

LMG/Benin: Program Year 3, Quarter 1 Progress Report January 1 – March 31, 2015

Gilles Bokpe

April 15, 2015

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Program Year 3, Quarter I Progress Report
January 1– March 31, 2015



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Cover Photo: An LMG/Bénin LDP+ facilitator and two participants during the alignment meeting with the Klouékamè health zone.

PROJECT ACTIVITY SUMMARY FORM

Project Name: Leadership, Management, and Governance for Bénin (LMG/Bénin)
Project Objectives: LMG/Bénin has three main objectives: (1) Strengthen governance practices such as advocacy, policy formulation, regulation and information at the highest authorities of the Ministry of Health; (2) Develop leadership, management, and governance practices of health leaders and managers at central and decentralized structures of the Ministry and in the private sector; (3) Strengthen the institutional capacity of a competitively-selected local training institution.
Implementing Partner(s): Management Sciences for Health
Agreement/Contract No: AID-OAA-A-11-00015
Life of Project (start and end dates): October 1, 2012 – September 30, 2015
Reporting Period (start and end dates): January 1, 2015 – March 31, 2015
Total Estimated Contract/Agreement Amount: US\$2,361,317
Obligations to Date: \$2,336,317
Project Expenditures through December 2014: \$1,709,180.60
January – March 2015 Expenses: \$125,464.61
Accrued Expenditures for Reporting Period: \$179,068.51
Total Project Expenditures To Date: \$2,013,713
Obligated Funds Remaining: \$322,603.29
Estimated Expenditures for Next Reporting Period: \$196,810.53
Report Submitted by: Gilles Bokpe, Country Program Manager
Report Submission Date: April 15, 2015

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ACRONYMS

ANCRE	Advancing Newborn, Child and Reproductive Health
ANV-SSP	Agence Nationale de la Vaccination et des Soins de Santé Primaire
CLM	Center for Leadership and Management
DDS	Direction Départementale de la Santé
DPP	Direction de la Programmation et de la Prospective
DQS	Data Quality Self-Assessment
DSME	Direction de la Santé de la Mère et de l'Enfant
HIS	Health Information System
HOMEL	Maternal and Child Hospital
IRSP	Institut Régional de Santé Publique
LDP+	Leadership Development Program Plus
L+M+G	Leadership, Management, and Governance practices
LMG	Leadership, Management and Governance
MSH	Management Sciences for Health
OMS	Organisation mondiale de la Santé (World Health Organization)
PASS	Projet d'Appui au Secteur de la Santé
PEPFAR	President's Emergency Plan for AIDS Relief
PIHI	High-impact health intervention package
PMP	Performance Monitoring Plan
PNLP	Programme National de Lutte contre le Paludisme
PRPSS	Projet de Renforcement de la Performance du Système de Santé (Health System Performance Strengthening Project)
RBF	Results-based financing
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development

EXECUTIVE SUMMARY

USAID and Management Sciences for Health (MSH), in collaboration with other members of the existing leadership, management, and governance consortium in Bénin, developed the Leadership, Management and Governance project (LMG/Bénin) to focus on strengthening the capacity of health managers, leaders, and teams to carry out health program stewardship effectively.

LMG/Bénin is working with national health leadership to strengthen both technical skills and competencies in health service delivery as well as leadership and management skills, values and behaviors that demonstrate ethics, compassion, accountability, and transparency in public service. This approach focuses on modeling, training, mentoring, and exposing stakeholders to best practices in stewardship and health leadership. The project is focusing on changes in behavior and mindset, as well as on management, leadership, and governance practices and competencies that are needed to enable the Ministry of Health (MOH) to uproot deep-seated attitudes and reinforce transparent communication in all directions, with an emphasis on working as a team to reform the way the Ministry functions from top to bottom.

The goal of LMG/Bénin is to strengthen leadership, management, and governance capacity at all levels of the health sector, specifically targeting universal and equitable access to a high quality and integrated Essential Health Package and improved health outcomes. The project will achieve this goal through action-oriented training for health leaders and managers in key health systems strengthening building blocks, and by developing the stewardship capacity of senior leaders through specialized training and mentoring, supported over the long term.

