

# **Malawi Commodity Security Leadership Development Program Final Report**

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**Malawi**  
**Commodity Security**  
**Leadership Development Program**  
**March – September 2009**

**Final Report**  
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## I. Introduction

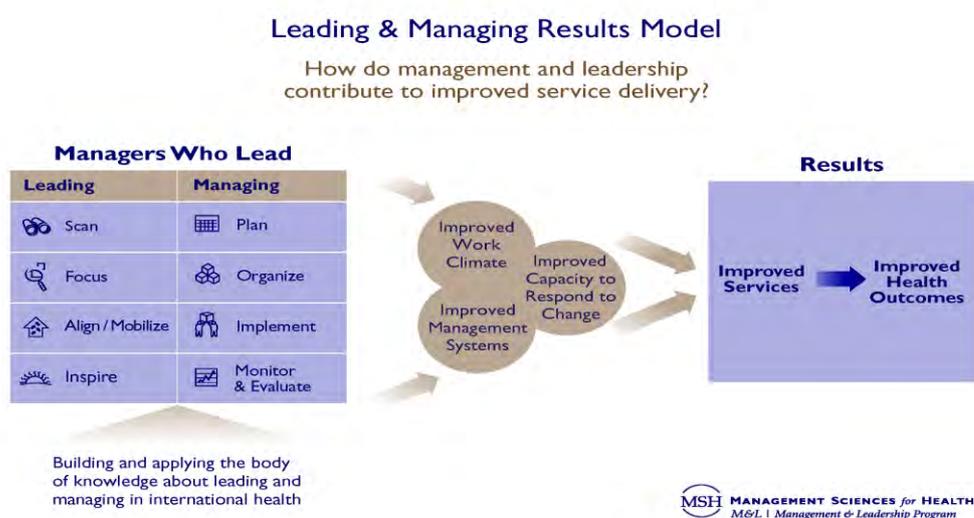
The Malawi Ministry of Health, in collaboration with Management Sciences for Health and USAID Deliver project, with funding from USAID, conducted a Leadership Development Program from March to September 2009 to strengthen commodities security in Malawi.

Two central level teams and four sub-national teams from the Central Region participated in the program: National policy team led by the Ministry of Health (MOH)/Health Technical Support Services (HTSS), Regional Medical Stores (RMS) for Central Region, Nkhotakota District Health Office, Dwambazi Health Center, Salima District Health Office and Chipoka Health Center.

## II. Overview

The LDP is an action-oriented leadership development process conducted over a period of four to six months. The LDP enables ‘naturally occurring teams’<sup>1</sup> to face challenges and apply leading and managing practices to identified challenges to develop the competencies needed to achieve desired results. At the core of the LDP is the realization that good leadership is about achieving measurable improvements in health services, thus permitting better health outcomes.

The model below shows how improved management and leadership practices bring about changes in systems and climate, critical contributors to improved services and health outcomes.



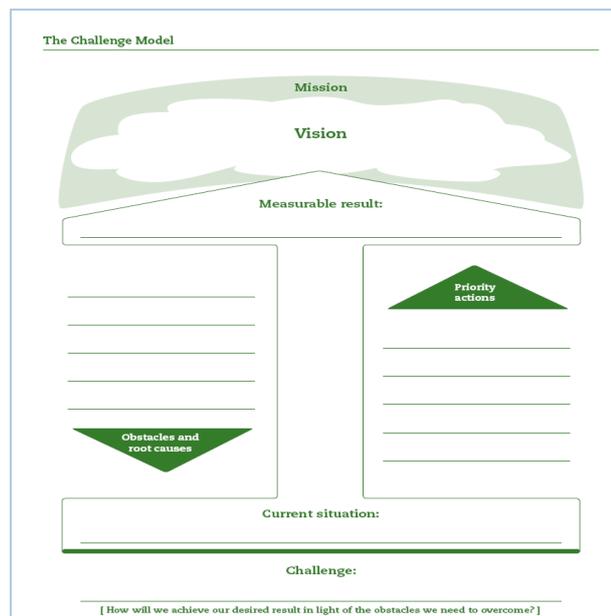
<sup>1</sup> Teams that work together on a regular basis towards a common objective or goal

In Malawi, the focus of the LDP was to improve commodities security. Due to limited funds, a decision was made to limit the geographic area to Central region and to select a few teams from each level of the supply chain with the aim of creating vertical relationships, mutual understanding and alignment around the common goal of improved commodities security.

