

Leadership, Management, and Governance- Benin Project
Quarterly Progress Report, April-June 2015

Author: LMG/Benin Project at MSH

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Development Objective:

Strengthened leadership, management, and governance capacity at all levels of the health sector, targeting the result of universal and equitable access to a high quality and integrated Essential Health Package, and improved health outcomes.

Suggested Keywords:

Benin, leadership, management, governance, LDP, gender integration strategy

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The opinions expressed herein are those of the author(s) and do not necessarily reflect the views of the US Agency for International Development.

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Leadership, Management, and Governance/Bénin

Program Year 3, Quarter II Progress Report
April 1– June 30, 2015



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Cover Photo: LDP+ coach leads the Klouékamè-Toviklin-Lalo (KTL) health zone office team during a coaching session between LDP+ workshops.

PROJECT ACTIVITY SUMMARY FORM

Project Name: Leadership, Management and Governance for 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): April 1, 2015 – June 31, 2015
Total Estimated Contract/Agreement Amount: US\$2,361,317
Obligations to Date, June 30, 2015: \$2,336,317
Project Expenditures through March 31, 2015: \$1,931,125.64
April - May 2015 Expenses: \$124,120.74
Estimated June 2015 Expenses: \$73,533.73
Accrued Expenditures for the Reporting Period: \$37,012.90
Total Estimated Expenditures for Reporting Period: \$234,667.37
Total Estimated Project Expenditures to Date (as of June 30, 2015): \$2,165,793.01
Obligated Funds Remaining (as of June 30,2015): \$170,523.99
Estimated Expenditures for Next Reporting Period: \$195,523.99
Report Submitted by: Gilles Bokpe, Country Program Manager
Report Submission Date: July 15, 2015

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ACRONYMS

ANCRE	Advancing Newborn, Child and Reproductive Health
DDS	Direction Départementale de la Santé
DPP	Direction de la Programmation et de la Prospective
HOMEL	Hôpital de la Mère et de l'Enfant de la Lagune
IRSP	Institut Régional de Santé Publique LDP+
	Leadership Development Program Plus
LMG	Leadership, Management and Governance
M&E	Monitoring and evaluation
MOH	Ministry of Health
MSH	Management Sciences for Health
NMCP	National Malaria Control Program
PEPFAR	President's Emergency Plan for AIDS Relief
PMP	Performance Monitoring Plan
PRPSS	Health System Performance Strengthening project
RBF	Results-based financing
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
WHO	World Health Organization

BACKGROUND AND OBJECTIVES

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 strengthen the capacity of health managers, leaders, and teams to implement health programs.

The goal of LMG/Bénin is to strengthen leadership, management, and governance capacity at all levels of the health sector. LMG/Bénin is working with national health leadership to strengthen technical skills in health services; leadership and management skills; ethics and values of compassion, accountability, and transparency; and behaviors that demonstrate these skills and values.

To achieve these ambitious goals, LMG/Bénin models as well as trains and mentors stakeholders in best practices in health leadership. Guiding changes in behavior and attitude, the project is enabling the Ministry of Health (MOH) to emphasize healthy teamwork and promote communication throughout the health system.

A key result will be universal and equitable access to a high quality and integrated Essential Health Package, which in turn will improve health outcomes for the people of Bénin.

LMG/Bénin has three main objectives:

- **Objective 1:** Strengthen governance practices such as advocacy, policy formulation, regulation, and information-sharing at the highest levels 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.

I. PROJECT PERFORMANCE

This report presents in detail the progress of the LMG/Bénin project between April 1 and June 30, 2015. Specifically, the project:

- Continued the LDP+, conducting the second workshop in the series with teams from the Klouékamè-Toviklin-Lalo health zone;
- Continued implementation of the modular LDP+ with the Maternal and Child Hospital (HOMEL), conducting three coaching sessions in addition to regular monitoring visits;
- Printed the Gender Mainstreaming Strategy document and prepared it for distribution following approval of the Minister of Health;
- Engaged a consultant who launched a monthly MOH e-mail newsletter and created a directory of professional e-mail addresses of targeted recipients;
- Completed a baseline survey on the use of the professional e-mail addresses by MOH managers;
- Finalized training modules and courses for the master's degree program in leadership, management, and governance (L+M+G) with the Institut Régional de Santé Publique (IRSP);
- Trained a national pool of 25 MOH staff and civil society personnel in L+M+G practices;
- Conducted a workshop with the IRSP to develop M&E tools.

II. PROGRAM MANAGEMENT

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

- assist the LMG/Bénin consultant to develop the MOH professional e-mail address directory and launch a monthly MOH newsletter;
- prepare the official document on the Gender Mainstreaming Strategy;
- complete a baseline survey on the use of professional e-mail addresses by MOH managers.

At the MOH's request, the LMG/Bénin project continued to hold working sessions with the Health System Performance Strengthening project (PRPSS), financed by the World Bank. LMG/Bénin and PRPSS discussed opportunities for collaboration and efforts to improve the performance of the targeted health zones where both projects work. Both PRPSS and the MOH expressed interest in LMG/Bénin conducting a modular LDP with a focus on results-based financing (RBF) in eight health zones. On May 15, the MOH requested that LMG/Bénin implement an LDP at the intermediate level with five *Direction Départementale de la Santé* (DDS) and eight health zones in order to reinforce their leadership and planning capacity; however, during discussions with USAID/Bénin it was ultimately decided that the project would be unable to support this request, as LMG/Bénin is closing in September 2015, and therefore unable to provide the support needed to implement a six- to-eight month LDP at this point in the project.

