study visits with workshops so that participants find out the 'real issues' from the beginning instead of basing solutions on assumptions which later have to be amended. It was suggested that case study site criteria be communicated to teams to ensure they are reachable.<sup>3</sup>

## **3.2 BRITE RECRUITMENT SUGGESTIONS**

The BRITE team used the PRM as a key forum to suggest new criteria for the new phase of recruitment. It was suggested that 225 participants be targeted from 18 target districts in the ten provinces of Zambia (see Annex 4: target districts for the 2013-2014 implementation period). To compensate for a participant attrition rate of 23% (estimate from the first phase of training) it was recommended that nine new cohorts of 25 participants should comprise:

- Eight participants from two target district hospitals,
- Ten participants from two target district community health teams,
- Two participants from two target district health centres,
- One local traditional leader,
- One local cooperating health partner and
- Three participants from senior level management at MCDMCH

Participants recommended that the implementation team develop clear criteria for recruitment to identify the required positions and qualifications to be accepted into the programme. Furthermore, it was suggested that an information leaflet be given to all candidates outlining the course content and requirements for graduation.

## **3.3 ZMLA SUSTAINABILITY SUGGESTIONS**

It was communicated the PRM that mid-term review of the ZISSP program undertaken in June 2013 by external consultants noted that ZMLA had very high interest and demand within the health sector and other sectors. It was suggested by the BRITE presentation, that effective engagement of MOH/MCDMCH and NIPA would be needed ensure that pre-service M&L trainings are well-established as part of their staff development and civil service strengthening programs to ensure continuity in the ZMLA program. However, there is need to engage MCDMCH and to include ZMLA in MOH and MCDMCH's action plans and budgets for the 2015-2017 medium term expenditure framework (MTEF) to expand the program to other civil servants, particularly lower levels of health workers.

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<sup>3</sup> Chimika health centre in the Lwano valley remains a challenging site for anyone to reach. It was unclear whether participants remained motivated to work on the case study to remedy the situation.

## 4. OBJECTIVE II: CURRICULUM RECOMMENDATIONS

Over a period of four days, in depth discussions were facilitated around the training approach (workshops, mentorships and case studies) and on each module's content. Participants worked in groups to review consistency in the delivery of the curriculum across all modules and specific module content; slide content/clarity, slide flow, slide appearance and supporting facilitator notes. Each group presented their findings and recommendations in the main plenary where they were debated for wider consensus on suggested recommendations.



*Refining ZMLA module content:* Left to right: Kathleen Poer (ZISSP), Miyoba Dindi (MOH), Grace Tembo Mumba (Ministry of Community Development Mother and Child Health), Musonda Kaluba (ZISSP).

Specific recommendations on the ZMLA approach and curriculum content are noted in the following sections and Annex 5: MLA Module changes.

### 4.1 TRAINING MODULES

Overall, PRM teams noted that all modules should use the same layout framework. All first slides should include facilitator notes to maintain the same messaging while the second and third slides of every module should show the objectives and outcomes of the module. All modules should change the emphasis of MOH/ MCDMCH to “ministry/s responsible for health”. Specific changes to each module are noted in Annex 5: MLA Module changes.

### 4.2 CASE STUDY

PRM teams suggested that group projects be derived from current participant work-plans. This will ensure that groups work on issues already identified as health programs in their own environments and which already have secured funding in their work plans. ZMLA should focus on Action Plan-related issues or objectives (as these are funded activities) and allow all crosscutting stakeholders to participate.

It was also suggested that MLA facilities could be encouraged to consider the cases study as part of much-needed operational research and can draw on operational research budgets for implementation. The case study choice can be based on the reality of financial and human resources constraints, and how teams address such challenges. Additionally, participant teams can look at national trends (e.g. disease updates, health indicators, Millennium Development Goals (MDG)) and use such data to choose case study topic preferences.



To address varied participation in case studies, it was suggested that participant information leaflets emphasize that participants must fully participate to graduate. It was suggested that case studies be renamed or referred to using generic terminology already existing in the current MOH system<sup>4</sup>. In this way, ownership of ZMLA problem based learning through practical application will increase as it will be perceived as part of each participant's official job description.

Case study projects will require Management Specialists (MS) to coordinate the activity, follow up group progress, recommend mentors to struggling groups and collect copies of updated reports on group progress. This will ensure sustainability of the program.

### **4.3 MENTORSHIP**

It was noted that for participants to successfully receive at least four 'one-to-one' mentorship sessions, there would be need to triangulate civil service systems, ZMLA concepts and the civil service work environment. There was an identified need for ZMLA to find ways to create an environment for juniors and seniors to have open discussions and feedback sessions, as pre-existing hierarchical structures in the civil service make it difficult to implement. However, supervisors with strong mentorship skills might help to break 'cultural' and 'hierarchical' barriers.

A key submission was that an apprenticeship approach should be considered as one way to address the one-on-one mentorship needs of participants. It was noted that mentorship is a pre-existing informal culture in the MOH that can be formalized through technical support supervision (TSS) visits that follow institutional PA.

In the new phase of implementation it was recommended that both MOH and MCDMCH should take the lead in developing criteria for selecting mentors. ZMLA should stick to recruitment guidelines and where there is no qualified mentor available consider importing/ outsourcing mentors from outside the ministries responsible for health. However, it was also suggested that mentors should have gone through the ZMLA training to ensure consistency of approach. MLA group mentors could be recruited on the basis of either general management skills or specialized professional skills to ensure the mentoring process is integrated into the civil service structure.

MS were requested to consider one on one mentorship activities in their work plans, to identify areas where particular participants struggle, and recommend either generalist or professional/specialist mentors as needed.

