

THE MANAGER

MANAGEMENT STRATEGIES FOR IMPROVING HEALTH SERVICES

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Kitanga Province Takes On the HIV/AIDS Coordination Challenge

Coordinating Complex Health Programs

Editors' Note

THE CHALLENGE OF COORDINATION is to motivate groups to align their activities in order to maximize financial and human resources. Without effective coordination, scarce resources are wasted because of competition, confusion, and duplication of efforts. Coordinating complex health programs brings into play all the skills related to leading and managing, from planning to monitoring and evaluation. Coordination presents challenges of the same types at all levels and in all areas: national, multisectoral HIV/AIDS programs; nationwide immunization programs; or district-level programs coordinating with the community to deliver family planning services. However, at the national level, the costs of weak coordination can be immense.

THIS ISSUE OF *THE MANAGER* explores different types and mechanisms of coordination to help you choose which type of coordination best meets the needs of your organization or program. The issue reviews the forms of coordination for rapid response in health emergencies as well as for long-term sustainable action. There are guidelines for setting up a new coordinating body or breathing life into an existing entity.

This issue also provides practical approaches for managing political dynamics and overcoming common barriers to coordination. It examines the kinds of coordination that are most appropriate for HIV/AIDS programs and concludes by presenting tools and processes that you can adapt and use to meet the needs of your organization, program, or coordinating body. ■

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Subscriptions to *The Manager* are \$15 per year in North America, Western Europe, Japan, and Australia; in all other areas the publication is distributed free of charge. Postmaster: Send address changes to: 165 Allandale Road, Boston, MA 02130-3400 USA.

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The Manager (ISSN 1060-9172) is published quarterly by Management Sciences for Health with support from USAID. This publication does not represent official statements of policy by MSH or USAID. © Copyright 2003 Management Sciences for Health. All rights reserved.

Recommended citation: Management Sciences for Health. "Coordinating Complex Health Programs." *The Manager* (Boston), vol. 12, no. 4 (2003): pp. 1–24.

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This issue was published with support from the US Agency for International Development through the Management and Leadership Development Program under cooperative agreement HRN-00-00-00014-00.



Understanding the Challenge of Coordination

Large or small health programs that involve more than one organization or agency cannot succeed without effective coordination. Coordination makes it possible for groups with sometimes competing interests to combine their energy and resources to achieve a common health outcome. Although working together to achieve common goals can be difficult, organizations and programs have successfully coordinated to develop common standards, curricula for training, and indicators for monitoring and evaluation.

Mechanisms for coordination have sprung up at the international, national, and local levels in all sectors and across sectors. Successful coordination is often apparent in the work of partnerships, consortiums, associations, and multisectoral approaches to program implementation. Coordination successes are most often cited in disaster and refugee relief, single-focus campaigns, or localized outbreaks of infectious diseases, but examples also exist in long-term development efforts. Recently, national control programs and commissions to deal with infectious diseases have been established. The Global Fund to Fight AIDS, Tuberculosis, and Malaria has made coordination a condition for eligibility of funds and set up the Country Coordinating Mechanism.

But coordination is challenging because health programs often involve multiple health problems, interventions, sources of funding, and administrative levels. Most health programs are dealing with some of these complexities and can benefit from improved coordination. For example, good coordination practices can help you establish public-private partnerships to cover different population groups, set up a referral system, or make arrangements for pooling resources.

Coordination has emerged as a vital management requirement in responses to the HIV/AIDS epidemic. The need to achieve results quickly has fostered widespread recognition of the need for effective coordination. Because HIV/AIDS programs concern more than one government agency and require attention to sociocultural as well as medical issues, action by a single agency is insufficient to cope with the epidemic. The medical needs are wide ranging, from laboratories to medicines to training of providers. Prevention strategies require unusual partnerships, for example, among health facilities, local governments, entertainment groups, and groups of community activists. Treatment and care involve not just medical interventions but also responses from traditional healers, the media, and educational, social service, and religious institutions. Interventions take place in both formal and informal workplaces. HIV/AIDS places a huge demand on public and private resources and on organizations that are struggling to build the capacity to obtain and use new funding. Meeting these challenges requires a level of coordination that is new in health-sector work.

Although the challenge of coordination is particularly urgent and relevant for HIV/AIDS programs, this issue of *The Manager* looks at coordination in a broader context as well.

The issue can help you, as the manager of a health or social service organization:

- identify what coordination is and where it is needed;
- choose a coordination mechanism;
- set up and manage that mechanism to produce desired results;
- recognize and manage conflicting priorities;
- deal with barriers to effective coordination;
- select tools or processes for coordination.

This issue was written by Sylvia Vriesendorp, Organizational Development Specialist in the Center for Leadership and Management at Management Sciences for Health (MSH). Ms. Vriesendorp has helped groups improve their coordination processes in Ghana, Guinea, Haiti, Senegal, South Africa, Suriname, Turkey, and Zimbabwe, among other countries. Jon Rohde, a Senior Fellow in the Center for Health Systems and Services at MSH, also contributed to this issue.

What Is Coordination?

This issue defines coordination for health as bringing together, through a common structure (permanent or temporary), groups that are pursuing a common health outcome. The aim of coordination of health programs is to carry out complementary activities while making the best use of financial and human resources. Coordination of complex health programs is not an end in itself but a means of improving health outcomes.

The distinction between ends and means is important because some people and organizations spend enormous amounts of time, energy, and money on “coordinating” without reaching the goal of complementary, cost-effective action. It is not unusual to hear officials from governments and donor agencies complain that coordination is too time consuming, because they have experience with meetings whose sole purpose is to inform people about things they could have read in a report.

Choosing a Mechanism for Coordination

Coordination mechanisms vary in leadership and decision-making structures, range and type of institutional actors, and purpose. If you plan to set up a coordinating body, you should identify which of these factors are relevant to your coordination task. Then you can choose the coordination mechanism that seems most appropriate for the task. To make this choice, you need to:

- identify types of leadership and decision-making you can use;
- determine who the institutional actors should be;
- clarify the purpose of coordination.

Identifying Types of Leadership and Decision-Making

A review of United Nations humanitarian aid (Donini 1996) has described three basic types of coordination. These three types vary in terms of leadership, decision-making, and the level of authority with which coordination is executed. They are:

- coordination by consensus
- coordination by command
- coordination by default (informal)

Please see the table on page 5 for descriptions, uses, and examples of these types of coordination.

Determining the Institutional Actors

You should determine the institutions that need to be involved in coordination, since they will influence the form and functions of the coordinating body. The most common actors in coordination efforts are central government institutions—such as ministries and other national institutions—international institutions (including donors and United Nations agencies), multisectoral bodies, local government institutions, and civil society and the private sector.

Central government institutions. These include the departments or divisions of large public-sector agencies. If you are setting up a coordinating body within a ministry or between ministries, consider the level of the participating institutions, since government coordination often works on the basis of mandated authority. If the institutions are at different levels, or if the lead

agency is a subunit of a larger organization, it may be difficult to bring the organizations together.

National and international institutions. National institutions are subject to pressures that tend to prevent the creation of common systems, procedures, and strategies for implementing programs. Because power is distributed unevenly and donors need separate or parallel administrative controls for accountability and project management, coordination involving multiple donors can be difficult. Competition among projects funded by different donors undermines coordination and makes duplication of efforts more likely.

Multisectoral institutions. When coordination involves institutions from different sectors, you need a coordinating body with a high-level mandate, such as a presidential or parliamentary mandate. In the battle against HIV/AIDS, the Global Fund has given multisectoral coordination a boost by requiring countries to establish a Country Coordinating Mechanism as a prerequisite for receiving funds. Proposals have to show multisectoral partnerships, allocation of funding across sectors, and mechanisms to coordinate multisectoral implementation.