LMG/Bénin has three main objectives towards this overall goal:

- **Objective 1:** Strengthen governance practices such as advocacy, policy formulation, regulation, and information at the highest level of the Ministry of Health.
- **Objective 2:** Develop leadership, management, and governance practices of health leaders and managers at central and decentralized structures of the Ministry and in the private sector.
- **Objective 3:** Strengthen institutional capacity of a competitively-selected local training institution.

During the reporting period of January 1, 2015, to March 31, 2015, the LMG/Bénin project continued to support the health sector in Bénin by working with key health leaders and managers to improve their leadership, management, and governance practices. One of the principal successes in this area was the project's launch of the Leadership Development Program Plus (LDP+) with health managers in the Klouékamè-Toviklin-Lalo health zone and the Maternal and Child Hospital (HOMEL). During this quarter, the project continued to help build the organizational and communication capacity of the MOH by engaging a consultant to create a directory of professional email addresses and launch a monthly MOH email newsletter. The Minister of Health signed into action the Gender Mainstreaming Strategy document, which LMG/Bénin helped to develop in 2014. The project advanced its partnership with the Institut Régional de Santé Publique (IRSP) by first training IRSP staff in leadership, management, and

governance (L+M+G). Following the training, the IRSP and LMG/Bénin technical staff began developing training modules and courses for the master's degree program in L+M+G. In terms of project management, LMG/Bénin reviewed and revised the year three workplan to respond to budget reductions and submitted these revisions to USAID/Bénin for approval on February 26, 2015.

I. PROJECT PERFORMANCE

This report presents the progress of the LMG/Bénin project between January 1 and March 31, 2015. The LMG/Bénin project team revised the year three workplan and budget following an \$88,683 budget reduction. In light of this reduction, LMG/Bénin held several meetings with USAID/Bénin to determine which activities should be removed from the workplan. Following these discussions, LMG/Bénin submitted a revised workplan and budget to USAID/Bénin for approval on February 26, 2015.

LMG/Bénin completed the following activities during the quarter:

- The project launched the first LDP+ workshop with the *Direction Départementale de la Santé* (DDS) in the Mono-Couffo department and the Klouékamè health zone.
- The Minister of Health signed and approved the Gender Mainstreaming Strategy that was developed under LMG/Bénin in 2014.
- The project reviewed and tracked the *Direction de la Santé de la Mère et de l'Enfant* (DSME), the *Programme National de lutte contre le Paludisme* (PNLP), and the *Agence Nationale de Vaccination et des Soins de Santé Primaire* (ANV-SSP) performance monitoring plans (PMPs).
- The project launched support to develop a directory of professional email addresses for the MOH as well as a monthly MOH newsletter.
- The project completed leadership, management, and governance training activities with the IRSP and began developing course contents for the master's degree program in L+M+G.

II. PROGRAM MANAGEMENT

The project continued to participate in weekly coordination meetings at the MOH, facilitated by the Secretary General of the MOH. This meeting brings together all project coordinators with their MOH counterparts, providing all participants with access to the same information on the various Ministry projects, programs, and directorates. The LMG/Bénin project uses these weekly coordination meetings to involve the MOH in project activities and in the past quarter used the meetings to work with the Ministry and other partners to:

- determine which health zones to include in the new LDP+ cohorts;
- select a consultant to develop the MOH professional email address directory and newsletter; and
- obtain the Minister's signature on the preface of the Gender Mainstreaming Strategy.

At the MOH's request, the LMG/Bénin project held several working sessions with the Health System Performance Strengthening project (PRSS), financed by the World Bank. These

meetings allowed the two projects to discuss the support LMG/Bénin provides in certain health zones that are also supported by PRPSS and identify ways in which the projects can work together to improve health indicators. LMG/Bénin's discussions with PRPSS and the MOH are ongoing, and both have expressed interest in LMG/Bénin conducting an LDP+ with a focus on results-based financing (RBF) in eight health zones. The objective of this partnership and the LDP+ in these zones would be to boost improvements in malaria, HIV and AIDS, and tuberculosis indicators.