Each team selected a challenge they were facing linked to commodities security. Using the Challenge Model below, the participants applied the leading and managing practices introduced in the workshops, to address their challenges.

In working through the Challenge Model, participants:

- created a shared team vision and defined the desired measurable result to be achieved by the end of the LDP;
- assessed the current situation and identified opportunities and obstacles;
- defined their challenge and selected priority actions to overcome their obstacles;
- developed an action plan;
- implemented their plan and monitored and evaluated their progress towards achieving their desired result.



In the **first workshop**, the participants were introduced to MSH’s Leading and Managing for Results Model and the Challenge Model, the two key foundations of the LDP. They selected a commodities security related challenge to address in the LDP and were then introduced to and had an opportunity to begin to apply the leading practices of “scanning” and “focusing” to their selected challenges.

In the **second workshop**, the participants learned the importance of “focusing” by defining their mission, strategic priorities and developing a workplan. Please refer to Appendix B to see the teams’ challenges and workplans. They gained skills in gap analysis and learned to use the Fishbone and Five Whys techniques to conduct root cause analysis and identify priority actions which target the root cause, not just the symptoms. They also learned simple techniques such as the Priority Matrix and the Importance /Urgent Matrix to help them prioritize and rank actions based on their time to complete, the cost, importance to quality, and availability of resources.

The participants continue to learn to increase and sustain the capacity to work in teams, face challenges, and achieve measurable results in the **third workshop**. They are introduced to a variety of simple tools and techniques for “aligning, mobilizing, and inspiring.” This includes learning to acknowledge others, support others with coaching, provide effective

feedback and ways to gain and maintain trust of co-workers, clients and other stakeholders. They also learn how to lead change initiatives and identify team roles. Finally, in preparation for the stakeholder results presentation, the teams learned how to analyze, interpret and present results on progress in the **fourth workshop**.

**In-between the workshops**, the participants faced their challenges, implemented their activities and received feedback and support through regular team meetings and coaching visits.

The participants **presented their final results to key stakeholders on September 24<sup>th</sup>** at the Capital Hotel. Please refer to Appendix C for copies of the teams' presentations. The Honorable Minister, Secretary for Health, several MOH directors, USAID, WHO, UNFPA and other key stakeholders attended the meeting.

### III. Results per Team

Below is a summary of the results achieved.

Team Name	Desired Measureable Result as of May 12 <sup>th</sup> 2009	Results as of September 24 <sup>th</sup> 2009
<b>National</b>	Concept paper on policy change regarding the costing of DMPA developed based on facts, presented, reviewed and endorsed by the Secretary for Health by Sept 2009.	Completed draft concept paper after conducting literature review, consultations with key stakeholders and Technical Working Groups.
<b>Regional Medical Store (Central)</b>	Increase average timely delivery of ordered essential medicines from 20% to 50% of facilities in the central region by September 2009.	100% timely delivery for the month of August 2009.
<b>Nkhotakota DHO</b>	By September 2009, 100% of the facilities in Nkhotakota are submitting reports by the 5 <sup>th</sup> of every month of which 50% are complete and 50% are accurate.	47% completeness, 50% accuracy, 95% timeliness; compared to 0% completeness, 0% accuracy and 55% timeliness in April 2009.
<b>Salima DHO</b>	Increase the Couple Year Protection (CYP) from 247 to 2500 by September 2009.	CYP increased from 247 to 2169.

<b>Chipoka Health Center</b>	By September 2009, 100% of pregnant mothers within their 2 <sup>nd</sup> or 3 <sup>rd</sup> trimester attending the antenatal clinic are also delivering at the health facility.	95.5% of women who attended the antenatal clinic also delivered at the health facility, representing a 20% increase from September 2008.
<b>Dwambazi Health Center</b>	By September 2009, the number of women of child bearing age in Dwambazi receiving family planning methods will increase from 30% coverage (875) to 50% coverage (1750).	An increase in the use of depo-provera by women of child bearing age from 875 to 1371 women.