Local government institutions. You must coordinate effectively to promote coherent action at the local level, especially when many different groups are involved in service delivery activities. Many countries with well-functioning public administrative structures at the district level have created permanent or temporary coordinating task forces or committees. Such groups can focus on one public health issue or address broader development issues. The coordinating group seeks partnerships and the participation of all stakeholders to harmonize activities. The power and authority of such structures depend on membership, institutional arrangements, and the availability of a budget to support activities.

Civil society and private sector. If you are coordinating activities with community-based organizations, local leaders, or private for-profit organizations, you need to scan the environment and define what you hope to accomplish through better coordination. How competitive is the resource and program environment? What organizations of similar size and coverage exist? In many cases, structures that allow these organizations to associate regularly—such as councils, industrial associations, and partnership committees—are sufficient. Unless there is a compelling need for more for-

mal coordination, the results will not justify the cost and effort needed to create and sustain a coordinating committee.

Clarifying the Purpose of Coordination

The ultimate goal of coordination is reaching people with high-quality health services. The purpose or purposes of a coordination mechanism include:

- exchanging information
- formulating policies, strategies, or objectives
- dividing roles and responsibilities
- using resources effectively

Exchanging information. Some coordination mechanisms exist to exchange information. The parties involved in this type of coordination come together periodically to present their programs and policies and give updates on activities. Such meetings may not need to be frequent. They may include presentation and discussion of results, research findings, or new developments, and their implications for those attending. In some cases, the group may go beyond information exchange and create a research agenda, seek solutions to problems, create new partnerships, or renegotiate roles and responsibilities based on new information.

Formulating policies, strategies, or objectives. The main objective of a coordination mechanism that focuses on coherence is to create a comprehensive framework that will serve as a reference for all the parties involved. The coordinating body produces a document, usually after lengthy consultation, that defines goals, objectives, and priorities, the resources to be used, the internal organization needed to pursue these objectives, the mechanisms (financing and other) for implementation, and the methods for reviewing progress. (See page 12 for examples.)

Dividing roles and responsibilities. When there are many actors working in more than one technical area or carrying out similar activities in the same geographic area, the chances for confusion, duplication of effort, or missed opportunities increase. To streamline the work and make best use of resources, such groups need to clarify and make agreements on who does what and where. The work of partners can be divided technically or geographically using the processes presented on page 21.

Understanding Types of Coordination

Type	Description	Uses	Example
Coordination by consensus	The lead group orchestrates a coherent response and mobilizes key actors around common objectives and priorities. Consensus builds commitment and fosters the development of relationships that help sustain commitment. Bringing about consensus among the groups involved is usually more important than immediate action.	<p>Appropriate when activities will be carried out over a long period, the objectives of the coordinating body may change, or many of the participants are volunteers. Used when participants represent different sectors, the coordinating body meets regularly but not often, and the members represent not only their own organizations but also larger constituencies.</p> <p>Also appropriate when the purpose of the coordinating body is to harmonize different programs. The coordinating body can promote common approaches to areas such as training, research, and financial management, and address issues such as coverage and selection of sites for program activities.</p>	Kenya's Health Sector Reform Secretariat uses this type of coordination with its development partners. In Brazil, the São Paulo State Forum of AIDS nongovernmental organizations (NGOs) uses coordination by consensus to organize the HIV/AIDS activities of more than 160 NGOs.
Coordination by command	There is a strong authority in charge to call meetings to order, obtain the participation of appropriate technical and management personnel, insist that decisions be made, and mandate follow-up.	Useful in emergency situations requiring rapid action and clear division of labor among many groups. In some countries, HIV/AIDS constitutes an emergency; there, the president's or prime minister's office usually leads the coordinating body.	The successful coordination by the Indian government of the Bangladesh refugee relief in 1971—ten million refugees, hundreds of agencies—was facilitated by a retired army colonel, to whom some referred as the "relief dictator."
Coordination by default (informal)	The responsibility for coordination is left to the organizations themselves. Spontaneous leadership often takes place when organizations realize that they cannot pursue their own agendas independently.	Used when no obvious source of leadership exists because of insufficient power or interest. Used primarily for exchanging information.	In Haiti, strong NGOs and bilateral agencies decided to divide their work technically and geographically so that together they could produce the desired results. NGOs or community groups will often start working informally and set up more formal entities once they begin to see the advantages of coordination.

Using resources effectively. Coordinating can mobilize financial or other resources to respond to particular needs. Although such coordination mechanisms are best known at the supranational level (for example, donor meetings to solicit pledges of aid to a particular country), they also happen between or within regions when resources are poorly distributed and specific targets are not being met. For example, in Guinea, districts that were performing well in a vaccination campaign lent mopeds to a district that needed help.

You can use coordination to reduce costs for functions such as training, distribution, pharmaceutical management, and monitoring. Having one training curriculum and pool of trainers, standard treatment and drug use protocols, combined supervision visits, and universal reporting formats can save time and

money (and improve the quality of services) in the long term, even though their set-up can be costly and time consuming. The USAID-funded Health Systems 2004 Project in Haiti has produced a list of operational and clinical requirements for a facility that offers voluntary counseling and testing services. Using a list of this type (see page 18), you can divide responsibilities among different organizations and be confident that they are working to the same standards. If you are involved in coordination of this type, allow time to produce the necessary initial agreement. After that, make sure the group meets periodically to review progress and obstacles and to revise agreements or create new ones as needed.

When you need to establish a new coordinating body, the following exercise can help you determine its structure, purpose, and specific elements.

Setting Up a Coordinating Body

Complete this exercise with the key stakeholders in the coordinating body that you are creating. This process, or parts of it, can be repeated later.

STEP 1 In the following list, check the aspects of coordination that are relevant to your situation.

Leadership and decision-making

- consensus
- command
- default (informal)

Institutional actors

- central government institutions
- other national institutions and international institutions
- multisectoral institutions
- local government institutions (regional, provincial, district, subdistrict, municipal)
- civil society (community, local leaders, local NGOs) and the private sector

Purpose of coordination

- exchanging information
- formulating policies, strategies, or objectives
- dividing roles and responsibilities
- using resources effectively

STEP 2

Use the following checklist to consider the elements of the new coordinating body.

- What is the coordinating body's mandate? Are there other bodies with similar or overlapping mandates?
- What authority does the coordinating body have?
- What agency (or agencies, in a rotating system) will fill the role of coordinator?
- Who (type of person) is the chairperson or executive secretary?
- Who needs to approve important decisions?
- To whom or to what is this body accountable?
- What is its structure? (governing structure, membership, staffing, type of decision-making, reporting relationships)
- If there will be a board: Who will be invited to join the board? What sort of staff is needed? How big should the board be? Which groups need to be represented?
- How will the body function? (decision-making processes, planning, budgeting and fundraising, areas of technical expertise needed)
- What systems and procedures are needed? (meeting management, conflict resolution, personnel procedures, information management and reporting, office management, etc.) What benchmarks will be used to measure progress?

STEP 3

Decide which of the following you will need to develop:

- a charter or terms of reference specifying the body's authority and the entity to which it is accountable;
- scope of work for the coordination task (For example, a scope of work for training would include the number of training programs needed, resources that exist, and training capacity that needs to be developed to meet the training requirements.);
- indicators for monitoring and evaluation;
- organizational chart;
- operations manual (not needed for informal coordination);
- budget based on the information collected in steps 1 and 2.

You can use the following exercise to examine an existing coordinating body. The exercise is also useful when many new people have joined or a shift in focus is needed. Answering these questions will give you information to use in making a decision about whether

to invest in improving this coordinating structure. Create an action plan for improvement that specifies the people responsible for activities, the costs, and the timeline.