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<sup>4</sup> In the South African MLA, there is no particular name to refer to CS

# 5. OBJECTIVE III: PLANNING RECOMMENDATIONS

In preparation for the final phase of ZMLA training and mentorship (see Brite Recruitment Suggestions on page 5), PRM teams were asked to review their experiences of the previous year's activities and suggest where implementation could be improved. Teams were asked to comment on how activities on training, mentorship, monitoring evaluation, documentation and conferences could be improved in terms of scheduling, logistics and communication. These recommendations are summarized below.

## 5.1 TRAINING AND MENTORSHIP RECOMMENDATIONS

It was recommended that a trainer of trainer workshop should be planned for mid-October 2013 by BRITE to ensure changes in from the curriculum review translate into course delivery. The training should spend two-and-a-half days on training materials and two-and-a-half days on mentorship tools and skills, particularly mentorship tools and handouts for Module 6.

During the training, the role of MS should be made clear in the trainer of trainers to spell out their role at every stage of the training:

- Who is responsible for report-writing?
- Who is responsible for reporting on mentorship?
- Who profiles the need for mentorship?
- Who identifies who needs help and follow-up?

In order to meet the target graduation date of September 2014, four training teams should be constituted to run concurrently in scheduled weeks of implementation to train eight district teams in a single week simultaneously. This would require logistical support in form of vehicle hire or support from the MOH or MCDMCH to provide a vehicle as long as accommodation and meal allowances are provided for public service drivers. Furthermore, training and group mentorship sessions should be implemented back to back over five days to ensure implementation does not overlap with conflicting civil service and NIPA planning, PA and examination periods. It was also suggested that one on one mentorship should be demand driven and happen during planning and TSS periods.

Whilst scheduling of activities is suggested in Table 2, confirmation of workshop and mentorship dates should be done by MS's and once confirmed time should be schedule ahead of the training re-emphasise roles and tasks.

## 5.2 CASE STUDY RECOMMENDATIONS

It was strongly recommended that feedback on case study development should be done on a continuous basis by PMO program managers and management specialists. However, it was suggested that all cohorts should submit case study or group assignments by the July 2014.

## 5.3 MONITORING AND EVALUATION, DOCUMENTATION AND CONFERENCES

Review meetings should be held every quarter with all stakeholders to assess progress as indicated from trip reports, workshop evaluations, participant surveys and attendance registers. Additionally, regular feedback on individual progress should be given to participants to ensure that they are meeting training requirements. Therefore, MS should have updated copies of the training database to track individual progress and establish basis for one to one mentorship needs.

Table 2: Suggested scheduling of workshops, group mentorships and case study implementation

Activities	Months 2013			Months 2014									Comments
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	
<b>PA</b>													Conducted Bi-Annually
<b>TSS</b>													Conducted Bi-Annually
<b>Child Health Week</b>													Conducted Bi-Annually
<b>Annual Planning Process</b>													Cycles starts in May at National Level
<b>NIPA Exams</b>													15 <sup>th</sup> Dec-15 <sup>th</sup> Jan and 15 <sup>th</sup> June to 15 <sup>th</sup> July
<b>NIPA Graduation</b>													15 <sup>th</sup> to 30 <sup>th</sup> Sept (Graduation Preparation)
<b>ZMLA Work Shop 1</b>													Start in Oct to 1st Week of Nov 2013
<b>ZMLA Work Shop 2</b>													Start Last Week of Nov and 1st Week of Dec and 1st Week of Jan 2014
<b>ZMLA Work Shop 3</b>													Start in March to April 2014
<b>ZMLA Work Shop 4</b>													Start in May to June 2014
<b>Case Study Working Period</b>													Submission to be done in July 2014

Key findings from the programme should be disseminated at the annual National Health Research Conference to be held in November 2013. Additional conferences that should be targeted are American Public Health Association conference to be held in October/November 2014, the African Public Health conference to be held in September 2014 and the Third Global Symposium on Health Systems Research in October 2014. For more general dissemination of the outcomes of the ZMLA project, documentation of success stories should be invested in.

## 6. CONCLUSION

The ZMLA program is beginning to show positive results amongst the participants and work environments of the 469 health managers recruited in the ZMLA program between the year 2011 and 2012. However, the success of such pursuits and subsequent scale-up of the course to 225 new participants in the 2013-2014 depends greatly on three major factors.

1. Close collaboration of the implementation team with the MCDMCH.
2. Harmonized and refined course materials, mentorship and case study approaches.
3. The clear delineation the roles of implementation team members.

In the 2013 – 2014 period, the ZMLA implementation team must work with all partners to ensure that the ZMLA program schedule does not conflict with MCDMCH, MOH and NIPA calendars. The program should make provisions to ensure that ZMLA is sustained through effective communication and follow-up of participant progress, participant group assignments and participant mentorship relationships.