#### IV. Lessons Learned

There were several lessons learned through this process which should be considered if this program is expanded in Malawi or replicated elsewhere:

1. Having teams from all levels of the supply system strengthened relationships across the levels and created a stronger alignment around the shared vision of improved commodities security. This was highlighted in the commodities security pre and post assessment (see Appendix D) where participants indicated that there was a better understanding of the challenges at the different levels, that they felt communication across the levels had improved and that there was a much stronger feeling of working together towards a common goal.
2. The LMS partnership with MSH/CFPHS and USAID DELIVER was a critical success factor for the program. Not only did they provide the context and great insight into the challenges on the ground but having their staff embedded in the teams helped strengthen the link between the LDP and the teams' day to day work as well as providing additional coaching and support along the way. If the program is expanded in Malawi, we must seek to continue embedding USAID/DELIVER and MSH/CFPHS staff with participating teams whenever feasible and appropriate.
3. Regular coaching visits to the facility in-between the workshops provides essential support to the LDP participants as they apply the leading and managing practices and tools. Coaching is also critical in ensuring that the teams stay connected to their facilities' purpose and clear about the results they need to produce. Due to a limited budget, this LDP program did not give enough attention to coaching. As a result, much more time and effort was used during the workshops to address these issues taking time away from the learning. More time and effort must be given to coaching in the future.

## V. Recommendations

Continuing to address challenges preventing commodities security will, over time, help reduce the maternal mortality rate, a priority of the Government of Malawi. In his concluding remarks at the LDP Final Results Presentation, the Honorable Minister of Health, Prof. Moses Chirambo, stated that *“the talent exists in the Ministry to address challenges preventing commodities security. The public health knowledge and human resources exists, what is needed now is the leadership and management skills to harness these two things to ensure that woman get the contraceptives in their hand, to save them from dying in child birth.”* In addition to presenting impressive results, all six teams demonstrated pride in their work and in their teams. Overwhelmingly participant’s requested continuation and scale-up of the LDP. In the program evaluation one participant stated, “I would wish the Ministry would adopt this program...so that the whole country can benefit.” Please refer to Appendix G for the Program Evaluations.

Building on the success of the LDP which concluded on September 24<sup>th</sup>, we propose to scale up our efforts by conducting three more streams of LDP involving all levels of the supply chain. We propose that each stream will consist of six teams composed of 4-6 participants and bring onboard the Christian Health Association of Malawi (CHAM) secretariat and facilities, the Central Medical Store, the Central Eastern Health Zone, as well as remaining District Health Offices and health centers within the zone. We believe this will continue to strengthen the supply chain from top to bottom and involve critical players within the Central Eastern health zone. By expanding to all levels within one health zone, we will develop the leadership and management skills of a critical mass of health workers who will be better able to secure commodities and deliver improved health services which ultimately will impact health outcomes such as reduced maternal mortality. A concept note outlining this has been submitted to USAID/Malawi for their review.