Table 1: Management priorities addressed during this reporting period

Management priorities for next reporting period	Resources Needed (financial, human, supplies)	Comments
Follow up with USAID to seek approval of the revised project year three workplan and budget	Staff time	The project held several meetings this quarter with USAID/Bénin in order to reach an agreement on which activities should be removed from the project workplan in light of the budget reduction. Following these discussions, LMG/Bénin submitted the revised workplan and budget to USAID/Bénin for approval on February 26, 2015.
Monitor the progress and completion of planned activities with IRSP	Staff time	In progress
Produce all required reports according to the established calendar	Ongoing	The project produced and submitted all required reports according to the established calendar, including success stories.

Table 2: Management priorities for next reporting period

Management priorities for next reporting period	Resources Needed (financial, human, supplies)	Comments
Monitor the progress and completion of planned activities with IRSP	Staff time	The project will continue to monitor and support IRSP activities.
Produce all required reports according to the established calendar	Staff time	The project will produce and submit all required reports according to the established calendar, including success stories.

III. PROJECT ACTIVITIES

A. Leadership, Management, and Governance Trainings

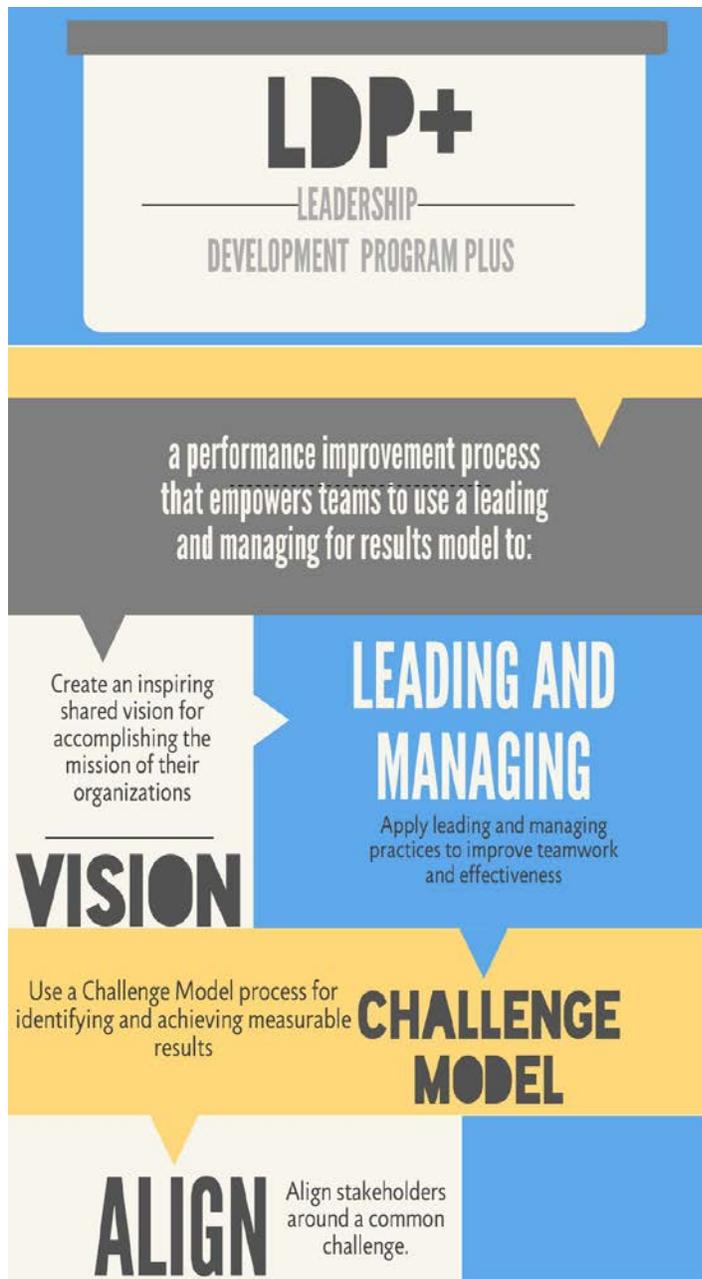
LMG/Bénin project staff visited the DDS in the Zou-Collines and Mono-Couffo departments from January 7-8, 2015, in order to identify the health zones that would be involved in the next LDP+ cohort. This activity responded to the MOH request that the next LDP+ cohorts prioritize the intermediary and peripheral levels of the health system. During the visits, project staff met with the two Department Directors and three medical coordinators and explained the objectives and methods used in the LDP+; in turn, LMG/Bénin learned about the organization and functions of the health structures led by these health officials. Initially both the Klouékamè-Toviklin-Lalo health zone in DDS Mono-Couffo and the Savalou-Banté health zone in DDS Zou-Collines were selected to participate in the LDP+; however, the reduced level of USAID funding allowed for only one health zone, Klouékamè-Toviklin-Lalo, to participate.