# ANNEX I: LIST OF PARTICIPANTS

<b>Name of Participant</b>	<b>Organization</b>	<b>Title</b>
Bridget Muyambango	NIPA	Director Management Studies Division
Mercy Mbewe	NIPA	Chief Consultant Health Management
Christopher Siakakole	NIPA	Chief Consultant Business Studies
China Kabaghe	NIPA	Chief Consultant Public Sector & Local Government
Elliot Mboози	NIPA	Consultant Public Sector & Local Government
Kathleen Poer	ZISSP	Chief of Party
Elijah Sinyinza	ZISSP	Deputy Chief of Party
Nanthalile Mugala	ZISSP	Director of Technical Support
Maureen Mukelabai	ZISSP	Management Specialist – Southern Province
Edward Nondo	ZISSP	Management Specialist – North Western Province
Christopher Siakakole	ZISSP	Management Specialist – Luapula Province
Angela Chitamya	ZISSP	Management Specialist – Eastern Province
Terence Muchenwa	ZISSP	Management Specialist – Central Province
Emily Moonze	ZISSP	Management Specialist – Team Lead
Sililo Sililo	ZISSP	Management Specialist – Western Province
Musonda Kaluba	ZISSP	Management Specialist – Copperbelt Province
Jonathan Mulenga	MOH	Surgical Consultant – Kitwe General Hospital
Dennis Mulenga	MOH	Deputy Director TSS – Ndeke House
Edgar Wamui	MOH	Director Clinical Services – Ndeke House
Grace Mumba Tembo	MCDMCH	HIV and TB Officer
Miyoba Dindi	MCDMCH	District Planner – Lusaka District Community Health Team
Steve Mwanza	Consultant	Finance
Anthony Matoka	Consultant	Program Management
Roman Mukendi	BRITE	Program Director
Ernest Darkoh	BRHC	Chief Executive Officer
Kupela Clarke	BRITE	Senior Program Manager
Che Nkoloma	BRITE	Finance Consultant
Christopher Mbinji	BRITE	Monitoring and Evaluation Officer

# ANNEX 2: PRM AGENDA

**Curriculum Review and YR 2013/14 Planning Agenda**  
**Fringilla Country Lodge, Chisamba**  
**2 – 6<sup>th</sup> September, 2013**

Day 1	Process	Moderator
08:30 – 09:30 hrs	<b>Opening</b> <ul style="list-style-type: none"> <li>• Welcome Remarks – BroadReach Healthcare, Dr. Ernest Darkoh</li> <li>• Official opening – Ministry of Health, Dr. Reuben Mbewe</li> <li>• First and Second Phase of ZMLA, <i>the way forward</i> – ZSSP, Kathleen Poer</li> <li>• Overview of workshop objectives – BRITE Zambia, Roman Mukendi</li> </ul>	Roman Mukendi
09:30 – 10:30 hrs	<b>Sharing of preliminary impact results of ZMLA &amp; Lessons Learnt</b> Presentation on preliminary findings – BRITE, Rebecca Oser & Arthur Kachemba followed by Question & Answer Session on presentation	Dr. Nanthalile Mugala
10:30 – 11:00 hrs	<b>TEABREAK</b>	
11:00 - 13:00hrs	<b>Review of Mentorship Approach (including Lessons Learnt)</b> Presentation on mentorship methodology and approach – BRITE, Kupela Clarke followed by group discussions – <i>what can we do to improve on the current delivery of mentorship?</i>  <b>Case Study Development</b> – BRITE, Kupela followed by group discussions – <i>what can we do to improve on the current delivery of problem based learning?</i>  <b>Recruitment Guides</b> – BRITE, Kupela followed by group discussions – <i>what can we do to improve on the current recruitment approach?</i>	Roman Mukendi
13:00 – 14:00	<b>LUNCH</b>	
14:00hrs – 15:00hrs	<b>Group presentations on ZMLA mentorship approach</b>	Roman Mukendi
15:00hrs – 15:20hrs	<b>TEABREAK</b>	
15:20hrs – 17:00hrs	<b>Review of Module 1 &amp; 2: Problem Identification, Strategic Planning &amp; Basic Supply Chain Management</b>  <b>Group 1: Problem Identification and Strategic Planning</b>  <b>Group 2: Basic Supply Chain Management</b>	Emily Moonze
17:00	<b>End of program for the day</b>	BRITE Staff

DAY 2	PROCESS	MODERATOR
08:30hrs – 10:00hrs	<b>Review of Module 1 &amp; 2: Problem Identification, Strategic Planning &amp; Basic Supply Chain Management</b> <i>(continued)</i>	Emily Moonze
10:00hrs – 10:30hrs	<b>Tea Break</b>	
10:30hrs – 13:00hrs	<b>Review of Module 3: Project &amp; Program Management</b>	Bridget Muyambango
13:00 – 14:00 hrs	<b>LUNCH</b>	
14:00hrs – 15:00hrs	<b>Review of Module 3: Project &amp; Program Management - (continued)</b>	
15:00hrs – 15:20hrs	<b>TEABREAK</b>	

15:20 – 17:00hrs	(continued)	
<b>17:00</b>	<b>End of Program for the day</b>	BRITE Staff

<b>DAY 3</b>	<b>PROCESS</b>	<b>MODERATOR</b>
08:30 - 10:30	<b><u>Review of Module 4: Human Resource Management</u></b>	Angela Chitamya
<b>10:30 – 11:00hrs</b>	<b>Tea Break</b>	
Tea Breaks – 13:00hrs	<b><u>Review of Module 4: Human Resource Management</u></b> (Continued)	Angela Chitamya
<b>13:00hrs – 14:00hrs</b>	<b>Lunch</b>	
14:00hrs – 15:00hrs	<b><u>Review of Module 5: Finance &amp; Budgeting</u></b>	Steven Mwanza
<b>15:00hrs – 15:20hrs</b>	<b>TEABREAK</b>	
	Continuation	
<b>17:00</b>	<b>End of Program</b>	

<b>DAY 4</b>	<b>PROCESS</b>	<b>MODERATOR</b>
8.30hrs – 10:00hrs	<b><u>Review of Module 5: Finance &amp; Budgeting - (Continued)</u></b>	
<b>10:00hrs – 10:30hrs</b>	<b>Tea Break</b>	
10:30 – 13:00hrs	<b><u>Review of Module 6: Strategic Information Management</u></b>	Arthur Kachemba
<b>13:00hrs – 14:00hrs</b>	<b>Lunch</b>	
14:00hrs – 15:00hrs	<b><u>Work-plan Development &amp; Planning for 2013/14</u></b> <ul style="list-style-type: none"> <li>• <b><u>Constitute Planning teams:</u></b> <ul style="list-style-type: none"> <li>○ <b><u>Direct program activities</u></b> (Curriculum Refinement, Trainings schedule, Mentorship sessions, case study support, graduation plans)</li> <li>○ <b><u>M &amp; E activities</u></b> (Planned publications, planned reports, conferences)</li> <li>○ <b><u>Oversight and Administration</u></b> (Oversight activities e.g. audit, Close out activities)</li> </ul> </li> <li>• <b><u>Develop work plan and budgets templates</u></b></li> <li>• <b><u>Present findings for team review</u></b></li> </ul>	Kupela Clarke & Sililo Sililo
<b>15:00hrs – 15:20hrs</b>	<b>TEABREAK</b>	
<b>17:00 hrs</b>	<b>End of Day4</b>	