Breathing New Life into an Existing Coordinating Body: An Agenda for a Team Retreat

HISTORY AND MISSION

- What is our history? Where did we come from and what happened in the intervening years? What were the highlights and low points? What changes have taken place since then?
- Who are we? Who is in the room? Create a profile of the people in the group.
- What is our mission? Conduct a reading of the official document or act that created the coordinating body.
- Review and discuss the mission, vision, and key strategies. What would be a great result in the near future? In the far future?

STRUCTURE, ROLES, AND ACTIVITIES

- What is our structure? Review the organizational chart.
- Review board and staff relationships.
- Examine each technical area that is coordinated: key statistics, dimensions, new developments, challenges, and problems.

ENVIRONMENT, PARTNERS, AND RESOURCES

- Discuss the political context in which we operate (health sector reform, civil service reform, political reform, etc.). How does the context affect us?
- Who are our partners, how do we relate to them, and what do they expect from us?
- What resources do we have? Review resource needs and availability.

ACCOMPLISHMENTS, CHALLENGES, AND PRIORITIES

- What have we accomplished so far?
- What is our reputation? What are our strengths and weaknesses?
- Are we moving in the right direction? What are the obstacles and challenges to our effectiveness?
- How can we revitalize our coordinating mechanism? Consider ideas, priorities, and proposals for monitoring and evaluation, advocacy, and IEC.
- How can we deal with the flood of ideas, priorities, and proposals for public relations, human resources, and resource mobilization and financial management?
- Consider ideas, priorities, and proposals for how to go forward with various issues. How can we improve relationships with other bodies and stakeholders at the national, district, and community levels?

Source: Adapted from Severo 2002

Recognizing and Managing Conflicting Priorities

When you are coordinating the activities of health and social service organizations, you have to balance several needs: emergency relief and long-term action that can be sustained; shared ownership and immediate results; joint efforts and individual contributions; and freedom of action and responsibility to the larger structure.

Balancing Emergency Relief and Long-Term Sustainable Action

An orphanage in Kenya sent out a fundraising letter in which it asked for donations to buy the materials to finish the roof. The appeal was urgent because the seasonal rains were about to start. If the roof was not finished quickly, the foundation brickwork would be damaged, and previous work and money raised would be wasted. The immediate protection provided by the roof was as important as the long-term protection

provided by the solid brick foundation. Public health problems require a similar approach: take care of immediate needs *and* build the foundations for impact that is sustainable over the long term. *Consider how short-term activities might support or undermine long-term objectives.*

Nurturing Shared Ownership

With the tremendous influx of resources for HIV/AIDS programs, more coordination mechanisms, committees, and organizations have emerged. There are fears about ownership of programs, especially in countries that do not have the power to control the terms of engagement.

One way to reduce the tension between those who subsidize coordination and those who receive aid is to move beyond a focus on projects. The Organisation for Economic Co-operation and Development advises its members to reduce what it calls “projectitis” (Mizrahi 2003). It urges members to center cooperation around national development programs owned and managed by national institutions.

For example, a national government has the authority to formulate and enforce a national framework for HIV/AIDS action. Such a framework can guarantee national ownership of HIV/AIDS activities, provide coherence, and serve as the basis for the coordinating body to establish its direction, focus, and the roles and responsibilities of each party.

You cannot command ownership but should nurture it. This need for slow growth conflicts with donors’ impatience to show the immediate results that will justify allocation of additional funds. Donors and coordinating bodies have to manage this contradiction together: creating opportunities for the capacity building needed for effective coordination and allowing mistakes from which learning can arise. *Use after-action reviews, evaluations, monitoring visits, and audits as tools to facilitate learning, limit negative program impact, and bring about positive changes.*

Recognizing Individual Contributions

Joint efforts may obscure the contributions of individual players. An organization often wants to receive credit for the results of its effort, not the group’s

effort. Issues of credit and pride arise when some of the actors do work that is invisible, yet critical for the impact of others’ visible work. For example, in an immunization program those responsible for cold chain maintenance, pharmaceutical supplies, or vehicle maintenance may not be recognized as contributing to the success of the coordinated effort. *Provide ample recognition to all parties.*

Being Responsible for the Use of Funds and for Results

Coordinating bodies need to be part of a larger structure to which they are held accountable. The structure determines the political context in which the coordinating body operates and thus its freedom and limitations. A coordinating committee that reports directly to the president of a country is different from one that reports to a director-general of a particular ministry, to a national coalition, or to one or more funders. The more politicized the context, the more difficult it becomes to use purely technical (public health) arguments to influence resource allocations and the monitoring of results.

A coordinating body that cannot receive funds is less powerful than one that can. A body that is too dependent or not dependent enough on institutions or people with real power and authority is hampered in carrying out its coordinating tasks. In one country, the national AIDS committee has both the blessing of the president, to whom it reports, as well as his constant interference in the day-to-day management of coordinating tasks.

In Uganda, the jointly managed HIV/AIDS Partnership Fund covers the coordination costs of both self-coordinating entities and the National AIDS Commission. The pooling of funds has set a positive precedent for common ownership of strategies and has increased transparency and accountability. *If your agency can receive and disburse funds itself, staff it with trained, experienced personnel to ensure transparency and expedient disbursement. Account for the allocation and spending of funds and for the results produced with those funds. Stress the links between coordination work and impact on health program performance.*

COORDINATING EMERGENCY RELIEF THROUGH DISPERSED LOCAL ACTION

By all standards, the emergency response to the devastation of Hurricane Mitch in Nicaragua was extremely successful. Targets had been met, and in most cases surpassed, by the time 99 percent of USAID funds were spent. In addition, the dual objectives of emergency relief *and* long-term sustainable development were successfully married: Nicaragua's poverty index declined by 2.2 percent, a change that the World Bank attributed to "important contributions from the post-Mitch reconstruction efforts" (USAID/Nicaragua 2004).

Why was this complex coordination effort so effective? Program design, execution, and financial management of the coordination effort adhered to high standards of operational management, transparency, and accountability. The program ensured

quality by including quality indicators in the procurement instruments, using supervisors with the required expertise, and managing coordination directly in the field.

Subcontracting the work to reputable and experienced partners speeded coordination and fostered quality. These partners, with their broad expertise in development activities in Nicaragua, were able to organize and respond quickly to the reconstruction needs of the country. Although committed to specified targets, they had flexibility in how they accomplished them. Their existing relationships with local government officials helped integrate national development efforts. The central coordination office facilitated only when there were problems.

Overcoming Barriers to Coordination

Whether you are setting up a new coordinating body or trying to improve the operation of an existing body, you will need to address common obstacles to effective coordination by:

- improving communication;
- overcoming structural barriers;
- overcoming political barriers and managing power dynamics.

Improving Communication

You can address communication problems through simple techniques such as good management of meetings, open communication, and encouragement of teamwork.

Reduce stereotyping. Effective coordination often means that civil society, grassroots, or private-sector

organizations have to work with the government, and vice versa. Experiences and stereotypes affect each group's expectations about such partnerships: bureaucratic complications, delays, fear of for-profit motives taking over, intimidation by people with more education, abuse of power and resources, political maneuvering, and so on.