Table 1: Management priorities addressed during this reporting period

Management priorities addressed during this reporting period	Resources Needed <i>(financial, human, supplies)</i>	Comments
Follow up with USAID to seek approval of the revised project year three workplan and budget	Staff time	LMG/Bénin submitted the revised workplan and budget to USAID/Bénin on February 26, 2015, and continues to follow up regularly with USAID/Bénin regarding approval of the revised documents.
Monitor the progress and completion of planned activities with IRSP	Staff time	In progress, on track.
Produce all required reports according to the established calendar	Ongoing	On track.

Table 2: Management priorities for next reporting period

Management priorities for next reporting period	Resources Needed <i>(financial, human, supplies)</i>	Comments
Monitor the progress and completion of planned activities with IRSP	Staff time	The project will continue to monitor and support IRSP activities through the end of the subcontract (August 1, 2015).
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.
Review all procurement, financial, technical, and consultant files in preparation for project close-out	Staff time	The project will develop a scope of work and identify a shipping company that will ship all project documents to the MSH home office.
Submit notice to landlord regarding lease and project end date	Staff time	The project will schedule a walk-through of the building with the landlord.
Collect final invoices from all vendors and provide notice to vendors according to legal requirements	Staff time	The project will provide notice to all service providers and vendors regarding the end of the project by the required date and collect the final invoices from all vendors.

III. PROJECT ACTIVITIES

A. Leadership, Management and Governance Trainings

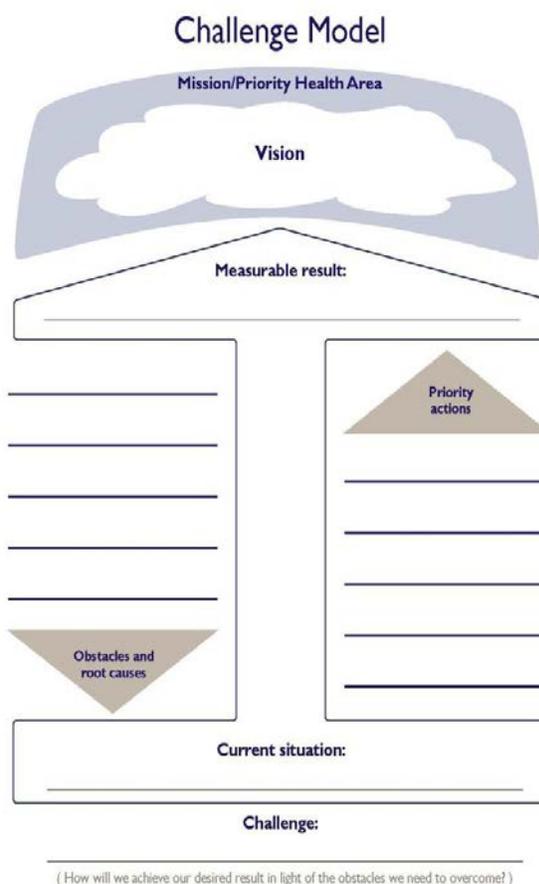
During this reporting period, LMG/Benin continued implementation of the Leadership Development Program Plus (LDP+) with selected health teams. The LDP+ is a process that develops people at all levels of organizations. Working in their real work teams, participants learn leading, managing, and governing practices that enable them to face challenges and achieve measurable results. They bring what they learn back to their workplaces, where they teach and inspire their coworkers to apply these practices to real workplace challenges in priority public health areas. LDP+ coaches provide feedback and support throughout the six to eight months of the process. This approach to leadership development differs from traditional leadership training programs that introduce leadership theories and behaviors in a course setting. The LDP+ improvement process links learning to the implementation of actions that achieve measurable public health results. Teams not only initiate changes but they carefully monitor the results of those changes over time.

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

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

The monitoring and evaluation plan:

The M&E plan details the indicators listed in the action plan that will be used to track progress. Since the LDP+ is focused on achieving service delivery results related to a priority health area, it is assumed that all teams will choose quantitative indicators that can be tracked monthly (as opposed to a qualitative indicator, such as client satisfaction, which would not necessarily be measured routinely and regularly).



Information contained in the monitoring and evaluation plan includes indicator definitions, baseline and goal/desired measurable result, data sources, and responsibility for data collection.

LDP+ with the Klouékamè-Toviklin-Lalo health zone

In response to an MOH request that the next LDP+ prioritize intermediary and peripheral levels of the health system, LMG/Bénin launched a new LDP+ cycle with teams from the Klouékamè-Toviklin-Lalo health zone in February. During the previous reporting period, LMG/Bénin held the alignment meeting to secure the 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. Following the alignment meeting, LMG/Bénin held the first LDP+ workshop and coaching sessions with LDP+ improvement teams in March 2015.

During this reporting period, LMG/Bénin continued implementation of the LDP+, conducting the second workshop (on focusing, planning, aligning, and mobilizing) with Klouékamè-Toviklin-Lalo health zone teams from May 11-15. The 20 participants (11 women and 9 men), formed five teams: one each for DDS, the health zone office, and Toviklin health center, and two for the health zone hospitals.

At this second LDP+ workshop, participants:

- Reviewed key concepts from the first LDP+ workshop, which focused on analyzing the context;
- Shared each improvement team's progress and accomplishments from between the two workshops;
- Learned how to apply the leading, managing, and governing practices to move from vision to action;
- Identified challenges and their root causes;
- Proposed priority actions with a gender perspective; and
- Developed action plans that lead to measurable results.

By the conclusion of the LDP+ workshop, each team had developed a challenge model, action plan, and monitoring and evaluation plan.

Photo (below, left): Adjai Edwige, pediatric nurse and participant from the Klouékamè-Toviklin-Lalo (KTL) health zone hospital team lists obstacles and root causes during the second LDP+ workshop.