<b>DAY 5</b>	<b>PROCESS</b>	<b>MODERATOR</b>
8.30hrs – 10:30hrs	<b><u>Work-plan Development &amp; Planning for 2013/14 - (continued)</u></b>	Kupela Clarke & Sililo Sililo
<b>10:30 – 11:00hrs</b>	<b>Tea Break</b>	
11:00hrs – 12:30hrs	<b><u>Work-plan Development &amp; Planning for 2013/14 - (continued)</u></b>	
12:30hrs – 13:00hrs	<b>Closure</b>	BRITE Staff
	<b>Lunch</b>	

# ANNEX 3: LIST OF DATA SOURCES

Data Collection Tool	Quantitative/ Qualitative	Sample
<b>Routine Monitoring Tools</b>		
Pre- and Post-Workshop Knowledge Quizzes	Quant	280 trainees from 10 provinces
Workshop Evaluations	Quant	All 475 trainees from 10 provinces
Case Study Scores	Quant	All 475 trainees from 10 provinces
Training Debriefing Forms and Trip Reports	Qual	108 trip reports and 90 debriefing forms
<b>Evaluation Tools</b>		
Management and Leadership Confidence Survey	Quant	280 trainees from 10 provinces
Workplace Climate Survey	Quant	10 workplaces across 7 provinces (number of respondents TBD)
Participant Key Informant Interview	Qual	~36 trainees and ~11 stakeholders/non-trainees from 5 provinces (Lusaka, Central, Copperbelt, North Western, and Northern)
Focus Group Discussion	Qual	9 trainees from Central Province



# ANNEX 4: TARGET DISTRICTS

Province	Number	Target District
<b>Eastern</b>	1.	Chipata PHO
	2.	Nyimba
	3.	Mambwe*
	4.	Lundazi*
<b>Western</b>	5.	Mongu PHO
	6.	Kalabo
	7.	Lukulu*
	8.	Shang'ombo*
<b>Southern</b>	9.	Choma PHO
	10.	Kalomo
	11.	Gwembe*
	12.	Sinazongwe*
<b>Northern</b>	13.	Kasama PMO
	14.	Mbala
	15.	Nakonde*
	16.	Chilubi*
	17.	Mpika*
<b>North West</b>	18.	Solwezi PHO
	19.	Mwinilunga
	20.	Zambezi*
	21.	Solwezi*
<b>Central</b>	22.	Kabwe PHO
	23.	Kapiri Mposhi
	24.	Serenje*
	25.	Mkushi*
<b>Lusaka</b>	26.	Lusaka PHO
	27.	Luangwa
	28.	Chongwe*
<b>Luapula</b>	29.	Mansa PHO
	30.	Mansa
	31.	Chiengi*
	32.	Nchelenge*
<b>Copperbelt</b>	33.	Ndola PHO
	34.	Luanshya
	35.	Lufwanyama*
	36.	Masaiti*

\* ZISSP target districts that remain to be trained in ZMLA

# ANNEX 5: MLA MODULE CHANGES

Module 1	Suggestions
Slide 1	<ul style="list-style-type: none"> <li>Flow – need to standardize format like Module 6</li> <li>Need to add objective on the concept of Health</li> </ul>
Slide 2	<ul style="list-style-type: none"> <li>Rename slide title to <b>CONTENT</b></li> </ul>
Slide 3	<ul style="list-style-type: none"> <li>duplicate and move Slide 3 onto Slide 15</li> <li>insert the determinants of Health</li> </ul>
Slide 4	<ul style="list-style-type: none"> <li>slide 4, move to slides 10-14</li> </ul>
Slide 5	<ul style="list-style-type: none"> <li>Change title to: Problem Definition</li> <li>Revisit the example on real versus presenting</li> </ul>
Slide 6	<ul style="list-style-type: none"> <li>Change title to : Strategic Planning</li> </ul>
Slide 7	<ul style="list-style-type: none"> <li>Change title to Types of Plans</li> </ul>
Slide 8	<ul style="list-style-type: none"> <li>Change title to: Definition of terms</li> </ul>
Slide 9	<ul style="list-style-type: none"> <li>Value and importance of strategic planning and work planning</li> </ul>
Slide 11	<ul style="list-style-type: none"> <li>Change title to: Strategic Planning Framework</li> </ul>
Slide 12	<ul style="list-style-type: none"> <li>Change title to: Common methodologies for strategic planning</li> </ul>
Slides 25, 26, 27	<ul style="list-style-type: none"> <li>Move Smart Frameworks (25) Prioritization (26) Matrix for Prioritization (27) after 33 Pressure Testing.</li> </ul>
Other comments	<ul style="list-style-type: none"> <li>Examples need to be revisited, localized and contextualized</li> <li>Tools – need to be practical and relevant...e.g. Critical Path</li> </ul>