One way to reduce stereotyping is to encourage people to explore their differences: the more diverse the actors are in a coordinating body, the more they must work to understand each other. There will be professional and sociocultural differences, language differences (including using the same words but attaching different meanings to them), varied expectations about interactions between people of different status, different behavioral norms for insiders and outsiders, and different organizational priorities and cultures. *Build relationships, inquire into others' assumptions and interpretations (rather than focusing on advocating your own point of view), and clarify vague and abstract words that are used frequently.*

Managing Meetings

Managing meetings well shows partners that you value their time. You should:

- | | |
|---------------------------|--|
| DISTRIBUTE AN AGENDA | <ul style="list-style-type: none">■ define outcomes and develop an agenda to achieve them. Remind people about schedules and assignments, and distribute the agenda and relevant documents or information ahead of time; |
| USE AN APPROPRIATE FORMAT | <ul style="list-style-type: none">■ be clear about who should attend, and, if possible, suggest changes if the wrong people are selected to attend;■ determine the type of meeting you need to have (information, discussion, problem-solving) and whether there is a better alternative to a meeting;■ use small group discussions instead of large meetings, and share the results in the plenary group; |
| ENCOURAGE PARTICIPATION | <ul style="list-style-type: none">■ manage the agenda (and incorporate what you learned into the design of your next meeting), while allowing time for informal conversations—which help build relationships;■ pay attention to the mood and needs of the group and adjust the agenda accordingly;■ encourage people to ask questions about things that are not clear; |
| CIRCULATE MINUTES | <ul style="list-style-type: none">■ circulate minutes or a report documenting decisions, tasks, and deadlines soon after the meeting. |

Keep lines of communication open. Talk informally: check with partners and stakeholders to see how things are going. Address conflicts and misunderstandings right away. And let people know about changes (in staff, policy, or budget) that affect them.

Find creative ways of keeping key stakeholders engaged and informed without creating an undue burden of meetings to attend and documents to read. As part of its “Three Ones” approach, UNAIDS suggests that communication with stakeholders include:

- periodic revisiting of the vision;
- information-sharing and dialogue on progress and constraints;
- regular peer review;
- building trust (by fostering close relationships);
- assisting in the harmonization of procedures and systems;
- maintaining dialogue on issues of stigma, discrimination, and human rights;

- strengthening the linkages among global initiatives and programs;
- anticipating, accommodating, and guiding existing and emerging initiatives.

Establish processes for decision-making. Decision-making by consensus is more time consuming but preferable in all but emergency situations. The chairperson must have experience in listening to, soliciting, and integrating diverse viewpoints, as well as skills in conflict management or negotiation. Decision-making will be easier if the group has already established a common vision. *A skilled chairperson can relate pending decisions to the vision and bring disparate groups to consensus based on principles they have already agreed on.*

Produce and publicize results. Before deciding how to publicize results, define your target audiences and messages. If you have easy access to the Internet, consider creating a site people can visit to see the results of their efforts. Acknowledge all who contributed to success. Present data that show compelling results at

national and international conferences. *Share results widely through newsletters, reports from outside evaluators, internal progress reports, public lectures, and field trips to sites where joint activities have been successful.*

Overcoming Structural Barriers

To address problems that stem from the structure of the coordinating body itself, you need clarity, a framework, a purposeful structure, and integrated systems.

Clarify mission, purpose, and roles. Seek legal or political advice if needed to refine the mission or mandate. Address overlapping or conflicting mandates immediately. Establish strategies for implementing the coordinating body's mandate or mission. For example, in Nicaragua, subcontracting partners with local experience made it possible to respond rapidly with high-quality assistance within the broad mandate of emergency reconstruction after Hurricane Mitch. Knowing how accountability was managed, local partners were able to apply their own experience, while staying within the parameters of the reconstruction effort and its auditing requirements.

Clarify the purpose of the coordination and the responsibilities of all members. Put in writing and distribute to all members the mission, strategies, purpose, and responsibilities (including financial responsibilities) of all parties, including the coordinating body itself. Secure funding, if appropriate.

Some coordinating committees or councils slowly shift their focus from coordinating activities to securing their own continued existence. This shift is more likely to happen when the committee becomes an organization with its own legal status or when the national government does not provide an operating budget to the group to do its work. Discuss this issue when the coordinating body is established, to clarify expectations about the body's expected life and future self-sufficiency. *Link the existence of the coordinating body to the achievement of its mission.*

Establish one framework. Having a single strategic framework provides cohesion to the various agendas and interests of stakeholders. UNAIDS has recognized how a shared framework can focus and drive coordinated action. *Rely on extensive consultations and reviews to construct such a framework.*

For example, as part of their proposals to the Global Fund, some countries have chosen a theme as a way to articulate this one framework. Based on current epidemiology, themes create opportunities for syner-

gies with other health programs, development sectors, and funding agencies. Tanzania chose as its theme for multisectoral planning integrating care and support for HIV/AIDS and tuberculosis. Brazil has four major themes: integration of prevention and care; fight against stigma and discrimination; strong participation of civil society; and free antiretroviral treatment for all who request it.

Once a framework is established, you and others can more easily establish:

- guidelines about priorities for resource allocation and accountability;
- linkages with other (and broader) development frameworks such as poverty reduction strategies;
- periodic reviews and consultation with all partners, to negotiate commitment from donors and civil society partners.

Create a structure that reflects purpose and function.

The structure of the coordinating body and how it fits into the larger government bureaucracy depend on its purpose and function. A coordinating body that claims to represent certain stakeholder groups and act on their behalf has to be structured to fulfill this claim, for example, by the constitution of its board or membership criteria.

When the new Malagasy president created the National Committee to Combat AIDS, he attached it directly to the presidency. In this way, AIDS became a national priority, rather than a priority for the Ministry of Health, and the function of the coordination committee became one of coordinating *all* activities rather than only those that fell into the medical domain. If the president is committed to combating AIDS in your country, a direct line to him or the First Lady allows the coordination committee to remove barriers that might otherwise take years to remove.

Whatever the arrangement, be sure the coordinating body has a clear mandate, the technical and financial resources to sustain its work, and clear lines of accountability.

Build integrated systems. Integrated systems are needed for all management areas: information systems for easy access to performance data, financial management systems for timely disbursement of funds and transparent accounting, and human resource management systems to ensure proper staffing and deployment of personnel. Integrated pharmaceutical management is one of the key responsibilities of a coordinating body. An unin-

COORDINATING THE CREATION OF NATIONAL POLICY ON COMMUNITY HEALTH

Coordination does not always concern material, financial, or human resources. Sometimes coordination is about ideas. In the early months after the Taliban lost control of Afghanistan, more than 1,000 NGOs were delivering health services. Their policies varied as widely as their experiences—some felt community health workers were the backbone of good primary health care, while others believed Afghans deserved the same standards of care as many other countries in the world (that is, doctor-provided care for all).

Coordination by consensus. With assistance from MSH, the Ministry of Health convened a national workshop to gain agreement on principles for community-based health care and the role of community health workers in the new health service

delivery system. Over three days, in often heated discussions, people expressed their views, and by emphasizing good listening and working toward consensus, in the end all parties agreed to a set of recommendations that allowed the Ministry to publish a coherent policy on integrated community-based health care.

Results of the workshop. This policy became the basis for community-level policies and interventions that greatly facilitate coordination of health service delivery at the national, provincial, and subprovincial levels. The report of the workshop has been used to orient Ministry of Health, NGO, and UN program managers, policymakers, and service providers to community-based health care.

interrupted supply of pharmaceuticals—for example, for antiretroviral therapy, prevention of mother-to-child transmission, treatment of opportunistic infections, voluntary counseling and testing, and laboratories—is essential.

Setting up (or strengthening) an integrated information system and managing it are also part of the major responsibilities of a coordinating body. A single information system is the only tool that will permit full oversight and make various actors and implementing agencies accountable. It is also the only way by which the effectiveness of coordination can be measured. The numerous independent information systems functioning in South Africa in 1997 were brought into a uniform, simplified national system called the District Health Information System, which has common definitions and indicators, and requires monthly reports from all facilities providing primary health care services. This system greatly reduced the burden on nurses of reporting, and it improved the quality of data received.