From February 20-21, 2015, LMG/Bénin held the alignment meeting for stakeholders and DDS Mono-Couffo and Klouékamè-Toviklin-Lalo health zone officials. The meeting was held at the Klouékamè health zone offices, with 30 participants (nine women and 21 men), including the Mono-Couffo Department Director and the Medical Coordinator for the Klouékamè-Toviklin-Lalo health zone. The LMG/Bénin facilitators oriented participants to leadership, management and governance practices, the challenge model, and methods for analyzing priority health areas. The objective of the alignment meeting was to secure participants' commitment and the engagement of principal decision-makers and officials at the department and health zone levels in the LDP+ process, by explaining the content and advantages of the program. The alignment meeting succeeded in:

- familiarizing participants with the LDP+ process and its contents;
- familiarizing participants with definitions of leading, managing, and governing practices;
- obtaining a commitment from each of the top officials to assist their teams in achieving their desired results;
- finalizing and approving the composition of each of the five improvement teams (one from the DDS, one from the health zone office, two from the health zone hospital, and one from the Toviklin health center); and
- selecting team members and coaches for each team.



A LDP+ team from HOMEL working together. From left to right: Prof. Etienne Zoumenou, Ms. Josiane Adjagba, and Prof. Rene Xavier Perrin



In preparation for the first LDP+ workshop on February 17 and 18, 2015, the LMG/Bénin project team trained coaches at the health zone office in Klouékamè. The training brought together six coaches (four women and two men), and aimed to explain the roles and responsibilities of a coach, explain the contents of the first workshop, and prepare coaches to facilitate some sessions of the first workshop. The coaching workshop successfully improved coaches' understanding of their roles and responsibilities in the LDP+, which will allow them to effectively coach their respective improvement teams and facilitate sessions in the first LDP+ workshop related to common vision, the challenge model, and monitoring and evaluation.

LMG/Bénin held the first LDP+ workshop, which focused on analyzing the current context, from March 3-5, 2015, at the *Hôtel la Majesté* in Bohicon. All twenty invited participants attended (twelve women and eight men), and were divided into five teams: the DDS team, the health zone office team, two health zone hospital teams, and the Toviklin health center team.

This first workshop created a foundation for the rest of the LDP+ process and succeeded in:

- generating each team's ownership of its mission;
- defining a common vision for all participants;
- creating awareness of and improving certain leading and governing practices, such as punctuality, taking responsibility, and delegating tasks; and
- allowing each team to begin to describe their current situation and examine their context.

Coaches carried out their first coaching visits to each improvement team during this quarter as well. These visits allowed the members of each LDP+ team to review and redefine certain

concepts from the first workshop and gave each coach the opportunity to learn about each team's progress towards describing and analyzing their current situation.

The LMG/Bénin project also launched the modular LDP+ with the Maternal and Child Hospital (HOMEL) this quarter. The modular LDP+ is a modified version of the original LDP+, and is adapted for groups whose schedules cannot accommodate the full workshop version of the LDP+. LMG/Bénin worked closely with the hospital director to launch the modular version of the LDP+, and held an alignment meeting on January 13, 2015. The project held two more meetings on February 3 and 10, 2015: the first meeting on February 3, 2015, brought together fifteen participants (ten women and five men) and



focused on introducing the objectives, advantages, and an overview of leading, managing, and governing practices. The second meeting on February 10, 2015, with fourteen participants (eleven women and three men) focused on introducing the challenge model after reviewing the lessons from the first session. LMG/Bénin conducted the first coaching visit after these two modular LDP+ meetings, and coaches helped teams to identify two challenges that they will work to address throughout the course of the LDP+:

1. Improve the rate of systematic exams of newborns from 25% to 75% by June 2015.
2. Increase the percentage of health services that utilize the Health Information System (HIS) from 40% of services to 80% by June 2015.