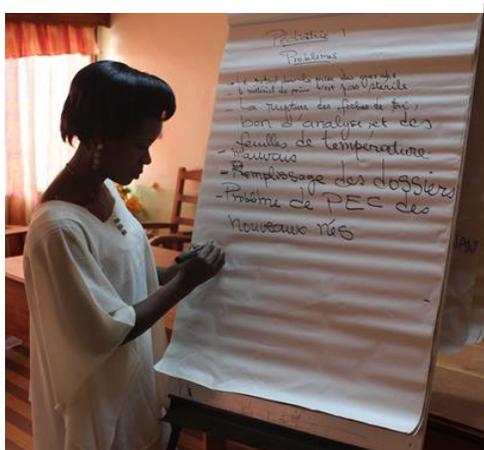


Photo (above, right): A Hygiene and Sanitation Officer from the Toviklin health center leads his LDP+ team in group work during the second LDP+ workshop.

The table below shows the desired measurable result defined by each of the LDP+ improvement teams during the second LDP+ workshop:

LDP+ Improvement Team	Desired Measurable Result (DMR)
Mono-Couffo DDS team	Increase the rate of audits completed of maternal deaths in Mono/Couffo from 12.5% to 50%, between May 31 and September 30, 2015
Klouékamè-Toviklin-Lalo (KTL) health zone office team	Increase the rate of available tracer medicines at the KTL health zone dispensing center from 70% to 95%, between June and September 2015
KTL health zone hospital (team 1)	Decrease the infant death rate in the pediatric division of the KTL hospital from 5% to 2% between June and September 2015
KTL health zone hospital (team 2)	Decrease the maternal death rate of patients in labor with a positive fetal heart tones referred to and received by the KTL hospital from 4% to 1% between March 31 and September 30, 2015
Toviklin health center team	From June to September 2015, the rate of new patients seeking treatment at the Toviklin health center will increase from 25% to 35%

Following the second LDP+ workshop, coaches carried out their second coaching visits to each improvement team. These visits allowed the members of each LDP+ team to review concepts from the second workshop and work with a coach to finalize their challenge model, action plan, and M&E plan.

Modular LDP+ with Maternal and Child Hospital (HOMEL)

The LMG/Bénin project also continued to implement the modular LDP+ with the Maternal and Child Hospital (HOMEL) this quarter. As previously reported, the modular LDP+ is adapted for groups whose schedules cannot accommodate the full workshop version of the LDP+.

During this quarter, LMG/Bénin held three coaching sessions, on April 23, May 19, and June 16 (with 17, 15, and 14 participants respectively), in addition to regular monitoring visits. During each session, coaches followed up on the team's progress toward addressing the two challenges identified at the beginning of the LDP+:

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

Although the systematic exam of newborns is a proven strategy to sustainably reduce neonatal mortality by allowing for early detection of abnormalities and diseases and early treatment, the challenge in many health centers is to encourage ownership of this strategy and adopt the systematic exams as a standard practice. After five months of implementation of the modular

LDP, HOMEL exceeded the target set with the first challenge, improving the rate of systematic exams of newborns from 25% to 82% by June 2015. Consequently, in 2014, the early neonatal mortality rate at HOMEL was 68 per 1,000 live births, and now in May 2015, the early neonatal mortality rate at HOMEL has dropped to 43 per 1,000 live births.



Photo (left): A pediatric doctor and member of the HOMEL LDP+ team explaining the challenge model during a modular LDP+ coaching session.

To achieve this result, LMG/Benin provided support to the HOMEL team to implement the priority activities outlined in the team's action plan, including:

- developing and displaying communication materials, including a standard protocol, to promote the free systematic exams of newborns;
- providing information from authorities regarding free systematic exams to both HOMEL staff and patients; and
- involving gynecology and pediatrics students in the effort to improve the rate of systematic exams of newborns.

To achieve the second challenge, raising the number health services that utilize the Health Information System (HIS), HOMEL must invest in a server and computer equipment. HOMEL plans to revise their budget during the next quarter to include these additional expenses.

B. Promotion and implementation of MOH's Gender Mainstreaming Strategy

Following the Minister of Health's signing of the Gender Mainstreaming Strategy, LMG/Bénin assisted the MOH to disseminate the strategy throughout the health system. All partners involved in creating the strategy (the MOH, the Belgian *Projet d'Appui au Secteur de la Santé* (PASS), United Nations Population Fund (UNFPA), World Health Organization (WHO), PRSS, *Projet ANCRE*, and LMG/Bénin) confirmed their commitment to disseminate the document as widely as possible and to continue to fund future activities of the MOH's gender network.

LMG/Bénin funded and arranged for the printing of 1,000 copies of the Gender Mainstreaming Strategy. An official handover of the strategy document to the Minister of Health will be held in

July 2015. Then the MOH and partners will begin the work of implementing the strategy nationally.

C. Official e-mail directory and monthly newsletter 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 e-mail addresses for MOH staff as well as creating a regular, monthly Ministry newsletter. During this quarter, LMG/Bénin engaged a consultant who created a directory of 102 professional e-mail addresses for the following MOH staff: Cabinet members, Central Directors, Departmental Health Directors, and Health Zone Medical Coordinators. The project will hold a training session with MOH staff, marking the beginning of the use of these e-mail addresses, in July 2015.

LMG/Bénin conducted a baseline evaluation on the e-mail addresses of MOH managers at all levels of the health system. According to the 34 managers surveyed, Yahoo is the most commonly used site for professional communications. However, MOH managers cited the following as main benefits of having a professional, MOH e-mail addresses:

- Increased credibility of official messages;
- Increased access to information;
- Increased ability to share experiences;
- Improved corporate identity;
- Improved confidentiality of administrative information;
- Separated professional and personal e-mail; and
- Increased account security.