In Malawi, integrated supervision brought an end to the more than 17 separate supervision visits for each program area. The creation of a generalist supervi-

sor not only made the process more efficient and less costly (transport, for instance, was needed for only one supervisory visit a month), but it also improved the responsiveness of clinic facilities to supervisory suggestions and demands. *Integrate the systems used by different facilities or organizations when there are many different actors, to make effective, coherent responses possible at both the national and the local levels.*

Regularly review progress. Make sure decisions, the outcomes of meetings, and the use of resources are documented and shared appropriately. *Establish indicators of achievement of the scope of work, and measure achievement of benchmarks using the indicators. Set up a schedule for reviewing and reporting on progress.*

Overcoming Political Barriers and Managing Power Dynamics

Political and power barriers are some of the most difficult problems you are likely to face in coordination. These difficulties usually arise from competition for funding or control. You should strive to create demand and political will for coordination while you work to reduce competition. You must also build staff competencies and leadership skills at all levels.

Create demand for effective coordination. Some think there is no strong constituency for better coordination, because there is “interest in the possibility of playing one donor against another and getting access to donor funds” (Wangwe 1998, page 8). This competition impedes the coordination of aid. Improved coordination can improve transparency by requiring program managers to be more rigorous and justify demands for resources. On the donor’s side, there may be ambivalence about coordination because donors may fear losing control. *To create real demand, you need to show that the benefits of improved coordination offset the perceived losses and costs.*

Reduce competition. Rivalries are more likely when competencies overlap rather than complement each other. Control is also a central issue when coordination committees receive and distribute funds. *Whether rivalries relate to strategies or funding, be transparent about technical choices (by using selection criteria, for example) and in financial transactions (through sound financial management practices).*

The coordinating body should actively pursue complementarity, not competition. In Haiti, competition was reduced by acknowledging the contributions of each partner and agreeing on the most appropriate role for each to play. Contributions in specific technical domains and service delivery sites were divided using the process on pages 17–18 (“Developing an Inventory of Standards and Protocols”). *The group used a facilitated consensus process, and all parties agreed to adhere to the division of roles and responsibilities thus accomplished.*

Create political will. Effective coordination is impossible when political objectives overshadow development objectives, and the current government is preoccupied with staying in power. Efforts to establish local (or national) ownership and encourage participation and policy dialogue lose credibility in such an environment. For governments that lack the power to dictate the terms of engagement, open or hidden sabotage can impede coordination.

Working Solutions—The Philippines

COORDINATING POLITICAL AND TECHNICAL CONSTITUENCIES FOR HEALTH SECTOR REFORM

The Philippine Health Sector Reform Agenda adopted in 1999 was an effective strategy in its early stages. In 2001, with the abrupt change in the president and Secretary of Health, implementation at the central level became more difficult.

The convergence strategy. A strategy to bring the five areas of reform directly to provincial governors and municipal mayors proved to be effective, given the decentralized health system in the Philippines. This “convergence strategy” was developed as a way to gain the political support of governors and mayors for the areas of reform within their jurisdiction and to coordinate their activities with the initiatives of the national agencies. The strategy brought together key stakeholders—such as the Department of Health, the government health insurance corporation (PhilHealth), local governments, civil society groups, and

the beneficiaries themselves—to pool their efforts and resources to make the health reforms succeed.

The convergence strategy streamlined the referral process, expanded enrollment of indigents in the PhilHealth program, and strengthened local hospital services and systems. The management of local pharmaceutical procurement also improved.

What accounted for the success of this coordination? The critical elements of the convergence strategy were bringing together the inputs of key stakeholders and mobilizing political will: leadership from the governors and mayors was instrumental as they became the champions of reform. Signed memoranda of agreement helped translate commitments into action, and close monitoring allowed the use of incentives for reaching targets.

When interests converge, political will to support coordination becomes possible. *Creating a shared vision is one of the primary strategies for reaching this sort of convergence. Another way to generate political will is to provide information about the benefits to the government of effective, empowered coordination.*

Build leadership at all levels. Political will and ownership are greatly aided by supportive pronouncements from top leaders. We can see striking differences in the success rates of national HIV/AIDS campaigns between countries where the president took the lead in the battle against the disease and those that did not. President Yoweri Museveni of Uganda was one of the few African leaders to recognize, in 1990, that “When a lion comes into your village, you must raise the alarm loudly.” Uganda adopted the position that the gov-

ernment must lead HIV/AIDS coordination from the highest political office—from the central level to the village level. This is the strategy that the Organization of African Unity and the UN General Assembly Special Session (UNGASS) encouraged all countries to adopt in 2001.

But we know from history that waiting for top leadership to take action is risky. Countries with high prevalence of HIV/AIDS have learned this lesson the hard way. Leadership is needed at all levels. (Please refer to *The Manager*, vol. 10, no. 3, “Developing Managers Who Lead.”) *Those who have no formal authority or feel they have no power can build coalitions, create pressure groups, advocate for their rights, and so influence the official response from the bottom up.*

Building and Maintaining Coalitions

If you are in charge of building or managing a coalition, the following procedures can help you achieve the purpose of the coordination. This process is useful for informal coordination at the local or district levels when various parties realize that they can bring about positive change if they band together. You can also build a coalition for advocacy at any level.

EXPLORE GROUPS' NEEDS

- Explore what the other groups' interests are, so that you can articulate their most pressing needs.
- Connect what you have to offer to the other groups' needs in a way that convinces the leader of the group to join your cause.

EDUCATE PARTICIPANTS

- Provide “technical assistance” (expert information) to educate group leaders about the details, processes, and structures of your cause (and how your group works to achieve results) so they can educate their followers with confidence.
- Bring the various groups together so that they can hear and see how the various interests fit together.
- Pay attention to faltering members, find out why the coalition is not working for them, and involve them in finding a solution.

EMPHASIZE BENEFITS

- Above all, emphasize the benefits and resources the groups can expect from joining the coordinated effort.

Develop individual and institutional capacity. Aside from the necessity to develop leadership skills at all levels, good coordination also requires competence in negotiation and communication. Cultural sensitivity is essen-

tial when coordination involves parties from different cultural backgrounds. Coordination also requires organizational and analytical skills, including strategic thinking. If your agency does not have the resources

to build the capacity of national, regional, and local institutions for effective coordination and management of aid, seek assistance from international partners and donor agencies.

Using Tools and Processes to Strengthen Coordination in Health

Tools and processes that have proven useful to coordinating bodies in every area of health include:

- multisectoral planning
- developing a shared vision
- developing an inventory of standards and protocols
- scenario planning
- analyzing stakeholders' interests

- dividing technical roles
- dividing roles geographically

Multisectoral Planning

You can use multisectoral planning to bring together organizations from different sectors, such as health and education, to plan complex programs. Organizations have to coordinate activities over a long time to scale up programs—for example, a national response to HIV/AIDS—so coordination by consensus is an appropriate approach. Multisectoral planning enables participants to understand their interdependence, identify how they can contribute (and make a commitment to contributing), and agree on which functions will be managed in common. Steps you can use to reach consensus on roles and responsibilities follow.

Reaching Agreement on Roles When Scaling Up Health Programs

DEVELOP A COMMON VIEW

- Develop a common view of the central problem all groups are addressing.
- Develop a common view of the central goal of the multisectoral program.

RECOGNIZE HOW EACH GROUP CONTRIBUTES

- Recognize that each group contributes in specific ways to the achievement of the central goal.
- Recognize the human capacity challenges posed by scaling up.
- Acknowledge that individual groups cannot do everything even in limited geographical zones.
- Be aware that coordinated action creates new work or new tasks that may have to be carried out by groups, not necessarily in the partnership.

IDENTIFY OBSTACLES AND SOLUTIONS

- Identify specific obstacles to coordination (duplication, technical differences, etc.) that need to be negotiated to maximize coverage.
- Formulate compromises or solutions to the obstacles to coordination.

PREPARE PARTNERS FOR NEW ROLES

- Help prepare partners to cede control over areas of competence as well as to leverage the competencies of other organizations.
- Encourage partners to be willing to give up certain resources and specific objectives at the organizational level to achieve greater efficiencies and scale at the national level.
- Help prepare partners to undertake new responsibilities and reposition themselves within specific interventions to achieve impact and scale.