Module 2	Suggestions
Slide 1	<ul style="list-style-type: none"> <li>Move bullet 3 on the instructions, to slide 3.</li> <li>Replace Cookie factory with Mealie Meal factory (localize the example)</li> </ul>
Slide 2	<ul style="list-style-type: none"> <li>Break the heading into two, to provide</li> </ul>
Slide 3	<ul style="list-style-type: none"> <li>Add the bullet, moved from slide 1</li> </ul>
Slide 4	<ul style="list-style-type: none"> <li>Move the entire slide and position it just before slide 11, to maintain a smooth flow of content.</li> </ul>
Slide 7	<ul style="list-style-type: none"> <li>Add Key to explain abbreviations</li> <li>Change abbreviation CAC to PAC (Post Abortion Care)</li> <li>Flow chart does not match the physical Health Centre flow.</li> <li>Change “Community Based Abortion” to Unsafe Abortion</li> <li>Add IEC on top of the chart...in line with Lab, Testing...IEC</li> </ul>
Slide 8	<ul style="list-style-type: none"> <li>Change abbreviation CAC to PAC (Post Abortion Care)</li> </ul>
Slide 9	<ul style="list-style-type: none"> <li>Incorporate current planning system e.g. Action Plan</li> </ul>
Slide 10	<ul style="list-style-type: none"> <li>Simplify the content to make it clear</li> <li>Slide adopted from World Bank</li> <li>Add more notes for the facilitator</li> </ul>
Slide 11	<ul style="list-style-type: none"> <li>Simplify the content</li> <li>Insert slide 4 before slide 11.</li> </ul>
Slide 20	<ul style="list-style-type: none"> <li>The content of slide 20-27 should be placed before slide 11</li> </ul>
Slides 33-66:	<ul style="list-style-type: none"> <li>Add in facilitator notes that MSs and Planners to take the lead in facilitating the slides. Insert practical exercise for MBB and bottleneck using their recent action plans.</li> </ul>

<b>Module 3</b>	<b>Suggestions</b>
Slide 1	<ul style="list-style-type: none"> <li>• Revise module title: Orgn Structure, Program and Project Mgt</li> <li>• Introduce concept of Project Management and Organisation Structure as it relates to healthcare. Example; what is the difference between Project and Program in health terms.</li> <li>• Facilitator notes missing, add facilitator notes</li> </ul>
Slide 2	<ul style="list-style-type: none"> <li>• Remove slide</li> <li>• Use the slide arrangement/ flow and structure in Module 6</li> <li>• Realign slide 2 to have 2 distinct parts, reorganize the contents and learning objectives</li> <li>• Part-A Organisational Structure and Part-B Project Management.</li> </ul>
Slide 5 - 7	<ul style="list-style-type: none"> <li>• Should be moved to the section after organizational structure. Thereafter, section on leadership and management to follow.</li> <li>• Slides should come after discussing Organisational structures slides 9-19</li> </ul>
Slide 12	<ul style="list-style-type: none"> <li>• Insert facilitator notes an explanation of dotted line in the reporting structure.</li> <li>• Insert Organisational structure for MCDMCH</li> </ul>
Slide 14	<ul style="list-style-type: none"> <li>• Consider including MoH/ MCDMCH relationship</li> </ul>
Slide 16 and 17	<ul style="list-style-type: none"> <li>• insert the organogram for the MCDMCH</li> </ul>
Slide 18	<ul style="list-style-type: none"> <li>• Districts are now under MCDMCH</li> </ul>
Slide 20	<ul style="list-style-type: none"> <li>• Change title on the slide to read “Program and Project Management Fundamentals”.</li> <li>• Add Program and Project Management Fundamentals in facilitator notes.</li> </ul>
Slide 23:	<ul style="list-style-type: none"> <li>• Last footnote should include MCDMCH</li> </ul>
Slide 26:	<ul style="list-style-type: none"> <li>• Add all quartets in a circle and include “Scope” as overall management function.</li> <li>• Move slide to position 24</li> </ul>
Slide 27	<ul style="list-style-type: none"> <li>• Move slide to slide 23, after 22.</li> <li>• Need to link PM to module 1.</li> </ul>
Slide 28	<ul style="list-style-type: none"> <li>• Moves to slide 24.</li> </ul>
Slide 29:	<ul style="list-style-type: none"> <li>• Before Project closeout (slide 29), discuss basics on final Project Evaluation basics. An extra slide on Project Evaluations would do! Suggested to summaries/ edit slide 49 (M&amp;E process) under module 6 and place it on #29.</li> </ul>
Slide 30	<ul style="list-style-type: none"> <li>• Insert title of the slide: Leadership and Management</li> </ul>
Slide 33	<ul style="list-style-type: none"> <li>• Change title to “5 functions of management”.</li> </ul>
Slide 35	<ul style="list-style-type: none"> <li>• Change title to “5 functions of leadership”.</li> <li>• Replace enthuse with inspire</li> </ul>
Slide 36	<ul style="list-style-type: none"> <li>• Revisit footnote on flexibility, instead use adaptability.</li> </ul>
Slide 40:	<ul style="list-style-type: none"> <li>• New topic: ideally number the tools on the slide</li> </ul>
Slide 56:	<ul style="list-style-type: none"> <li>• In facilitator notes, distinguish between “mob” and “team”, or totally replace Mob with Team/ Group.</li> <li>• Revisit illustration and see how the content is not matching with facilitator notes below.</li> <li>• Or re-develop the content on this slide to make clarification to trainers.</li> </ul>
Slide 59:	<ul style="list-style-type: none"> <li>• In TOT facilitators to be re-oriented on the exercise to deepen understanding. Emphasize formulation of high performing teams, in consideration to what exists in the system.</li> </ul>
Slide 64:	<ul style="list-style-type: none"> <li>• Move to after slide 70</li> </ul>
Slide 65:	<ul style="list-style-type: none"> <li>• Will be the introductory slide in the section, OR</li> <li>• Change the title of the slide to “Change Management”, and leave the slide on 65</li> </ul>