Annex 3 contains the baseline report conducted by LMG/Bénin.

D. 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:

- Finalized training modules and courses for the master's degree program in leadership, management, and governance with the IRSP;
- Conducted short-term training on key L+M+G practices for 25 national trainers (including two women from LMG/Bénin) from June 8-12;
- Conducted an M&E workshop with the IRSP from April 5-8, with 8 participants (2 women). As a result, participants finalized indicators to monitor the implementation of IRSP activities.

The work that has been completed by LMG/Bénin leaves the IRSP capable of continuing to train health personnel, via short-term courses and long-term masters programs, in leadership, management, and governance. With LMG/Bénin support, the IRSP has created a process to train health personnel in L+M+G and will continue advocacy with financial and technical partners to ensure the continuation of this work.



From left to right: The Deputy Director of Public Health (MOH); Director of Training (MOH); Assistant Professor of Public Health (IRSP) attend the M&E workshop to monitor the implementation of IRSP activities from April 5-8, 2015.

IV. ACTIVITIES PLANNED FOR NEXT QUARTER

From July-September 2015, LMG/Bénin will focus on the technical, financial, and administrative close out of the project by September 30, 2015. MSH will adhere to the requirements as outlined in 22 CFR 226.71 pertaining to the closeout of technical and financial activities at the end of the project. On July 1, 2015, two technical staff were reduced to working part time for LMG/Bénin, and the remaining technical staff will be terminated at the end of the project on September 30, 2015. A letter will be sent, with sufficient advance notice in compliance with Bénin labor law, to employees whose contracts will be terminated, informing them that their employment agreements will be ending on the aforementioned date. All accounting processes will continue to be implemented as they have been for the three-year project. In terms of technical activities, LMG/Bénin will complete the following remaining activities from the project year 3 workplan:

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 Direction de la Programmation et de la Prospective (DPP) to implement the national Gender Mainstreaming Strategy: LMG/Bénin will present the final revised national Gender Mainstreaming Strategy to the Ministry of Health. The MOH will then officially launch the Gender Network and action plan, as outlined in the national Gender Mainstreaming Strategy. This network will be led by Nestor Koukoui, the Gender Focal

Point to the DPP, who is responsible for overseeing the implementation of activities outlined in the national Gender Mainstreaming Strategy.

- Develop professional e-mail addresses and a periodic newsletter at the Ministry of Health, in collaboration with the Department of Information and Pre-archiving: The sustainability of these activities will be reinforced by the Information Technology Directorate, which LMG/Bénin has supported to pilot the newsletter and manage the MOH's professional e-mail addresses beyond the life of the project. LMG/Bénin will hold a final presentation for Ministry of Health staff on the newsletter and professional e-mail addresses, encouraging the MOH to advocate to other technical and financial partners to increase the number of MOH staff with professional e-mail addresses.
- Complete the LDP+ with the DDS Mono-Couffo and Klouékamè-Toviklin-Lalo health zones: LMG/Bénin will engage participating DDS teams in Mono-Couffo and the Klouékamè-Toviklin-Lalo health zones to ensure the achievement of each team's challenge and promote the sustainability of the LDP+ program.
- Complete the modular LDP+ with HOMEL: LDP+ focal points within HOMEL will ensure the sustainability of the LDP+ within HOMEL and support the achievement of each team's challenge. The continued involvement and commitment of senior leaders demonstrates HOMEL's ownership of the LDP+ process.

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

- Follow up the University's authorization of the master's degree program in L+M+G. Launch the master's program: Although delays have meant that the LMG/Bénin project is unable to monitor the first year of implementation of the master's degree program in L+M+G, the work that has been completed leaves the IRSP capable of continuing to train health personnel, via short-term courses and a long-term master's degree program, in leadership, management, and governance.
- Monitor national pool of 25 MOH staff and civil society personnel following training of trainers in L+M+G practices: The IRSP will conduct monitoring of the 25 MOH staff and civil society personnel following the training of trainers in July 2015.

V. QUARTERLY TRAVEL PLAN: JULY – SEPTEMBER 2015

Traveler	Itinerary	Dates	Purpose
TBD	US-Benin-US	August	Project management and programmatic closeout

Annex I: LMG/BÉNIN SUCCESS STORY

SUCCESS STORY

Saving infants through routine exams at Bénin's Maternal and Child Hospital

Hospital staff use the “challenge model” to ensure that newborns get a health check



Photo: Management Sciences for Health

Eugène Zoumenou leads his LDP team during a working group session at HOMEL

“With the engagement of hospital personnel and good monitoring, it is possible to accomplish big things.”

- *Dr. Nicole Tchiakpe, pediatrician, HOMEL neonatal unit*

The Maternal and Child Hospital (HOMEL) of Cotonou is the largest reference hospital in Bénin for maternal and newborn health, assisting an average of 30 births per day. To reduce infant mortality--68 per 1,000 live births in 2014--HOMEL began routinely examining all newborns, checking for abnormalities so they could be treated early. While a health check right after birth is a proven way to keep infants alive and healthy, many health centers in Africa have yet to adopt it as standard practice.

The USAID-funded Leadership, Management and Governance project (LMG/Bénin) has supported HOMEL in its efforts to increase neonatal examinations, through the modular Leadership Development Program (LDP+). The LDP+ guides a team as they identify a key challenge, devise an action plan, address the challenge, then measure progress. LMG/Bénin implemented the modular LDP with 20 staff from HOMEL, who set as their challenge to raise the neonatal examination rate from 25% to 75% between February and June 2015.