B. Support the *Direction de la Programmation et de la Prospective* to implement the MOH's Gender Mainstreaming Strategy

This quarter, the Minister of Health signed into action the Gender Mainstreaming Strategy that the LMG/Bénin project worked with in-country partners and the Ministry to develop and finalize in 2014. This was the final step before disseminating the strategy throughout the health system in Benin. On March 10, 2015, all the partners involved in creating the strategy (the MOH, the Belgian *Projet d'Appui au Secteur de la Santé* (PASS), UNFPA, OMS, PRPSS, *Projet ANCRE*, and LMG/Bénin) met to discuss printing the strategy for dissemination and to reinforce their support for the MOH's gender work. These partners confirmed their commitment to disseminating the document as widely as possible and to continue to fund any future activities

planned for the MOH's gender network. Now that the Minister has signed the strategy, the MOH will begin the work of implementing the strategy nationally, with support from the various partners that were involved in its development.

C. Coordination of support for high-impact health intervention package (PIHI)

The project also provided technical assistance to the MOH during this quarter to help complete two national documents related to the promotion of maternal and child health and malaria control efforts. These documents were the "National Guidelines on Monitoring and Evaluation of the High-impact Health Intervention Package (PIHI) at the Community Level" and the "2014 Ministry of Health Directory of Health Statistics."

D. Improving performance measurement at the Ministry of Health

This quarter, the project participated in a performance review of the DSME. All organizations participating in the review were divided into groups, referred to as commissions, and LMG/Bénin participated in commission 10, which focused on reviewing good governance, management, partner coordination and resource mobilization. Commission 10 analyzed:

- the structure of the maternal and child health program;
- the political, administrative, and organizational framework in which the DSME operates;
- the technical and management capacity of the DSME; and
- the DSME's collaboration with various partners.

The review served as a forum for proposing solutions to challenges related to the accelerated actions the DSME is taking to achieve the MDGs after 2015. Following the review, the commission completed an analysis document describing the major strengths and weaknesses of the DSME and developed a list of principal recommendations, which it shared with the DSME. During this review, LMG/Bénin was able to lead commission 10 to use L+M+G tools for analyzing strengths, weaknesses, opportunities, and risks. Commission 10 also used the LMG/Bénin conceptual framework (Annex 1) that describes the twelve practices of leading, managing, and governing as a reference for guiding the review process. The DSME will review all principal recommendations and share their next steps.

During this quarter LMG/Bénin also worked with the *Direction de la Programmation et de la Prospective* (DPP) to continue to coach DSME, PNLP, and ANV-SSP teams to monitor their performance monitoring plans (PMPs) in order to improve their performance measurement. The sustained coaching provided by LMG/Bénin has allowed the teams to implement recommendations from the final PMP evaluation workshop, evaluate and analyze the performance of the three structures throughout the second quarter of 2014 using technical tools (performance area graph and performance measurement matrix), and make recommendations for performance improvement based on indicators. Thanks to these coaching meetings, two of the three structures have implemented recommendations, two of the structures improved their performance during the past quarter, and the project shared the following recommendations for the next quarter:

- DSME: Continue to track maternal deaths and monitor regular audits of maternal deaths.

- ANV-SSP: Finalize the Data Quality Self-Assessment (DQS) in every planned health zone by the end of the first quarter of 2015 in order to improve the quality of vaccination data.
- PNLP: Validate malaria data with the DPP in order to finalize the Annual Statistics report.

E. Official email directory at the Ministry of Health

In collaboration with the Secretary General of the MOH, LMG/Bénin is reinforcing the professional image of MOH managers and increasing the visibility of the MOH by developing professional email addresses for MOH staff and creating a regular, monthly Ministry newsletter. During this quarter, LMG/Bénin finalized the scope of work for the creation of the email addresses and wrote a management module for the newsletter. The project recruited a consultant to manage this activity, who began working to develop the email address directory during this reporting period.