General comments	<ul style="list-style-type: none"> <li>• Need to clarification on the fusion between the two topics. PM and Organization Structure. Is one embedded in the other or both weigh equally in terms of content, learning objectives and purpose?</li> <li>• Organizational structure is separate in a way, but should be maintained in under this module because participants should understand the environment where projects are deployed.</li> <li>• The module is on Program and Project Management; the examples are only looking at MOH as an example, because MOH is not a project, but program. Participants may get information as is, and right away apply it within the ministry, of which the structures are unique.</li> <li>• Include MCDMCH wherever there is MOH.</li> <li>• Integrate Planning sessions from both module1 and module2 together, and deliver in either module1 or module2.</li> <li>• Add examples related to MCDMCH as well.</li> <li>• Add facilitator notes to explain the role of the project in healthcare.</li> </ul>
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Module 4	Suggestions
Slide 2	<ul style="list-style-type: none"> <li>- include MCDMCH in bullet one</li> <li>- Add follow up content aside from Objectives</li> </ul>
Slide 6	<ul style="list-style-type: none"> <li>- Delete number 6; under facilitator notes</li> <li>- Number 5: replace WHO with “Government’s approved tools”.</li> </ul>
Slide 9	<ul style="list-style-type: none"> <li>- Move slide 9 to before Slide 7. It’s a summary of what is contained on slide 7.</li> </ul>
Slide 11	Delete the statement under facilitator notes beginning with “ <i>Examples of consequences of poor planning...</i> ”
Slide 17	<ul style="list-style-type: none"> <li>- Add applicants apply to PMO/ MCDMCH responsible person.</li> </ul>
Slide 21	<ul style="list-style-type: none"> <li>- Title should include exercise: challenges of recruitment</li> <li>- insert facilitator notes to guide how to conduct the exercise</li> </ul>
Slide 24	<ul style="list-style-type: none"> <li>- facilitator notes should have note on informal induction</li> </ul>
Slide 29	<ul style="list-style-type: none"> <li>- Replace WHO quote with Albert Einstein quote. “If you cannot measure it, you cannot manage it”.</li> </ul>
Slide 32	<ul style="list-style-type: none"> <li>- Change the picture to speak to content!?!?</li> </ul>
Slide 33	<ul style="list-style-type: none"> <li>- take note of two options of appraisal PA and...</li> <li>- Change second question under facilitator notes to an open ended question...e.g. what do you think about....</li> </ul>
Slide 39	<ul style="list-style-type: none"> <li>- replace picture with gender sensitive one...maybe a winning team.</li> </ul>
Slide 40	<ul style="list-style-type: none"> <li>- include second step to be undertaken before step 3/ detailed performance improvement plan.</li> </ul>
Slide 41	<ul style="list-style-type: none"> <li>- write the red book in full (Public Service Disciplinary Procedures book). Remove quotes!</li> </ul>
Slide 42	<ul style="list-style-type: none"> <li>- Bold the sentence on 42 to emphasize the importance.</li> </ul>
Slide 46	<ul style="list-style-type: none"> <li>- indicate exercise in title</li> <li>- add more content on Code of ethics/ values in Public Service</li> <li>- Add more facilitator notes, participants. Role play and slide on bad attitude.</li> </ul>
Slide 47	<ul style="list-style-type: none"> <li>- sentence “what do you understand...” should be the first just below the slide.</li> </ul>
Slide 50	<ul style="list-style-type: none"> <li>- Office Instructions should be capitalized...it’s a name of an existing book.</li> </ul>
Slide 51	<ul style="list-style-type: none"> <li>- add facilitator notes</li> </ul>

Slide 53	- Change DMO to DCMO
Slide 55	- Define Egalitarianism
Slide 62	- Improve on font - In practice HR staffs are not practicing these traits. Facilitator notes to remind HR of their role in professional development.
Slide 64	- create another slide which will include definitions; purpose and major elements-slide I.
Slide 65	- title of the slide does not match the content
General Comments	- Can we include employee needs in the growth cycle...e.g. career support,

Module 5	Suggestions
	<ul style="list-style-type: none"> <li>• Change: 'Objective' to 'Purpose'</li> </ul>
Slide 4:	<ul style="list-style-type: none"> <li>• Change Title to Financial Management</li> <li>• <i>purpose of financial reporting is to deliver financial information.....</i></li> </ul>
Slide 5:	<ul style="list-style-type: none"> <li>• Change title to read; Relationship between Planning and Budgeting</li> </ul>
Slide 4	<ul style="list-style-type: none"> <li>• Should be followed by Slide 7&amp;8</li> </ul>
Slide 5	<ul style="list-style-type: none"> <li>• Crowded need to move to notes - talking about module 3&amp;4 to Facilitators Notes</li> </ul>
After Slide 7 & 8	<ul style="list-style-type: none"> <li>• We can have slide 6 (Who are Financial managers/)</li> <li>• Under-The Handouts on Financial Oversight added; Credit entry decreases balances on Cash Book, Cash Acc, Imprest Acc and Expense Acc</li> </ul>
Slide 10:	<ul style="list-style-type: none"> <li>• Revise the Purpose; (To monitor the inflow and utilization of resources for the purpose of minimizing risks)</li> </ul>
Slide 12:	<ul style="list-style-type: none"> <li>• Under Facilitators Notes On Definition of Funding Profiles Replace MOH with Ministry and spending Agencies</li> </ul>
Slide 25:	<ul style="list-style-type: none"> <li>• Under purpose definition replace the word 'this' with 'Financial'. The new purpose should read; e</li> <li>• Definition of Financial Reporting needs to be revisited</li> </ul>
Slide 26	<ul style="list-style-type: none"> <li>• Change Title to: Types of Accounting Reporting</li> </ul>
Slides 27,28,29	<ul style="list-style-type: none"> <li>• Delete the word 'element of'.</li> <li>• Insert main which should read; <b>'Types of Financial Statement'</b>. Insert a slide stating <b>Types of Financial Statements...</b>and list the items</li> </ul>
Slide 37	<ul style="list-style-type: none"> <li>• Rebase the Currency</li> </ul>
Slide 42 on MBB	<ul style="list-style-type: none"> <li>• Under Facilitator's notes included notes on Step 1,2,3</li> <li>• Add a slide of screen shots of MBB software</li> </ul>
Slide 45	<ul style="list-style-type: none"> <li>• Remove the Exercise that requires participants to Calculate Cost Effectiveness Ratio, from facilitator notes</li> </ul>
Slide 48	<ul style="list-style-type: none"> <li>• Change title to: <b>'Forecasting'</b></li> </ul>
Before Slide 50	<ul style="list-style-type: none"> <li>• (Refer to Slide 9 and Slide 24 for comparison) need to insert a Slide to Introduce the new sub topic <b>'Public Procurement'</b></li> </ul>
Before Slide 54	<ul style="list-style-type: none"> <li>• (Refer to Slide 9 and Slide 24 for comparison) need to insert a Slide to Introduce the new sub topic <b>'Stores Management'</b></li> </ul>
On Slide 54	<ul style="list-style-type: none"> <li>• Revisit Purpose!</li> </ul>