To reach this goal, HOMEL staff identified priority actions, including: educating HOMEL clients and staff on the importance of an early exam, displaying neonatal examination protocols, and involving pediatrics and gynecology students in the effort.

It took only four months for the newborn exam rate to jump from 25% to 82%, exceeding the target of 75%. By May 2015, the early neonatal mortality rate at HOMEL had also dropped by more than one-third, to 43 per 1,000 live births.

“I really appreciate the model...developed with HOMEL, which shows concrete results,” said Professor Xavier Perrin, Chief of Service for Maternity.

Dr. Nicole Tchiakpe, a pediatrician in the neonatal unit at HOMEL, stated, “We have wanted to reach these results for awhile.... With the engagement of hospital personnel and good monitoring, it is possible to accomplish big things.”

Thanks to the management practices introduced in the LDP+, HOMEL has successfully achieved concrete results, surpassing its target--and saving lives.

Annex 2: LMG/BÉNIN Performance Monitoring Plan

LMG/Bénin – Performance Monitoring Plan (PMP)

#	Indicators	Definition/Description	Baseline	Year 1		Year 2		Year 3		Final Targets	Comments
				Target	Actual	Target	Actual	Target	Q3, Actual		
Objective 1: Enhance governance practices such as advocacy, policy formulation, regulation, and use of information for decision making at the highest levels of the Ministry of Health											
Output 1.1 Health system performance improved through evidence-based policy making, regulation, business planning and gender mainstreaming											
1	A gender strategy within the MOH in Bénin is developed and implemented	The gender strategy will inform synergies and coordination between the MOH, PTF, and LMG activities related to gender	No gender strategy	Gender strategy developed with its implementation started	No gender strategy	Implementation of gender strategy development continues	Gender strategy developed	Gender strategy implemented across the MOH	Gender strategy developed	Gender strategy implemented across the MOH	The project supported the development and diffusion of the Gender strategy within the MOH. Due to limited financial resources, the project has not planned implementation strategy activities; however, the Ministry is committed to implementing the strategy with the support of all partners involved in its development.
2	Number of groups, including the PNL, ANV, and DSME with a performance plan monitored annually by the DPP	The performance plan created by the PNL, ANV, and DSME is monitored	0	0	0	2	3	3	3	3	Completed.
3	Number of groups, including the PNL, ANV and DSME that have made and implemented at least one decision per quarter based on performance monitoring	Based on an analysis of the PMP indicators of each MOH structure, a decision is made and implemented	0	0	0	2	2	3	2	3	Both the ANV and DSME have made and implemented at least one decision per quarter based on performance monitoring. The NMCP was unable to meet this target due to conflicting priorities related to the national Long Lasting Insecticidal Nets (LLIN) distribution campaign.
Output 1.2 Leadership, Management, and Governance within the MOH, including DSME, PNL and ANV-SSP strengthened											
4	Percentage of measurable results related to high-impact health intervention package (PIHI), gender, and/or maternal and child health/family planning identified by LDP+ challenge teams	Improvement teams identify challenges related to PIHI, gender, and/or maternal and child health/family planning Numerator: Number of measurable results related to PIHI, gender, and/or maternal and child health/family planning Denominator: Number of measurable results identified	0%	-	-	-	-	100%	100%	100%	Indicator added for PY3; LDP+ ongoing.
5	# of teams completing a leadership development program, plus (LDP+) delivered by the LMG/Benin project	Teams complete the LDP+ within a six to eight-month period. During this period, teams work with senior leadership teams and senior technical teams to define a measurable result and work together to achieve it.	0	3	0	3	3	5	0	8	LDP+ ongoing, will be measured in Q4.
6	% of teams participating in the LDP+ that have achieved their desired measurable result within six months of completing the training	Numerator: # of teams completing the LDP+ that achieved their desired measurable result Denominator: # of teams completing the LDP+	0	66%	0%	100%	75%	100%	0%	At least 80%	LDP+ ongoing, will be measured in Q4.
7	# of MOH staff trained in L+M+G, disaggregated by type of position (senior, mid-level, junior), level (national, sub-national) and sex	L+M+G training entails a performance improvement process including short-course trainings and the LDP+, among others, that empower teams to use the leading and managing for results model in their own context and for the health priorities of the MOH	0	0	-	0	-	TBD	25 senior MOH staff, including 2 women	TBD	Completed short-term training on key L+M+G practices for 25 national trainers (including two women) from June 8-12, 2015.