Source: Helfenbein and Severo 2004

For more information about how to help members of a coordinating group combine their activities to achieve a common goal, please see *Scaling Up HIV/AIDS Programs: A Manual for Multisectoral Planning* (Helfenbein and Severo 2004).

Developing a Shared Vision

Visioning is an effective way for you to align a group of diverse actors, either those who are coming together for

the first time or those who have a history of difficulties with working together. A vision can provide the glue that either pulls a group together or brings them back together when forces such as personal or organizational interests, politics, and competition have drawn them apart. A vision reminds people of the dreams they pursue, both as individuals and as part of a group.

How to...

CREATE A SHARED VISION

Step 1. Assemble small, heterogeneous groups of four to six people. Ask everyone to dream about the future and create an image of a desired future state. Then ask each group to sketch this image on a piece of paper. The drawing keeps people from writing down slogans or abstractions that have little personal meaning or fail to inspire them.

Step 2. Ask the people in each group to show and explain their image to the others at their table.

Step 3. Have each group prepare one large drawing (flipchart size) that captures the collective dream of the people at the table. This process encourages people to defend elements that are important to them and omit elements they do not care strongly about.

Step 4. Ask each group to present their large drawings to the plenary group. If necessary, have the

group clarify parts of the drawing that are not clear. If people criticize what a group drew, the group should defend the dream in such a compelling way that the rest of the groups accept it. The drawings can be altered at any time. While the small groups present their drawings, a facilitator summarizes the elements and concepts they portray on a separate board or wall chart.

Step 5. When all the presentations have been made, have the large group review the elements and concepts recorded by the facilitator.

Step 6. Invite a small group of writers to translate the elements and concepts into an inspiring piece of prose. Or ask a local artist to finalize the whole group's product.

Developing an Inventory of Standards and Protocols

An inventory of norms, standards, protocols, curricula, guidelines, and measures is useful when you want to harmonize implementation by different groups or programs. Everyone involved in coordinated interventions must speak the same language when it comes to delivering services and measuring progress toward the shared vision. You need to establish a common monitoring and evaluation framework (including in-

dicators) to achieve this harmony. Once you have created such a framework, partners can measure inputs, processes, outputs, outcomes, and impacts themselves. For national HIV/AIDS programs, UNAIDS encourages national coordinating bodies to establish a system for measuring progress toward the objectives of UNGASS.

You should first inventory what standards are available in final or draft form. You can develop a list of existing or required standards, treatment guidelines, and protocols using interviews and document reviews or by consulting technical guides and manuals. Guides

and manuals often include checklists of the standards and protocols needed for a particular program. Circulate the list among key stakeholders or implementers and ask each to indicate whether in his or her view each item exists. If most of the documents already exist in approved form, you can go farther by asking whether the standards or protocols have been disseminated; whether service providers have been

trained to use them; and whether the standards and protocols are being used. Ask what problems people have encountered in using these standards, what revisions are underway or suggested, and what key elements are missing.

The following example, based on a coordination process used in Haiti, shows some of the activities and products needed to coordinate HIV/AIDS services.

Sample Guidelines and Standards for Coordinating HIV/AIDS Services						
Service	Status of Guidelines, Procedures, Standards, or Curricula					
	In Process	Finalized	Approved	Disseminated	Used	Don't Know
Voluntary counseling and testing						
Guidelines for antiretroviral use						
Guidelines for counseling						
Training curriculum for counseling						
Certification of counselors						
Laboratory procedures and standards for HIV testing						
Guidelines for clinical management of HIV-infected clients						
Referral system to enable clients to gain access to support services						
Prevention of mother-to-child transmission						
Guidelines for use of infant formula						
Training curriculum for counselors						
Training curriculum and standards for physicians prescribing antiretrovirals						
Referral system for obstetrical services						
Guidelines and referral system for care of infants born to HIV-infected women						
Antiretroviral treatment						
Guidelines for clinical care of HIV/AIDS patients						
Training curricula for caregivers						
Guidelines for support services, such as adherence, nutrition, and psychosocial support						

The answers in your list will show how much clarity or confusion exists about these guidelines and standards, which will form the foundation for coordinated implementation of national (or regional or provincial) strategies. You can also use a list like this one to poll managers and service providers at the facility level. Then you can develop or use the commonly accepted standard treatment protocols, quality guidelines, provider competencies, curricula, equipment lists, and messages to harmonize the implementation of services. *Disseminate these protocols and standards to the implementing partners, and follow up to make sure they are used.*

Scenario Planning

Scenario planning is an intensive process for creating a set of “pictures” of what the future might look like

under various circumstances. By producing a series of possible scenarios, a management team can lay the groundwork for building capacities and structures that may take many years to set up and that will help the organization or body adapt to external changes. By working backwards from this scenario to the present, a group can make more informed decisions about how to respond to current problems and how to prepare for the future. Scenario planning enables organizations to be proactive in addressing challenges.

You can construct scenarios around critical variables distilled from interviews with people knowledgeable about an issue. Scenario planning is better than long-term planning for outlining different possibilities by questioning basic assumptions.

For an introduction to scenario planning, please see Schwartz 1991 or van der Heijden 1996.

How to...

USE SCENARIO PLANNING FOR HIV/AIDS PROGRAMS

Depending on the intensity of the research, this process can take from a single day to several weeks.

Step 1. Assemble a group of at least 20 people who are knowledgeable about the HIV/AIDS crisis and who represent different viewpoints.

Step 2. Divide the group into four smaller groups, each of which will develop a different scenario: “lose,” “win,” “win plus,” or “no change.” For example, group 1 develops a scenario for what things would look like in their country if the battle against HIV/AIDS were lost. Group 2 develops a scenario that describes what the country would look like if the battle against HIV/AIDS were won. Group 3 describes a scenario in which the battle was not only won but other positive things also happened, and group 4 describes a scenario in which, 10 years later, there was no change.

Step 3. Ask each of the four groups to put together a scenario that articulates assumptions, uses specific

data, and explores possible outcomes. They prepare their scenarios in the present tense (“It is now March 2020,” for example) in vivid detail, giving examples to illustrate what they are talking about. Each scenario also contains the decisions that were made between the present and the date of the scenario and how these led to the result presented in their scenarios.

Step 4. In plenary, select one or more of the most realistic scenarios. Ask the groups to look at the strategies they need to put in place to produce desired results and avoid unintended consequences. Specific short-term actions can then be tested against the various scenarios. (“If we were to do this, how would it contribute to, or avoid . . . ?”)

You can repeat this process at future meetings of the group. The group can use the scenarios to review its progress or setbacks. Doing so will help you identify needed tactical or strategic shifts.

Analyzing Stakeholders' Interests

This technique is useful when participants in a coordinating body resist dividing roles and responsibilities. For each form of resistance, identify stakeholders who exert influence. Then determine what their interests and concerns are and how you could obtain their sup-

port. Then validate your assumptions. You can use the results of a stakeholder analysis to design or refine communication strategies with each group.

The following table illustrates this kind of analysis; the actors shown are examples, not a complete list.