<b>General Comments</b>	<ul style="list-style-type: none"> <li>Standardize fonts</li> <li>Rebase Figures</li> </ul>
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<b>Module 6</b>	<b>Suggestions</b>
Slide 2	<ul style="list-style-type: none"> <li>Add column for content in table</li> <li>Add column for purport</li> <li>Make bullet point number 5, bullet point number 2</li> <li>Notes: rewrite the sentence to “Presenter should help participants relate to local use of HMIS</li> </ul>
Slide 3	<ul style="list-style-type: none"> <li>Move quote to slide number 5 under notes.</li> <li>Move whole slide to before slide 8 in original or after slide 4</li> </ul>
Slide 4	<ul style="list-style-type: none"> <li>Notes: add the sentence, “Discuss the definition relating it to HMIS”.</li> </ul>
Slide 5	<ul style="list-style-type: none"> <li>Insert slide three quote</li> <li>Notes: “Ask participants how decisions are currently being made in their teams”</li> <li>Notes: Presenter should recount the findings of the Mutemwa study. Rewrite the Mutemwa study findings to relate to the question of how DHMTs make decisions.</li> </ul>
Slide 6	<ul style="list-style-type: none"> <li>Reformat colors in the slide so that the darkest colors can be seen in black and white printing.</li> <li>Reformat the numbering of the facilitator notes. Reformat the spacing of facilitator notes.</li> <li>Add notes from slide 24</li> </ul>
Slide 7	<ul style="list-style-type: none"> <li>Reformat the colors in the puzzle as darkest colors do not show in black and white printing.</li> <li>Change MOH to ‘ministry responsible for health’</li> </ul>
Slide 9	<ul style="list-style-type: none"> <li>Reformat the numbering under ‘discuss tools available’ for easier reading.</li> </ul>
Slide 11	<ul style="list-style-type: none"> <li>Define HMIS in full (expand acronym)</li> <li>Remove ‘I. Background’</li> <li>Change to reflect <i>elements</i> not <i>contents</i> of HMIS</li> <li>Add Notes: Presenter should ask the audience: <ul style="list-style-type: none"> <li>Who uses HMIS in their teams</li> <li>How their department uses HMIS</li> <li>Explain what HMIS is</li> </ul> </li> </ul>
Slide 12	<ul style="list-style-type: none"> <li>Remove slide and push to facilitator notes under slide 13 – ‘facilitators must be familiar with the above materials to present the module’.</li> <li>Add ‘indicator manual’ to the list of documents.</li> <li>Where can they be found? Put on CD and add hyperlinks if available online.</li> </ul>
Slide 14	<ul style="list-style-type: none"> <li>Move to slide 16 after subsystems</li> <li>Add facilitator notes on the need to describe what the chart is about and the elements.</li> <li>Reference the source explanation.</li> </ul>
Slides 15	<ul style="list-style-type: none"> <li>Notes: Ask what the difference between the DHIS and HMIS is.</li> <li>Notes: write notes that explain the difference between DHIS and HMIS</li> </ul>
Slide 16	<ul style="list-style-type: none"> <li>Remove the exercise section</li> </ul>
Slide 17	<ul style="list-style-type: none"> <li>Move notes starting on section reading “process notes for diagram” to below slide 16.</li> </ul>
Slide 18	<ul style="list-style-type: none"> <li>The table is too small to read.</li> <li>The content should be tackled in mentorship as well.</li> <li>Notes: Format “Additional notes” they do not look the same as the rest of the document</li> <li>In section beginning “Emphasize link between” that this is the process of data quality audits using HMIS and should be done as a preparatory meeting before PA and again once you reach the site under discussion.</li> </ul>
Slide 20	<ul style="list-style-type: none"> <li>Change color codes so that it is printable in black and white, darkest colors currently turn</li> </ul>