8	Number of recommendations from previous meeting of the Pharmaceutical Directorate (DPMED), PNL, DSME, ANV-SSP, the National Quality Lab (LNCQ), and Essential Drugs National Purchasing Center (CAME) implemented before the next meeting	Meeting report and minutes from DPMED, PNL, ANV-SSP, DSME LNCQ, and CAME, must include a section on the previous meeting's recommendations and how they have been implemented	0	-	-	-	-	4	0	4	Select committee established to develop vision and track implementation of recommendations; indicator will be measured in Q4.
Output 1.3 Respect of values and behaviors that demonstrate ethics, compassion, accountability, and transparency in public service and health service delivery improved through public-private sector partnerships developing and implementing evidence-based policies for health care											
9	# of staff from the Councils of Pharmacy and Medical Doctors trained in L+M+G, disaggregated by sex	L+M+G training to the Councils will aim to build their institutional capacity to fully take on their role in the promotion and respect of morality and ethics	0	12 male, 12 female		0	10 male, 12 female	0	-	12 male, 12 female	Completed in PY2.
10	# of teams completing a standard leadership development program (LDP) delivered by the LMG/Benin project	Teams complete the LD+ within a six to eight-month period. During this period, teams work with senior leadership teams and senior technical teams to define a measurable result and work together to achieve it	0	3	0	3	3	-	-	3	Completed in PY2.
11	% of teams participating in the LDP that have achieved their desired measurable result within six months of completing the training	Numerator: # of teams completing the LDP that achieved their desired measurable result Denominator: # of teams completing the LDP	0	100%	0%	100%	100%	-	-	100%	Completed in PY2.
Output 1.4 Civil society providing input in health sector priorities and discussions											
12	# of CSOs actively involved in a public-private partnership network of health service providers in Benin	CSOs may include NGOs, FBOs, CBOs, and/or any networks involved and/or with roles in health care service delivery in Benin	0	N/A		N/A		N/A	-	N/A	No longer applicable due to USAID/Benin budget cuts beginning in February 2014.
13	# of ROBS staff trained in L+M+G, disaggregated by agency and sex	L+M+G training will focus on ROBS staff with technical and/or programmatic roles and responsibilities in their own organization	0	12 male, 12 female	24 male, 4 female				-		Completed in PY1.
14	% of awards won by ROBS out of the total number of grants to which ROBS applied	Numerator : Number of awards won by ROBS Denominator : Total number of awards to which ROBS applied	TBD	33%		50%		60%	-	N/A	No longer applicable due to USAID/Benin budget cuts beginning in February 2014.
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											
Output 2.1 Decentralization supported within the MOH through action-based leadership skills development											
15	% of health managers meeting most L+M+G requirements for their job duties, disaggregated by level (zonal, Departmental, central), sector (public, private) and sex	Numerator: # of health managers who successfully pass a performance assessment Denominator: Total # of health managers assessed A health manager is defined as someone who spends a substantial proportion of her/his time managing: a) volume and coverage of health services; b) resources (staff, budgets, drugs, commodities, etc.); and, c) external relations and partners, including service users. A performance assessment will include a relative number of specific tasks agreed upon and related to the health manager's roles and responsibilities	0	0		0		TBD	0	TBD	Due to delays in rolling out the IRSP short-term courses, LMG/Benin is not able to measure this indicator; however, the project is confident that the pool of MOH trainers, moving forward, will contribute to achieving Outcome 2.1, having put into place a critical mass of people who are qualified to provide training on LMG to health officials throughout Benin.

16	% of health care providers meeting most L+M+G requirements for their job duties, disaggregated by type (doctors, nurses, midwives), level (zonal, Departmental, central), sector (public, private) and sex	Numerator: # of health care providers who successfully pass a performance assessment Denominator: Total # of health care providers assessed A performance assessment will include a relative number of specific tasks agreed upon and related to the health care provider's roles and responsibilities	0	0	0			TBD	0	TBD	See above.
Output 2.2: Senior leadership, management, and governance development training program delivered and progress measured											
17	# of health managers receiving standardized in-service L+M+G training during the last 12 months, disaggregated by type (doctors, nurses, midwives), level (zonal, Departmental, central), sector (public, private) and sex	Standardized in-service training sessions for health managers are those L+M+G training sessions accredited by MOH and aimed to address competency gaps	0	0	0			TBD	0	TBD	Due to delays in rolling out the IRSP short-term courses, LMG/Benin is not able to measure this indicator; however, the project has held quarterly consultations on L+M+G with senior MOH staff and private sector representatives, strengthening public-private partnerships. The project is confident that the pool of trained health care providers and managers, moving forward, will contribute to achieving Outcome 2.2, having put into place a critical mass of people who are qualified to provide training on LMG to health officials throughout Benin.
18	# of health care providers receiving standardized in-service L+M+G training during the last 12 months, disaggregated by type (doctors, nurses, midwives), level (zonal, Departmental, central), sector (public, private) and sex	Standardized in-service training sessions for health care providers are those L+M+G training sessions accredited by MOH and aimed to address competency gaps	0	0	0			TBD	0	TBD	See above.
Objective 3: Institutional capacity of IRSP strengthened											
Output 3.1 Program curriculum and model developed with the IRSP											
19	Number of Integrated L+M+G curricula developed at IRSP	Short-term and long-term L+M+G curricula for managers and providers in the health sector (public and private) accredited through IRSP	0	0	2			0	1	2	Launched in PY3.
20	# of trainers and/or facilitators from the competitively-selected local training institution trained in L+M+G by the LMG/Benin project	The local training institution trainers or facilitators are those who will be delivering L+M+G curricula to managers and providers in the health sector (public and private)	0	0	4			13	12 male, 5 female	13	Launched in PY3.

21	# of L+M+G training programs that the local training institution delivered to senior leaders working in the health sector	L+M+G training programs are those that the local training institution will develop with technical support from the LMG/Benin project	0	0	0	0	1	0	1	Although delays have meant that the LMG/Benin project does not have time to measure all indicators, the work that has been completed leaves the IRSP capable of continuing to train health personnel, via short-term courses and long-term masters programs, in leadership, management, and governance. With LMG/Benin support, the IRSP has created a process to train health personnel in L+M+G and will continue advocacy with financial and technical partners to ensure the continuation of this work.	
Output 3.2 Pool of trainers from the Ministry of Health, civil society, private sector, and partners trained											
22	# of short L+M+G training courses developed for junior and senior level hospital and directorate staff	All L+M+G training courses will be developed in coordination with the PDCB (MOH Directorates)	0	0	0	1	0	1	1	1	Completed.
23	# of professional health associations with increased institutional capacity due to LMG/Benin activities	Increased institutional capacity will be based on priority areas in management, leadership and governance models and measured with an organizational capacity assessment tool adapted to the priority areas	0	0	0	0	TBD	-	TBD	Although delays have meant that the LMG/Benin project does not have time to measure all indicators, the work that has been completed leaves the IRSP capable of continuing to train health personnel, via short-term courses and long-term masters programs, in leadership, management, and governance. With LMG/Benin support, the IRSP has created a process to train health personnel in L+M+G and will continue advocacy with financial and technical partners to ensure the continuation of this work.	
24	# of trainers from local training institution receiving L+M+G technical assistance from LMG/Benin project	Technical assistance will focus on strengthening organizational capacity of the training institution and its staff according to their needs	0	14	0	14	0	13	14	13	Completed.