## VI. Appendices

Appendix A: Program Design and Schedule

Appendix B: Teams’ Challenges and Action Plans

Appendix C: Teams’ Final Presentations

Appendix D: Commodities Security Assessment – pre and post LDP

Appendix E: Program Evaluations

## Appendix A: Program design and schedule

<b>LDP Activities</b>	<b>Mar/April</b>	<b>May/June</b>	<b>July/Aug</b>	<b>Sept</b>	
<b>Stakeholder Meetings</b>	Senior Alignment Meeting March 30 <sup>th</sup>	Organizational champion communicates progress	Organizational champion communicates progress	Organizational champion communicates progress	Results Presentation Meeting Sept 24 <sup>th</sup>
<b>LDP Workshops</b>	April 15-17 Scanning	May 12-14 Focusing and planning for results	June 16-17 Aligning, mobilizing, and inspiring for commitment and buy-in		Sept 22-23 Results Presentation
<b>Leadership Project</b>		Scanning to choose a challenge	Analysis and action planning Preparing for monitoring and evaluation	Mobilizing resources Working in teams Monitoring progress	Reporting results
<b>Team Meetings</b>	Meet biweekly in workplace to do assignments and work on leadership project			Meet to review, evaluate, and prepare presentation of results	Select a new challenge
<b>Networking Meetings</b>		1–2 meetings to compare progress, practice leadership skills, and learn together			
<b>Coaching Visits</b>		Facilitators or local managers meet with team to encourage, monitor progress on leadership project, and reinforce what was learned in the workshops.			Feedback on presentation of results

## Appendix B: Teams' Challenges and Action Plans

### National Team

<b>Challenge:</b> How will we develop a fact based concept paper on policy change regarding costing of DMPA, have it reviewed, presented and endorsed in light of lack of time, data, and financial constraints?				<b>Indicators</b>  <ul style="list-style-type: none"> <li>• Fact based concept paper on policy change regarding costing of DMPA developed, presented, reviewed and endorsed by the Secretary for Health by Sept 2009.</li> <li>• Scanning and research completed by June 2009</li> <li>• Number of stakeholders consulted</li> </ul>
<b>Desired measurable result:</b> Concept paper on policy change regarding the costing of DMPA developed based on facts, presented, reviewed and endorsed by the Secretary for Health by Sept 2009.				
<b>Activities</b>	<b>Responsible</b>	<b>Start date</b>	<b>End date</b>	<b>Resources</b>
Conduct a meeting to finalise action plan	Samuel	22 May 2009	22 May 2009	Meeting room Time Facilitator LCD Snack
Conduct literature review on procurement policies and maternal mortality, relationship between FP and mortality and development.	Langton, Manondo, Sam, Deliwe, Olive, Jean	22 May 2009	25 June 2009	Procurement Policies Internet
Design and pilot data collection tools and sampling districts	Sam, Atusaye, Olive	10 June 2009	30 June 2009	Literature review Report

Collect data from the selected districts	Sam and Team	20 June 2009	10 July 2009	Data Collection form Stationery Schedule Transport Per diems
Conduct consultative meetings with stakeholders – SH, DD HTSS, DOP, Dir CMS, BLM, DHOs, CHAM, SWAp Secretariat	Sam and Team	20 June 2009	10 July 2009	Schedule Time Place stationery
Analyze collected data	Manondo and Team	10 July 2009	17 July 2009	Time Stationery
Draft concept paper on policy change regarding DMPA costing	Sam and Team	17 July 2009	24 July 2009	Time Stationery
Conduct meetings to review the draft concept	Sam	24 July 2009	31 July 2009	Invitation letters LCD Meeting Room Snacks

## RMS Team

<p><b><u>Challenge:</u></b></p> <p>How will we move from 20% to 50% the timely delivery of essential medicines to all facilities in the central region by September 2009 in light of a delay in reporting from the DHOs, high level of volume and tonnage compared to fleet and inadequate space for storage and re-packing?</p>				<p><b><u>Indicators:</u></b></p> <ul style="list-style-type: none"> <li>• % of facilities receiving ordered medicines on planned/scheduled time</li> <li>• % of facilities that have sent complete reports by the 10<sup>th</sup> of the month</li> <li>• Time spent for assembling and repacking of ordered medicines to be ordered</li> </ul>
<p><b><u>Measurable Result:</u></b></p> <p>Ensure timely delivery of ordered essential medicines to 50% of facilities in the central region by September 2009.</p>				
<b>Activities</b>	<b>Responsible</b>	<b>Start date</b>	<b>End date</b>	<b>Resources</b>
Organize bi-weekly meeting with all RMS staff to discuss the followings : Revision of monthly delivery schedule. Arrangement of medicines in the warehouse Cleanliness Repacking procedures	Chifundo	04/06	ongoing	Staff commitment
Rearrange cartons of medicines according to good warehousing practices	Gertude	20/05		Staff time, pallets, blue giant ladders, empty cartons