	<ul style="list-style-type: none"> <li>black.</li> <li>• Notes: <ul style="list-style-type: none"> <li>○ Facilitator must note that feedback should be at all levels of the health system</li> <li>○ Emphasize the need for validation of information</li> <li>○ Feedback should not be done on the last day of implementation, but throughout.</li> <li>○ Insert notes on the process of data audit at various stages.</li> </ul> </li> </ul>
Slide 22	<ul style="list-style-type: none"> <li>• Define DHIS, expanding an acronym it is not a definition</li> <li>• Remove bullet point on 'vision'</li> <li>• Make 'major elements', currently only contents are displayed.</li> </ul>
Slide 23	<ul style="list-style-type: none"> <li>• Insert the reference for the slide</li> <li>• DHIS vision should changes to 'purpose'</li> <li>• Notes: <ul style="list-style-type: none"> <li>○ How do you know you have a DHIS system?</li> <li>○ How do you interact with it?</li> <li>○ What very practically is DHIS?</li> </ul> </li> <li>• Why are the notes referring to HMIS? Are they one and the same?</li> </ul>
Slide 24	<ul style="list-style-type: none"> <li>• Insert before I. "The DHIS deals with...."</li> <li>• Notes: Move to slide 6.</li> </ul>
Slide 25	<ul style="list-style-type: none"> <li>• Insert a guide on the way the exercise should be conducted.</li> <li>• Notes <ul style="list-style-type: none"> <li>○ Ask participants if they know of any other vertical systems in their workplace?</li> </ul> </li> </ul>
Slide 26	<ul style="list-style-type: none"> <li>• Change the title to: Subsystems: Facility Information System</li> <li>• Notes: Include other subsystems <ul style="list-style-type: none"> <li>○ E.g. state where smart care fits</li> </ul> </li> <li>• Notes <ul style="list-style-type: none"> <li>○ Ask participants where they would go if they wanted data on cancer prevalence?</li> <li>○ Explain the five different types of information the DHIS collects</li> </ul> </li> </ul>
Slide 28	<ul style="list-style-type: none"> <li>• Move to slide 26</li> <li>• Notes: correct answer on roles of staff when collecting data, what are they assigned to undertake?</li> </ul>
Slide 29	<ul style="list-style-type: none"> <li>• Move to after data collection summary on slide 30</li> </ul>
Slide 30	<ul style="list-style-type: none"> <li>• Should follow DHIS data collection tools</li> </ul>
Slide 31	<ul style="list-style-type: none"> <li>• Should follow slide 28 on role of staff</li> <li>• Move all wording bullets to notes</li> </ul>
Slide 32	<ul style="list-style-type: none"> <li>• Should follow 34 on data analysis and reporting</li> </ul>
Slide 33	<ul style="list-style-type: none"> <li>• Should follow slide 31</li> </ul>
Slide 34	<ul style="list-style-type: none"> <li>• Add notes to highlight in detail what happens when data is captured</li> </ul>
Slide 36	<ul style="list-style-type: none"> <li>• Delete 'information sharing'</li> <li>• Content does not follow the elements</li> </ul>
Slide 37	<ul style="list-style-type: none"> <li>• Add definition to the title and format</li> <li>• Add notes from previous slide.</li> </ul>
Slide 39	<ul style="list-style-type: none"> <li>• Add notes on materials needed and how the exercise should be done</li> </ul>
Slide 41	<ul style="list-style-type: none"> <li>• Conte of elements</li> </ul>
Slide 42	<ul style="list-style-type: none"> <li>• Change operation plan to Action plan</li> <li>• Technical plan to work plan in slides and in the notes.</li> </ul>
Slide 43	<ul style="list-style-type: none"> <li>• Change #4 to 'research reports verified by the ministry responsible for health</li> </ul>
Slide 44	<ul style="list-style-type: none"> <li>• Summarize, the paragraph is loaded</li> </ul>
Slide 45	<ul style="list-style-type: none"> <li>• Recast format to table format for section opening, definition, purpose, major elements.</li> </ul>
Slide 46	<ul style="list-style-type: none"> <li>• Change operation plan to work plan: Gantt chart</li> </ul>
Slide 48	<ul style="list-style-type: none"> <li>• Affirm that the logic framework has been adopted by MOH &amp; MCDMCH</li> </ul>

	<ul style="list-style-type: none"> <li>• Change MOH to ministry responsible for health</li> </ul>
Slide 51 - 53	<ul style="list-style-type: none"> <li>• Slide 52 and 53 should become the notes of slide 51</li> </ul>
Slide 54	<ul style="list-style-type: none"> <li>• Notes: Ask “Are indicators important?” <ul style="list-style-type: none"> <li>○ They should determine direction and are key management tools.</li> </ul> </li> </ul>
Slide 55	<ul style="list-style-type: none"> <li>• Change the title from ‘example’ to ‘type of indicators’</li> </ul>
Slide 58	<ul style="list-style-type: none"> <li>• Move to slide 56</li> </ul>
Slide 59	<ul style="list-style-type: none"> <li>• Change colors of people in the graph to make the point.</li> <li>• Notes: Ask: Does this graph work for Malaria and HIV?</li> </ul>
Slide 60	<ul style="list-style-type: none"> <li>• Delete notes starting ‘Before participants.....’ until ‘to conclude, sentence ending... yourself accountable’.</li> </ul>
Slide 69	<ul style="list-style-type: none"> <li>• Reformat to standards for beginning a sentence.</li> </ul>
Slide 81	<ul style="list-style-type: none"> <li>• Move to slide 85 on critical thinking.</li> </ul>
Slide 83	<ul style="list-style-type: none"> <li>• Insert: exercise in the heading</li> <li>• Remove BroadReach and replace with ‘Akenenga Hospital in Abaneka district.</li> <li>• Move the sentence beginning ‘it hadn’t struck.....until ‘what are we doing about it’ to the notes section.</li> <li>• Follow with the sentence: What do you think?</li> <li>• Add time allocation to the exercise.</li> <li>• Hold the system responsible for not recognizing the malpracticing doctor.</li> </ul>
Slide 86	<ul style="list-style-type: none"> <li>• Insert format on developing reports etc.</li> </ul>
Slide 88	<ul style="list-style-type: none"> <li>• Insert a report checklist – laminate for ease of reference</li> </ul>