Example of a Stakeholder Analysis			
Stakeholders	Interests	Concerns	Obtain Support by . . .
Ministry of Health (decision-makers, technical staff)	Political, social, and economic interests	Loss of control, fear of uncontrolled rise in costs	Convincing them of the necessity and benefits of health sector reform
Development partners (donors, technical assistance agencies)	Positive results, cost control, transparency	Little involvement of other sectors, integration of health reform into national plans and policies	Demonstrating willingness to collaborate with other sectors; designing good plans and showing the capacity to execute them
Ministry of Planning and International Cooperation	Good governance and good results from use of donors' funds	Failed projects, poor financial management of development projects	Convincing them that there will be good project management
Private physicians	Well-designed, fair, equitable laws and regulations	Poorly designed practices, policies, and regulations	Consulting with them
Nurses	Improvement in the quality of services	Job security	Ensuring their job security
NGOs	A legitimate place in health sector reform	Impact on patients, being excluded from discussions, decision-making	Consulting with them and keeping them informed about and involved in the process of health sector reform
Patients	Unrestricted access to high-quality health services	Costs, rights, quality of care	Providing timely, useful information about the advantages and disadvantages of changes, giving them an opportunity to express their opinions, responding to their needs
Politicians	Re-election, service to the electorate	Interests and well-being of the population	Engaging them in a common vision

Dividing Technical Roles

You need to divide technical roles when there is no central agency with all the technical expertise to carry

out a public health program, when implementing agencies have overlapping areas of expertise, and when there is a history of competition.

How to...

DIVIDE TECHNICAL ROLES AMONG PARTNERS

Gather representatives of the implementing agencies to divide technical roles among them.

Step 1. Determine the major categories of technical expertise needed to fulfill the program's mandate. *For example, for HIV/AIDS, the areas might include prevention, diagnostic support (including laboratories), clinical services, human capacity development, management systems, pharmaceutical management, legal counsel, human rights, and policy.*

Step 2. Create a separate flipchart for each area, and post the flipcharts around the room.

Step 3. Have each participating agency identify on small pieces of paper what they currently do in each area. Use different colors for different partners, to identify, when all the notes are up, which agency or organization is the dominant actor in which area.

Step 4. Using this display as a backdrop, engage the whole group in a discussion about who should take the lead in each technical area (given what each group is currently doing). The outcome of this exercise will be agreement about who is the lead agency for each technical area and what that means.

You can also use a functional allocation chart like the one in *The Family Planning Manager's Handbook* (Wolff et al. 1991, pages 75–76) to identify which organizations are performing or will perform which technical activities in a joint program.

Dividing Roles Geographically

You can use a similar process to divide roles geographically when no central agency can oversee the implementation of a program in all regions. Also divide roles when multiple agencies do similar work in the same region.

How to...

DIVIDE ROLES GEOGRAPHICALLY

Assemble representatives of the implementing agencies to divide roles geographically:

Step 1. Identify the facilities that need assistance and group them by region on large flipcharts.

Step 2. List and number the critical interventions needed to make facilities fully functional in each public health domain being considered. *For example, determine what each facility needs (equipment, staff, IEC materials, medicines, other supplies, and community outreach) to fulfill its role as a service delivery point for the national HIV/AIDS program.*

Step 3. Have each agency write on (color-coded) pieces of paper the numbers of the interventions it implements or is responsible for and in which facility.

Step 4. When all the notes have been posted, facilitate a discussion to determine which agency should coordinate interventions and assistance for each facility (or all facilities in one region), to make it fully functional. (Please refer to *The Manager*, vol. 11, no. 4, "Achieving Functional HIV/AIDS Services through Strong Community and Management Support.")

Meeting the Challenge of Coordinating Complex Health Programs

Successful coordination, such as the response to Hurricane Mitch in Nicaragua, does not follow a formula. But good coordination always includes careful planning to reach agreement about what can and should be done to address a health problem. You need experienced partners, clear accountability, and high standards for management and quality.

As a manager in charge of coordination, your challenge is to engage a variety of stakeholders in working together productively toward a shared goal. Whether you are a manager or a participant in a coordinating body, you need leadership and communication skills

to transmit what you are deciding or learning in the coordinating body to your own constituency (or organization). In either role, you may have technical responsibilities, such as cost-effective implementation of coordinated interventions. You may also be responsible for facilitating activities, such as managing meetings and contributing your perspective to help the group come to consensus.

You also need to manage conflict. For example, when rivalries impede progress toward the group's goal, remind people of the vision of better health that they share. Sometimes you can reduce intense rivalries by acknowledging contributions or having groups work together so they can experience how they complement one another. Discuss how to use their overlapping expertise in a specific context.

Reviewers' Corner

A forum for discussing concepts and techniques presented in this issue

On defining the goals and purposes of coordination...

A representative of a national forum of people living with AIDS writes, "The competencies we are going to reinforce are (1) self-assessment, to know where we are and where we would like to be so as to identify the gaps; (2) communication/coordination, to ensure maximum participation and consultation for effective involvement of members and for dissemination of information; (3) capacity building, to fill the skills and capacity gaps to advocate for the rights of people living with HIV/AIDS; and (4) networking, to be able to mobilize resources and advocate for technical support and share experiences and best practices."

To work toward this goal, the forum would like to:

- develop a map of PLHA networks in their country;
- mobilize the PLHA community; build strong partnerships with other stakeholders;
- strengthen the management and leadership of the secretariat of the PLHA forum;
- implement a common workplan derived from a well-thought-out strategic plan;
- mobilize resources to implement the plan.

On intra-organizational coordination...

One reviewer points out that "It is also important to pay attention to coordination within the organization or institution (for example, within the Ministry of Health). . . . We can never be effective and efficient in coordinating outside our organizations if coordination inside our organizations is problematic."

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Checklist for Coordinating Complex Health Programs

- Become familiar with types of coordination. Choose a structure that suits the purpose of the coordination. If you are involved in an existing coordinating body, consider whether the structure you are using is the right one.
- Make the purpose of coordination clear to all partners.
- Use data to show how coordination efforts are making a difference. If you cannot do so, make it a short-term goal to get data about results and share them.
- Create excitement and foster ownership by developing a shared vision of the future that you can work toward together.
- If you are part of an existing coordinating body, lead a team retreat to breathe new life into the group, or have a facilitator lead the retreat.
- Unless the need for emergency action makes it impossible or unlikely, invest time in building relationships among the members of the coordinating body. Good relationships can help you reach consensus.
- Recognize common barriers and challenges to coordination. Act to overcome barriers that are impeding progress toward the goals of coordination.
- Communicate regularly with partners and stakeholders about progress.
- Practice good management of coordination meetings.
- Align standards, norms, protocols, curricula, monitoring, and other shared activities.

THE MANAGER

The Manager is designed to help managers develop and support the delivery of high-quality health services. The editors welcome any comments, queries, or requests for subscriptions.

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Boston, Massachusetts 02130-3400 USA

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Web site: www.msh.org



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THE MANAGER

CASE STUDY FOR TRAINING AND GROUP DISCUSSION

Kitanga Province Takes On the HIV/AIDS Coordination Challenge

Scenario

SEVERAL MONTHS AGO, the country's national AIDS committee created provincial-level units to coordinate provincial responses to the HIV/AIDS epidemic. The announcement was greeted with great expectations, but the results have been disappointing. In Kitanga Province, a meeting of representatives from the provincial offices of the ministries of health, education, and social welfare and from NGOs, religious organizations, and groups of people living with HIV/AIDS had taken place to initiate coordination. It was not a good experience. The meeting was characterized by turf battles, contention about who was doing what, and a general sense of frustration. No arrangements were made for a second meeting.

A member of the National AIDS Committee in charge of the decentralized response decided to take action to get the process moving again. He met with key provincial players in education, social welfare, and health. They arranged for a local facilitator to structure a participatory process to bring stakeholders together and align all players around a shared vision for a coordinated HIV/AIDS response for Kitanga Province.

It was the big day. The meeting was about to start. Some of the 30 participants were reading the day's agenda. Others were talking among themselves. Still others looked sleepy or bored, already slumped in their chairs. Most were sitting near people they already knew—the workers from religious organizations sat together, the people living with AIDS together, and the Ministry of

Health staff together. "I am pleased to see so many fine colleagues here today who are already working to uplift our province in light of the HIV/AIDS epidemic," began the Provincial Health Director. "You may remember our first coordination meeting, which led to much talk but little action." He heard a few chuckles. "For today, we have planned a different approach, and our success will depend on your full participation. Funding from national and international agencies for our future efforts will depend on the quality of the work you begin today." He paused. "Ngika Kalago, an experienced facilitator from our province, will facilitate. With her assistance, I feel certain that we will be able to develop a shared vision for our vital coordination work."