Conduct general cleaning	Frederick	22/05		
Evaluate last month and develop next month delivery schedule	PIC, RLO, Transport officer	15 <sup>th</sup> every month	continuous	
Call DHOs to remind about sending LMIS report	RLO	3 <sup>rd</sup> every month	Continuous	
Analyze the Med 194 and LMIS form received for accuracy and completeness	PIC, RLO	12-15 <sup>th</sup> every month	continuous	
Develop a worksheet to monitor repacking time*	PIC, RLO, Store officer	15 <sup>th</sup> June 09	30 <sup>th</sup> June	

(\*) Development of this worksheet requires standardization for at least 3 variables: time, number of staff repacking, volume repacked. Thus we'll establish a standard time for a standard number of staff to repack a standard volume of cartons.

## Salima Team

<p><b><u>Challenge:</u></b></p> <p>How will we increase the number of people of child bearing age (WCBA aged between 16 – 49) taking any of the FP methods from 21% to 30% in light of limited knowledge of FP methods by clients, long distances for many clients and regular stock outs of FP commodities.</p>				<p><b><u>Indicators:</u></b></p> <ul style="list-style-type: none"> <li>• % of people aged between 15 – 49 years taking any of the modern FP methods by Sept. 2009</li> <li>• # of H/E talks done on FP services in antenatal clinics</li> <li>• # of HE talks done in under fives clinic</li> <li>• # of H/E talks on FP done in OPDs</li> <li>• % of facilities timely supplied with of all of the FP methods</li> <li>• # of HSAs providing any of modern FP methods</li> <li>• # Of supportive visits done to CBDAs by Primary supervisors for motivation.</li> <li>• # of nurses providing long term methods to the clients</li> </ul>
<p><b><u>Measurable Result:</u></b></p> <p>The number of WCBA taking any modern family planning methods increased from 21% (17145) to 30% (24,493) by September 2009.</p>				
Activities	Responsible	Start date	End date	Resources
Supply all health care facilities with all the modern FP methods on time	Pharmacy technician	Ongoing	On going	Man power
Conduct open day on FP	IEC Officer	27 <sup>th</sup> June	27 <sup>th</sup> June	Allowances
Conduct H/E talks on FP services in antenatal clinics	Health facility in charge	On going	ongoing	Man power, time
Conduct H/E talks on FP in OPDs	Health facility in	ongoing	ongoing	Man power, time

	charge			
Conduct HE talks in under fives clinic	Health facility in charge	On going	ongoing	Man power, time
Train HSAs in provision of any of modern FP methods	DHO	Mid July	Mid July	Allowance, accommodation, time, stationary
Train nurses in provision of long term methods	Partner/MSH	22 <sup>nd</sup> June	26 <sup>th</sup> June	Allowances, stationary, accommodation
Conduct supportive visits to CBDAs	FP Coord. Primary supervisors	Ongoing	ongoing	Time, transport
Conduct open day to celebrate the results of the project	IEC Officer	October	October	Allowances, Transport

## Nkhotakota Team

<p><b><u>Challenge:</u></b> How will we have all health facilities in Nkhotakota submitting LMIS reports to the DHO by the 5<sup>th</sup> of each month of which 50% are complete and 50% are accurate, in the face of inadequate supervision, lack of commitment and unlimited capacity of some health center managers?</p>				<p><b><u>Indicators:</u></b></p> <ul style="list-style-type: none"> <li>• % of health facilities reporting by 5<sup>th</sup> of each month</li> <li>• % of health facilities submitting LMIS form which are complete</li> <li>• % of health facilities which keep accurate logistic data for inventory management</li> </ul>
<p><b><u>Measurable Result:</u></b> By September 2009, 100% of the facilities in Nkhotakota are submitting reports by the 5<sup>th</sup> of every month of which 50% are complete and 50% are accurate.</p>				
Activities (In order of priority)	Responsible	Start date	End date	Resources
Conduct LDP Meetings to review LMIS forms submitted every month	Jotham Zaola Martin Chimphayea	6/6/09	6/9/09	Time Stationary
Conduct supervision visit to all health facilities to perform the following functions -provide feedback on performance of the facility regarding filing of LMIS form -verify data on the LMIS and stock cards to measure accuracy	Martin Chimwemwe Saola Boniface	20/05/09	ongoing	Transport Allowances Lunch
Conduct orientation of health personnel from all health facilities	Hastings Martin	15/07/09	20/07/09	Transport Allowances