ANNEX 3: LMG/BÉNIN BASELINE SURVEY

RAPPORT D'ENQUETE DE BASE SUR L'UTILISATION DES ADRESSES EMAIL PAR LES RESPONSABLES DU MINISTERE DE LA SANTE

1- Contexte et justification

Le Projet LMG/Bénin en collaboration avec le Secrétariat Général du Ministère veut renforcer la présence professionnelle des responsables du Ministère de la Santé et la visibilité des résultats atteints par le Ministère à travers le développement des adresses professionnelles et la mise en place d'un module de newsletter.

En vue de permettre une évaluation des résultats de l'activité, une enquête de base a été initiée et réalisée. Elle a porté sur l'utilisation des adresses email par les responsables du Ministère de la Santé.

2- Objectif

Collecter des informations de base sur l'utilisation des adresses email par les responsables du Ministère de la Santé.

3- Méthodologie

Il a été question de collecter auprès des responsables du Ministère aux niveaux central, intermédiaire et périphérique des informations sur l'utilisation des adresses email à l'aide d'une fiche de collecte de données (voir annexe).

Tableau 1 : Echantillon enquêté

Responsabilité	Fréquence	Pourcentage
MEMBRE DU CABINET	2	5,90%
DIRECTEUR AU NIVEAU CENTRAL	10	29,40%
DDS ET COORDONNATEUR DE PROJET	10	29,40%
MEDECIN COORDONNATEUR DE ZONE	12	35,30%
Total	34	100,00%

Cet échantillon représente 34% des responsables du Ministère identifiés pour bénéficier des adresses professionnelles.

4- Résultats

Tous les responsables aux trois niveaux de la pyramide sanitaire ont été rencontrés dans une proportion acceptable. 91% de ces responsables ont plus de d'un an d'ancienneté à leur poste.

- **Nombre d'adresses électroniques par enquêté**

64% des responsables enquêtés disposent d'une seule adresse email qu'ils utilisent à la fois pour les correspondances privées et professionnelles. Ils y accèdent au moins une fois par jour.

Tableau 2 : Nombre d'adresses électroniques par enquêté

Nombre d'adresse	Fréquence	Pourcentage	Cum Pourcentage
1	22	64,70%	64,70%
2	11	32,40%	97,10%
3	1	2,90%	100,00%
Total	34	100,00%	100,00%

- **Nom du compte utilisé pour les correspondances professionnelles**

Yahoo est le principal site utilisé par la plupart (82%) des responsables du Ministère de la Santé pour leurs correspondances professionnelles.

Tableau 3 : Compte utilisé pour les correspondances professionnelles

Nom du Compte utilisé	Fréquence	Pourcentage	Cum Pourcentage
GMAIL	4	11,80%	11,80%
HOTMAIL	1	2,90%	14,70%
YAHOO	28	82,40%	97,10%
YAHOO ET GMAIL	1	2,90%	100,00%
Total	34	100,00%	100,00%

- **Pertinence de la création des adresses email professionnelles et du module newsletter**

Les deux-tiers des responsables affirment qu'ils ont été confrontés à des difficultés au cours de l'utilisation de leur compte email actuel.

Tableau 4 : Point des dysfonctionnements rencontrés

Dysfonctionnements	Fréquence	Pourcentage
Blocage et lenteur	9	26,50%
Problèmes lié au mot de passe	4	11,80%
Piratage	9	26,50%
Aucun dysfonctionnement	12	35,30%
Total	34	100,00%

Ils affirment au-delà de ces dysfonctionnements, des perturbations liées à :

- la réception de messages inutiles de la part de leur fournisseur de service email,
- la réception de message d'expéditeurs inconnus,

- la réception de beaucoup de message de menace de fermeture de compte, de confirmation des mots de passes, de tentative d'escroquerie ou encore d'achat d'espace de stockage.

Par ailleurs, les enquêtés posent tous un problème de la qualité de la connexion internet utilisée.

A la question de savoir s'ils ont souvent rencontrés des problèmes de crédibilité lors des correspondances professionnelles, les enquêtés répondent non dans la majorité (88%).

Tableau 5 : Fréquence des problèmes de crédibilité rencontrés

Problème de crédibilité ?	Fréquence	Pourcentage	Cum Pourcentage
AU MOINS UNE FOIS	3	8,80%	8,80%
RAREMENT	1	2,90%	100,00%
NON	30	88,20%	97,10%
Total	34	100,00%	100,00%

Cependant, ils sont tous favorables à la création des emails sauf un seul qui a posé le problème de multiplicité de compte. Les autres affirment que la création des emails professionnels pourra permettre de :

- faciliter les correspondances professionnelles et administratives
- domestiquer l'information,
- rendre efficace la communication,
- faciliter le partage d'information,
- favoriser l'accès au compte à leurs collaborateurs,
- améliorer l'identité corporative,
- faciliter les contacts externes d'ordre administratif,
- assurer la confidentialité des informations administratives,
- séparer le privé du professionnel,
- éviter le piratage de compte,
- sécuriser les comptes
- rendre plus crédible les messages officiels envoyés,
- rassurer plus les partenaires du caractère officiel des communications.