During the two intense days that followed, people worked in pairs, small groups, and plenary sessions to identify what an AIDS-free Kitanga might look like and the challenges they needed to understand and address. Ms. Kalago led the group through a visioning exercise in which people first drew their individual dreams about an AIDS-free Kitanga and then combined their drawings to arrive at a compelling picture of the vision they would commit themselves to creating. People worked in mixed groups, with Reverend Marcus, a conservative religious leader, working side by side with Ms. Mbatu, an activist who had turned her illness into a commitment to break taboos that were aiding the spread of HIV/AIDS. Sometimes people drifted into arguments about how to achieve the vision, but Ms. Kalago expertly reminded

them that the first order of business was to create a shared vision. When the group stood around the image of their combined vision, some people were deeply moved, and all agreed: “This is where we want to go together.”

On the second day, the group began to scan the current situation. People divided into factions, each with its own agenda, objectives, approaches, and philosophies. Whenever emotions flared, the facilitator reminded people of their vision: if they could not decide together where they were in relation to the vision, they could never begin moving forward. “Look at the image we created of staffed voluntary counseling and testing centers, well-stocked drug cabinets, frequent communication among the various parties, and families that have overcome the challenges of living with the disease,” said Ms. Nankeli, an NGO representative. “Our vision is about successful prevention, effective treatment, and compassionate care. How can we ensure that providers, policymakers, importers, regulators, funders and all the parts of the supply chain work in a coordinated fashion to achieve this vision?”

“That’s exactly why we have gathered,” replied the facilitator.

“Government bureaucracy causes endless delays and will derail any efforts to develop a coordinated response to the HIV/AIDS crisis,” continued Ms. Nankeli. “Regulations need to be simpler, so medications can move quickly into the provinces where they are needed.”

“But these regulations protect consumers from poor-quality products!” protested Dr. Antoine from the Ministry of Health.

“The real problems are lack of trained staff, laboratory equipment, and money, though I don’t think we can do much about all this at our level,” said Mr. Bulao, with a sigh that betrayed a feeling of powerlessness.

“It is OK that we are dreaming a bit and that this may seem like building a castle in the air,” said the facilitator quickly, hoping to discourage this sense of hopelessness. “By determining what the current situation is, we will be able to put a foundation under our castle and begin to build it.”

“She’s right,” said someone else, “we need to do our homework now, so we can prioritize our actions, or nothing will change.” Many people nodded their heads.

“Let’s agree that change is possible and there is much that we can do together to create the new reality we have sketched out,” said the facilitator firmly.

The group spent the rest of the day analyzing the challenges they faced. In mixed groups, people explored why it was hard for people with HIV/AIDS to admit their status, what kept health personnel from talking freely with their patients, and why laboratories were having a hard time keeping up with demand.

At the close of the two-day event, people’s spirits were high. They had gotten to know each other and worked hard on issues they cared about. They had moved past stereotypes about each other and discovered a shared commitment to action. “We are ready to face our challenges and decide together the best way forward from here,” said the Provincial Director, speaking for the group.

They set a date and an agenda for the next meeting, at which they planned to identify their points of interdependence and reach consensus on what functions would be best managed in common. Meanwhile, individual groups planned to continue to explore the current situation, collect missing data, and determine the common instruments needed to accomplish their goals.

Discussion Questions

1. What made this attempt at coordination different from the first one? What leads to ownership? What is the role of conflict in such discussions?
2. What was done to encourage participation? Why is structure important for full participation? What often happens when stakeholders meet and the discussion is not structured?
3. Who appears to be in charge of the coordination process so far? What leadership issues and other issues will this group need to address to keep moving toward realizing its vision?

QUESTION 1 What made this attempt at coordination different from the first one? What leads to ownership? What is the role of conflict in such discussions?

This coordination attempt differs from the first one because:

- one person took responsibility for moving the process forward in a coordinated way;
- a small group of key provincial players arranged for a local facilitator to lead a structured, participatory meeting with the goal of creating a coordinated force for action;
- the meeting engaged all participants in developing a shared vision;
- the meeting fostered relationships among members of groups that do not usually interact;
- working in small groups drew on the collective knowledge and experience of the group and discouraged individuals from dominating the discussion.

Factors that can lead to ownership include opportunities to:

- share viewpoints in a setting that is respectful and participatory;
- contribute to a vision and plan of action in a meaningful way;
- identify common challenges and approaches with others who will be involved in future collaboration;
- share or mobilize resources;
- be recognized for contributions.

As seen in the scenario, conflict in such discussions can serve to bring to the surface underlying emotions and concerns, thus allowing assumptions to be examined, concerns to be addressed, and areas of agreement to be identified. Conflict may best be handled

by maintaining a focus on the purpose at hand and on the elements about which everyone already agrees.

QUESTION 2 What was done to encourage participation? Why is structure important for full participation? What often happens when diverse stakeholders meet and the discussion is not structured?

To encourage participation, the facilitator asked participants to work in pairs and small groups and to create individual, group, and plenary drawings that depicted the participants' dreams about an AIDS-free Kitanga.

Structure is important for full participation because differences in gender, hierarchy, education, and other factors can prevent individuals from speaking up or from respecting the contributions of those who are different from themselves. When the discussion is not structured, it can become unproductive, with a few individuals dominating the discussion while others remain silent, perhaps becoming disengaged and resentful. This situation can make it difficult to develop a realistic plan of action and can lead to lack of commitment to the resulting plan.

QUESTION 3 Who appears to be in charge of the coordination process so far? What leadership issues and other issues will this group need to address to keep moving toward realizing its vision?

The person in charge of the national AIDS committee's decentralized response took a leadership role by meeting with key provincial players and working with them to craft a plan for developing a shared vision for HIV/AIDS coordination in the province.

At the meeting described in the scenario, the Provincial Health Director appears to be in charge because he opens and closes the two-day event. The facilitator, however, takes a strong leadership role, keeping the participants focused on the business at hand, helping

them manage conflict, and encouraging creative thinking and dreaming. Furthermore, the structure of the meeting, with pairs and small groups of participants working together, allows different people to take on leadership roles throughout the day. Thus, many of the participants are likely to have developed a sense of commitment to the vision.

Leadership of the coordination effort is a key issue that this group must address. It is important that a Provincial AIDS Coordinator be appointed soon. The coordinator should be skilled in relating pending decisions to the vision and in bringing disparate groups to consensus. It is unlikely that the Provincial Health Director would have time to lead the coordination process over the long term.

Other issues the group members need to understand and address to keep moving toward their vision include:

- **Interdependence.** How do their various interests fit together? Where are they aligned? Where do they conflict? In what areas can they eliminate duplication, support each other, share resources, and strengthen their response to the epidemic through coordination?

- **Communication.** Can they change common behaviors, attitudes, or meeting formats that impede progress? What are their communication needs related to planning, sharing information, and maintaining linkages? What will their communication mechanisms be?
- **Structural barriers.** Will they be able to establish policies and operating budgets, develop legal mandates, and clarify roles and responsibilities? What will their organizational structure for technical and financial coordination be? What will their management structure be?
- **Systems.** What are their system requirements for information, human resources, pharmaceutical management, and financial management? Will certain institutions be responsible for operations, supervision, quality control, and reporting?
- **Political relationships.** Can they establish trust among partners, develop a clear understanding of the costs and benefits of cooperation, and use their shared vision to guide their coordination in the long term?
- **Decision-making.** What role will the different partners play in making decisions? What will the group's decision-making process be?

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