on LMIS (MAs, Nurses and LDP team members)	Zaola			Refreshments Stationary
Conduct LDP meetings to share with larger group	Boniface	21/05/09	25/09/09	Refreshments Time Venue Stationary
Conduct follow up on non compliant health facilities	Jotham, Chimwemwe Boniface	7/06/09	On going	Time Transport Airtime for phone calls
Conduct review meetings with personnel from all health facilities (MAs and Nurses)	Hastings & Martin	27/08	?	Funds to cater Allowances, refreshments and stationary Time

## Dwambazi Team

<p><b><u>Challenge:</u></b> How do we increase the number of women of child bearing age (WCBA, ages 15-49) receiving Depo-Provera as family planning method from 30% coverage (1380women) to 45% coverage (2070) in light of the lack of knowledge of family planning methods by women, incorrect reporting which lead to stock out, bad attitudes of health workers and lack of supervision within our work place.</p>				<p><b><u>Indicators:</u></b></p> <ul style="list-style-type: none"> <li>• % of new clients receiving Depo-Provera FP methods</li> <li>• % of subsequent clients receiving Depo-Provera as FP methods</li> <li>• The number of awareness campaigns on FP conducted</li> <li>• # of accurate reports each month</li> </ul>
<p><b><u>Measurable Result:</u></b> By September 2009, the number of WCBA in Dwambazi receiving Depo-Provera as family planning methods will increase from 30% coverage (1380women) to 45% coverage (2070).</p>				
Activities	Responsible	Start date	End date	Resources
Set reporting date in a month where by the whole group will be involved	Limbani	Last day of month	First day of month	Reporting forms Registers/Stock cards
Set up a timetable for IEC in FP (conducting health talks every morning)	Collings	25/05	26/05 on going	Flip charts, markers Cello-tape, Posters
Introduction of attendance register for health workers and update the roster for nurses.	Limbani	20/05	23/05	Hard cover notebook, pens
Conduct monthly supervision within all departments at the health center	Mwase	Last day of month	5 <sup>th</sup> day of month	Motor-cycles, transport, fuel, supervision forms
Conduct monthly meetings with	LDP team	Once/month		Flip chart, markers

our stakeholders ie. chiefs, political leaders and religious leaders		12/06	12/09	Refreshments
Conduct staff meeting on behavior change	LDP team	Once a month	12/09	Flip Charts Markers

## Chipoka Team

<p><b><u>Challenge:</u></b></p> <p>How will we increase the number of pregnant mothers within their 2<sup>nd</sup> or 3<sup>rd</sup> trimester attending the antenatal clinic at Chipoka delivering at the health facility given that there is lack of health education on the advantages of delivering at the health center and that the attitudes of the health workers to the patient/client is not good.</p>				<p><b><u>Indicators:</u></b></p> <ul style="list-style-type: none"> <li>• 95%-100% of pregnant women in their 2<sup>nd</sup> and 3<sup>rd</sup> trimesters attending antenatal services are also delivering at the health facility</li> <li>• Health education sessions (concerning the advantages of hospital delivery) conducted at the antenatal clinics on a daily basis</li> <li>• Clients/patients don't have a concern on the attitudes of Health Workers</li> <li>• All Group Village Headmen and the health Advisory Committee are familiar with the safe motherhood program</li> <li>• All TBAs are not performing any deliveries, even ANC</li> </ul>
<p><b><u>Measurable Result:</u></b></p> <p>By September 2009, 100% of pregnant mothers within their 2<sup>nd</sup> or 3<sup>rd</sup> trimester attending the antenatal clinic at Chipoka are also delivering at the health facility.</p>				
Activities	Responsible	Start date	End date	Resources
Holding meeting with staff to discuss the issue of poor staff attitudes towards clients/patients	Osman	21/05	21/05	IEC material Time
Holding a meeting with the health center advisory committee to help assist us in influencing pregnant mothers to deliver at health facility	Kenneth	22/05	22/05	Time
Holding a meeting with local	Robson	30/05	30/05	Time