F. Technical Assistance Planning for the master's degree in L+M+G

The continued collaboration between LMG/Bénin and the IRSP resulted in the following accomplishments:

- LMG/Bénin completed training with the IRSP on leadership, management, and governance. The project led a training of trainers for personnel from the IRSP that focused on creating a common understanding and common definitions of leadership, management, and governance. The goal of this training was to have all trainers at the same level of understanding of and familiarity with these key concepts and to harmonize different points of view. Twelve men and seventeen women participated in the training.
- LMG/Bénin and the IRSP began developing training modules on leadership, management, and governance. This activity allowed the IRSP to determine the profile of prospective students, develop the objectives of the training, and define the contents of the training units.
- LMG/Bénin and the IRSP held a workshop to develop the course content for the master's degree in L+M+G.

IV. ACTIVITIES PLANNED FOR NEXT QUARTER

LMG/Bénin will carry out the following activities in the project year 3 workplan in the next quarter, from April 1 to July 31, 2015:

Objective 1: Enhance governance practices such as advocacy, policy formulation, regulation, and use of information or decision making at the highest levels of the Ministry of Health

- Support the DPP to implement the national Gender Mainstreaming Strategy
- Develop professional email addresses and periodic mailing list at the Ministry of Health, in collaboration with the Department of Information and Pre-archiving

- Provide technical and financial support to the DPP to carry out quarterly performance monitoring plan reviews with the PNLP, ANV-SPP and DSME
- Continue to conduct the LDP+ with the DDS Mono-Couffo and Klouékamè-Toviklin-Lalo health zone and the modular LDP+ with HOMEL
- Build the leadership and management capacity of the MOH to coordinate and implement the high-impact health intervention package (PIHI) nationwide, through a consultant who will work with the MOH to reinforce this process
- Provide technical support to the DPMED to develop a common vision between the PNLP, DSME, ANV-SSP, LNCQ, and CAME for the management of PIHI commodities and other malaria commodities

Objective 2: Develop leadership, management, and governance practices of health leaders and managers at central and decentralized structures of the Ministry and in the private sector

- Train a pool of 25 to 30 MOH staff and civil society personnel in leadership, management, and governance (through a short 5-day course, see activity under Objective 3)

Objective 3: Strengthen institutional capacity of competitively-selected local training institution

- Conduct a short-term leadership, management, and governance training sessions with senior leadership of the directorates, with support from a master trainer
- Develop monitoring and evaluation tools for the training modules and master's program

V. QUARTERLY TRAVEL PLAN: APRIL – JUNE 2015

No travel is planned for this quarter.