De même ils sont tous favorables à la mise en place d'un module de newsletter pour :

- faciliter la circulation de l'information,
- améliorer les communications professionnelles,
- bénéficier des expériences du secteur,
- mettre tout le monde au même niveau d'information,
- documenter et partager les acquis,
- faciliter les échanges d'information en vue d'un meilleur résultat
- diffuser les résultats,
- échanger les expériences professionnelles,
- éviter les retards dans la circulation de l'information,

- permettre la formation continue,
 - mettre à jour les nouvelles du secteur,
 - partager les activités menées.
- **Formation des enquêtés sur l'utilisation d'un compte email ou d'un module de newsletter**

Enfin, la plupart des responsables n'ont jamais été formés sur l'utilisation d'un compte email ou d'un module de newsletter.

Tableau 6 : Enquêtés formés sur l'utilisation d'un compte email ou d'un module de newsletter

Formation reçue ?	Formation MailPro		Formation Newsletter	
	Fréquence	Pourcentage	Fréquence	Pourcentage
NON	29	85,30%	33	97,10%
OUI. REVUE DE SANTE	5	14,70%	1	2,90%
Total	34	100,00%	34	100,00%

5- Recommandations

Au consultant et à la DIP :

- Sécuriser les comptes créés contre tout risque de piratage et de blocage,
- Eviter l'envoi des messages de publicité et autres messages non professionnels par des utilisateurs inconnus,
- Rendre l'utilisation du site facile, rapide et sans bug,
- Former les responsables sur l'utilisation des nouveaux comptes email et sur le module de newsletter,
- Assurer le suivi du site afin de prévenir et de résoudre tout dysfonctionnement.

Au SGM :

- Faire un plaidoyer auprès des PTF notamment la CTB qui s'investie déjà dans la mise à disposition de la connexion internet pour qu'une connexion de qualité soit disponible de façon permanente aux niveaux des différentes structures du Ministère de la Santé.

6- Conclusion

Cette enquête a permis de confirmer que l'utilisation d'une adresse email professionnelle par les responsables du MS n'est pas encore une réalité. Les enquêtés ont pu exposer les problèmes qu'ils rencontrent actuellement avec leur adresse email. Ils ont également manifesté leur intérêt à la création d'adresses email professionnels et d'un module de newsletter et ont cité de nombreux avantages dont ils profiteront.

La synthèse des souhaits formulés par les enquêtes pour faciliter l'utilisation des adresses email professionnels et du module de newsletter sera partagée avec le consultant afin de mettre à la disposition des responsables du MS un outil qui comblera leurs attentes.

**ETABLISSEMENT D'ADRESSES ELECTRONIQUES PROFESSIONNELLES ET MISE EN PLACE D'UN
MODULE DE GESTION DE NEWSLETTER AU PROFIT DES RESPONSABLES DU MS**

Madame, Monsieur,

Le Projet LMG/Bénin en collaboration avec la Direction de l'Informatique et du Pré-Archivage (DIP) organise une enquête de base sur l'utilisation des adresses email par les responsables du Ministère de la Santé. L'efficacité des structures du Ministère de la Santé est de plus en plus dépendant des correspondances non seulement papier mais aussi électronique. Il apparaît dès lors comme une nécessité de mieux cerner l'usage des adresses email. Vous avez été sélectionné au hasard pour participer à cette enquête. Le remplissage du questionnaire anonyme ne prend en moyenne qu'un quart d'heure.

D'avance merci pour votre participation !

Questionnaire de collecte d'information à l'endroit des responsables du MS

Date d'enquête :

Poste de responsabilité :

Ancienneté à ce poste de responsabilité (en mois) :

Email de l'enquêté :

1. Avez-vous accès à internet au moins une fois par jour ? Oui Non
2. Combien d'adresses email avez-vous ? /___/
3. Citez les noms des comptes et précisez le type d'utilisation :

Compte	Type d'utilisation (privé ou professionnelle)
Yahoo	
Gmail	
Hotmail	
Autre à préciser	
Autre à préciser	

1. Consultez-vous votre boîte électronique ?
Plusieurs fois par jour une fois par jour Une fois tous les deux jours
Une fois par semaine Autre à préciser
2. Combien de mails administratifs recevez-vous en moyenne par jour ? /___/
3. Combien de mails administratifs envoyez-vous en moyenne par jour ? /___/
4. Avez-vous déjà été confronté à des blocages avec votre (vos) compte(s)email ? Oui Non
Si oui lesquelles : Piratage Blocage de compte
Difficultés liées au mot de passe Autres à préciser :

5. Quelles sont les autres difficultés/contraintes rencontrées lors de l'utilisation de votre (vos) compte(s)?

6. Avez-vous changé une fois votre adresse électronique ? Oui Non

Si oui combien de fois ? / ___/

Pour quelles raisons ?

7. Avez-vous été formé au moins une fois sur l'utilisation d'un compte email ? Ou Non

Si oui quelle formation ?

8. Etes-vous déjà confronté à des problèmes de crédibilités lorsque vous utilisez votre compte privé administratif ? Non jamais Au moins une fois Rarement Fréquemment

9. Seriez-vous favorable à la création et à l'utilisation d'une adresse professionnelle ? Oui Non

9.a Pourquoi ?

10. Avez-vous des problèmes de circulation de l'information liés à vos activités professionnelles ?
Oui Non

Si oui expliquer :

11. Que proposez-vous pour une meilleure circulation de l'information en utilisant l'internet ?

12. Seriez-vous favorable à la création, à l'animation et à l'utilisation d'un newsletter ?

12.a Si oui à pourquoi ?

12.b Si non pourquoi ?

13. Avez-vous été formé au moins une fois sur l'utilisation d'un module de newsletter ?

Si oui quelle formation?

Merci pour vos reponses. Nous partagerons les resultats de cette enquete avec vous.