leaders to get them to influence pregnant mothers to deliver at health facility				Refreshments
Hold a review meeting by LDP team to monitor progress in attitude of health workers towards clients/patients	Kenneth	31/05	31/05	Time Minute book
Collecting and analyzing data of new ANC clients on 2 <sup>nd</sup> and 3 <sup>rd</sup> trimester and analyzing data on the meetings held	Osman	31/5/09	13/6/09 Ongoing	Time ANC & Delivery Registers
Holding meetings with communities to tell them of the advantage of delivering at health facility and disadvantages of delivering at home	Alima	6/06	13/09	Transport Time IEC Materials Lunch allowance
Holding meeting with Chazima community to sensitize on health facility deliveries	Kenneth	20/6/09	20/6/09	Time Transport IEC materials Drama
Holding center staff meetings to review progress of antenatal	Osman	30/6/09	30/6/09	Time ANC&Delivery Registers

mothers and deliveries at the health facility				
Holding Meetings with Asni-maganga to enlighten them on the advantages of health deliveries and disadvantages of delivering either at TBAs or homes	Robson	4/7/09	4/709	Time Transport IEC Material Drama

Appendix C: Please refer to the Teams' presentations (attached Power Point presentations in a zip file)

Appendix D: Please refer to the Commodities Security Assessment Results (attached excel file)

## **Appendix E: Program Evaluations.**

### **What did you learn from the program?**

All the participants indicated that they had learnt a lot. One participant's comment summarized the general sentiments expressed about the program:

*"This is a very important programme. I have done management in college where by all the management practices were covered but it was not easy to apply them on a daily basis. The LDP is experiential and it has improved my communication skills, leadership styles, and I am now able to recognize and acknowledge other peoples contributions."*

Below are some examples of what others said they had learnt.

*"...about leading and enabling others"*

*The difference between a challenge and a problem"*

*"...that we should work as a group, not blame somebody but we should face the challenge together and find ways to overcome that challenge when we are together as a team,"*

*"How to work on a challenge and achieve good results."*

*"work climate can be changed for the better with limited resources..."*

### **How will you apply it?**

Most of the participants indicated that they would apply this in their workplace, at home and daily activities. Here are some examples of how they intend to do so...

*"Every time I face a challenge, I (will) sit down to identify the causes of the challenge, think about how I can deal with it and involve others when the need arises."."*

*"Internalize the concepts and practice them in my life at work and with peers."*

*"By applying the concept of what a good leader is, I will be able to deal with the challenges I face. I will equally enable others to face challenges and deal with them effectively."*

*"I will reduce conflicts through meetings and information sharing."*

*"I will assess the working climate by observing the degree of openness in the workplace."*

*"I will use the fishbone (technique) to find out root causes of some challenges."*

### **What suggestions do you want to give the LDP facilitators?**

Almost all the participants indicated that they liked the facilitation style and exercises. There was an overwhelming request that the LDP should be rolled to all facilities in Malawi. There were also requests to train local facilitators to carry the program forward.

*“ The facilitation was good and I liked the coaching sessions and team meetings.”*

*“This programme should be extended to other districts or the whole country.”*

*“I suggest that the facilitators should assist in finding resource providers to roll out the programme to other districts.”*

*“The way this program has been facilitated was great and I would wish if possible, that the Ministry adopt this program. You need to train more facilitators within the group so that the whole country should benefit.”*

*“Keep on training more health workers on the LDP for the betterment of Malawi. BRAVO!!”*

A few participants also indicated that more time should have been allotted to each of the workshops and that the workshops should have been held outside Lilongwe with all teams lodging.

*“The programme and facilitators are good. The only problem is time. We are covering a lot of things within a short time frame and some of the programs are done shallow. All participants should be given equal treatment (not other operating from home while others are accommodated). Some getting allowances when others are not. Fair treatment is required.”*

*“They should find a neutral place to accommodate all participants...”*