ANNEX 1: LMG/BÉNIN CONCEPTUAL FRAMEWORK TOOL

Leadership	Management	Gouvernance
<p>Scanning</p> <ul style="list-style-type: none"> ♣ Identifie les besoins et priorités des clients et parties prenantes de l'organisation ♣ Détecte des tendances, les opportunités et les risques affectant l'organisation ♣ Recherche des meilleures pratiques ♣ Connaît les capacités des ONG membres et les contraintes auxquelles elles sont soumises ♣ Connaît son personnel et l'organisation : ses valeurs, ses forces et ses faiblesses 	<p>Planification</p> <ul style="list-style-type: none"> ♣ Fixe les buts organisationnels et les objectifs de performance à court terme ♣ Développe des plans annuels et pluriannuels ♣ Alloue des ressources adéquates (financières humaines et matériels) ♣ Anticipe et réduit les risques 	<p>Culture de la redevabilité</p> <ul style="list-style-type: none"> ♣ Maintient une culture d'intégrité et d'ouverture qui sert l'intérêt public ♣ Etablit, pratique et fait appliquer des codes de conduite qui maintient de l'intégrité morale et éthique ♣ Intègre la redevabilité dans l'institution ♣ Les rapports sur les finances, les activités, les plans et les résultats à la disposition sont accessible au public et aux parties prenantes ♣ Etablit un mécanisme de consultation formelle par lequel les gens peuvent exprimer leurs préoccupations et fournir un feedback
<p>Focus</p> <ul style="list-style-type: none"> ♣ Articule la mission et la stratégie de l'organisation ♣ Identifie les défis les plus critiques ♣ Lie les buts à la stratégie organisationnelle d'ensemble ♣ Détermine les priorités clés pour l'action ♣ Crée une vision commune des résultats souhaités 	<p>Organisation</p> <ul style="list-style-type: none"> ♣ Etablit une structure claire d'autorité et de responsabilité ♣ Assure que des systèmes efficaces de gestion en matière des ressources humaines, des finances, de la logistique, de l'assurance qualité, des opérations, de l'information, de la promotion et du marketing appui effectivement le plan d'action ♣ Renforce les procédures et processus de mise en œuvre du plan d'action ♣ Distribue des taches au personnel de manière rationnelle pour la mise en œuvre du plan d'action 	<p>Engagement des parties prenantes</p> <ul style="list-style-type: none"> ♣ identifie et invite la participation de toutes les parties concernées par le processus de gouvernance ♣ Donne le pouvoir aux marginalisées, y compris les femmes, en leur donnant une voix dans les structures et les processus de prise de décision formelle ♣ Crée et maintient un espace où tout le monde est libre de partager ses opinions ♣ Etablit un mécanisme indépendant de résolution des conflits ♣ Suscite et répond à toutes les formes de feedback en temps opportun ♣ Etablit des alliances pour une action commune au niveau de l'ensemble du gouvernement et de l'ensemble de la société

Leadership	Management	Gouvernance
<p>Alignement/Mobilisation</p> <ul style="list-style-type: none"> ♣ Assure la cohésion fonctionnelle entre la mission, les stratégies, la structure organisationnelle, les systèmes et les activités quotidiennes ♣ Facilite le travail d'équipe ♣ Allie toutes parties prenantes autour d'une vision inspirante ♣ Lie les récompenses et la reconnaissance aux buts de l'organisation Engage les parties prenantes à affecter les ressources 	<p>Mise en œuvre</p> <ul style="list-style-type: none"> ♣ Intègre des systèmes et coordination du travail ♣ Arbitre les demandes, exigences et décisions contradictoires ♣ Utilise de manière routinière l'information pour la prise de décision ♣ Coordonne des activités avec les autres partenaires et secteurs ♣ Ajuste les plans et alloue des ressources en fonction des changements de situation 	<p>Etablir une direction commune</p> <ul style="list-style-type: none"> ♣ Prépare, documente et met en œuvre un plan d'action commun pour réaliser la mission et la vision de l'organisation ♣ Met en place des mécanismes de redevabilité pour la réalisation de la mission et de la vision à l'aide d'indicateurs mesurables ♣ Plaide en faveur des besoins et des préoccupations des parties prenantes ♣ Veille à la réalisation des objectifs communs et des résultats escomptés
<p>Inspirer</p> <ul style="list-style-type: none"> ♣ Donne l'exemple ♣ Fait preuve d'intégrité dans toutes les actions et interactions ♣ Manifeste sa confiance envers les membres du personnel et reconnaît les contributions des autres ♣ Lance des défis aux ONG membres tout en les appuyant par un feedback et d'autres mesures de soutien utiles ♣ Est un modèle en matière de créativité, d'innovation et d'apprentissage continu 	<p>Suivi Evaluation</p> <ul style="list-style-type: none"> ♣ Suit et considère le progrès par rapport au plan ♣ Fournit de la retro information ♣ Identifie les changements nécessaires ♣ Améliore les processus, procédures et outils 	<p>Administrer des ressources (intendance/gérance)</p> <ul style="list-style-type: none"> ♣ Sur le plan éthique mobilise et déploie les ressources nécessaires pour accomplir la mission et de la vision et de servir les parties prenantes et les bénéficiaires ♣ Collecte, analyse et utilise les informations et les preuves pour prendre des décisions ♣ Mobilise les ressources dans le système de santé et conçoit les objectifs communs ♣ Développe la capacité d'utiliser les ressources d'une manière qui maximise la santé et le bien-être de la population ♣ Informe et permet au public/partie prenante la possibilité de suivre la mobilisation, l'affectation et l'utilisation des ressources et la réalisation des résultats