# LMS M&E Technical Seminar Power Point

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October 27, 2009

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# Trials, Tribulations and Promise of Measuring Leadership, Management and Governance: Lessons Learned to Date and Provoking Thought for the Future

October 27, 2009

# Presentation Agenda

I. Leadership Can Be Learned, But How Is It Measured?

II. LMS Strategic Evaluations: Findings from Phase I

1. Linkages between Leadership and Management Strengthening and Improvements in **Service Delivery**
2. The Role of Leadership and Management in Strengthening **Good Governance**
3. **Lessons Learned** in Mainstreaming and Scale-Up of Leadership and Management Capacity

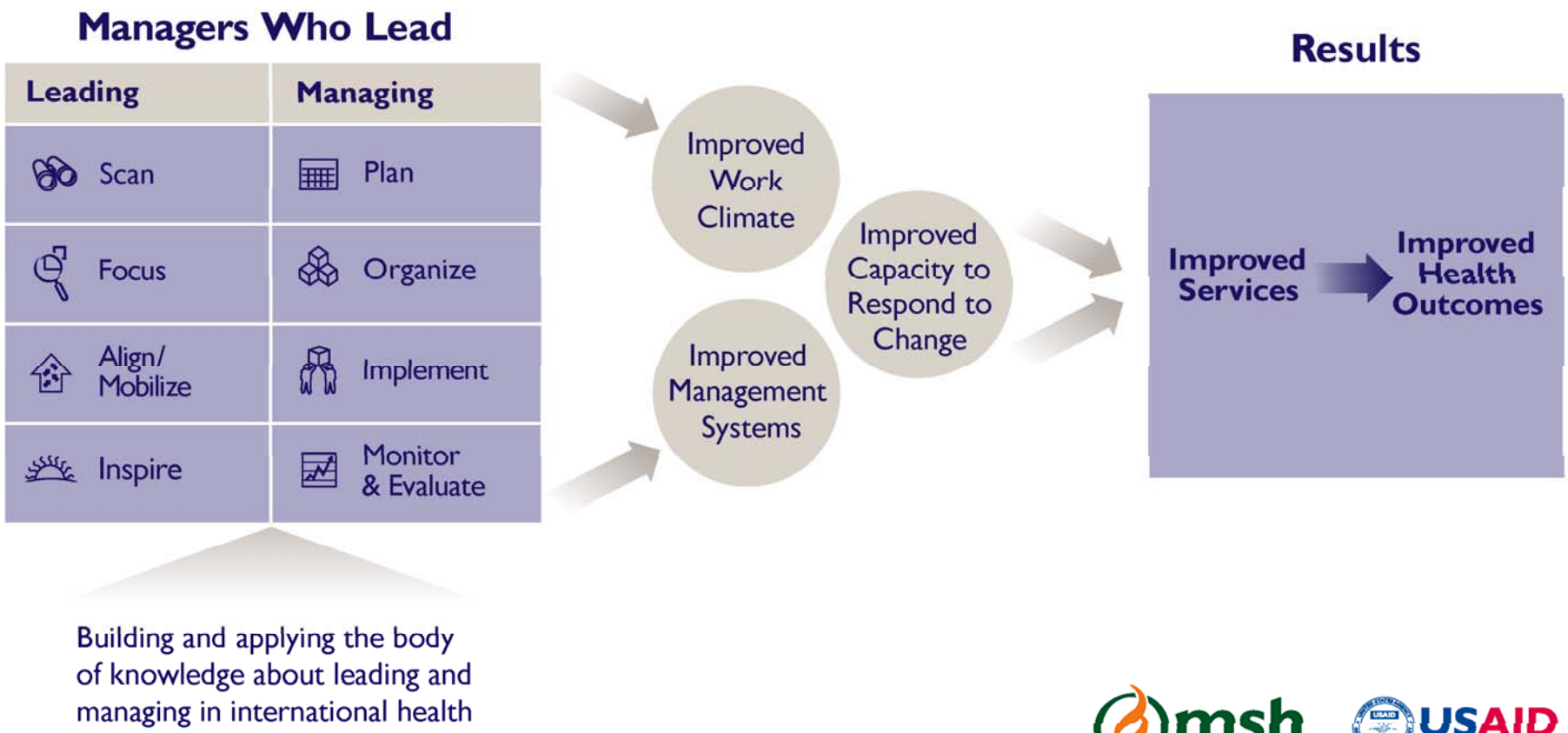
# Definitions

**Leading and managing** – Enabling self and others to set direction, face challenges and achieve results

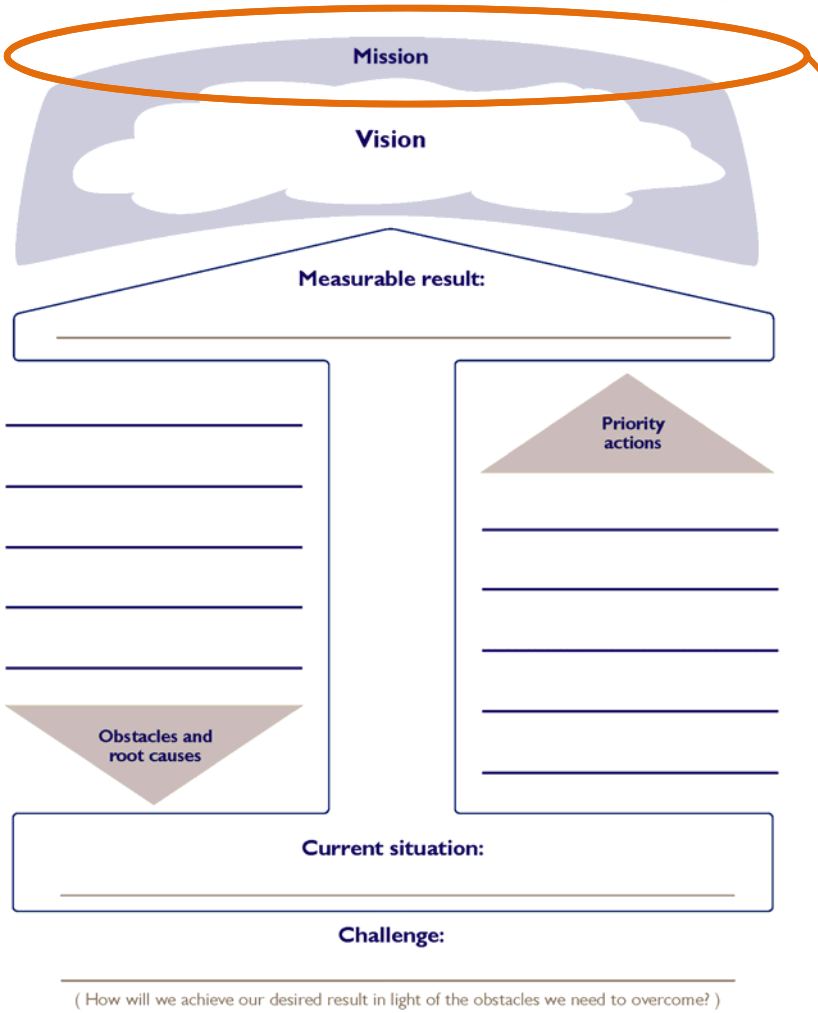
**Leading** – Mobilizing others to envision and realize a better future

**Managing** – Planning and using resources efficiently to produce intended results.

# Leading and Managing Results Model



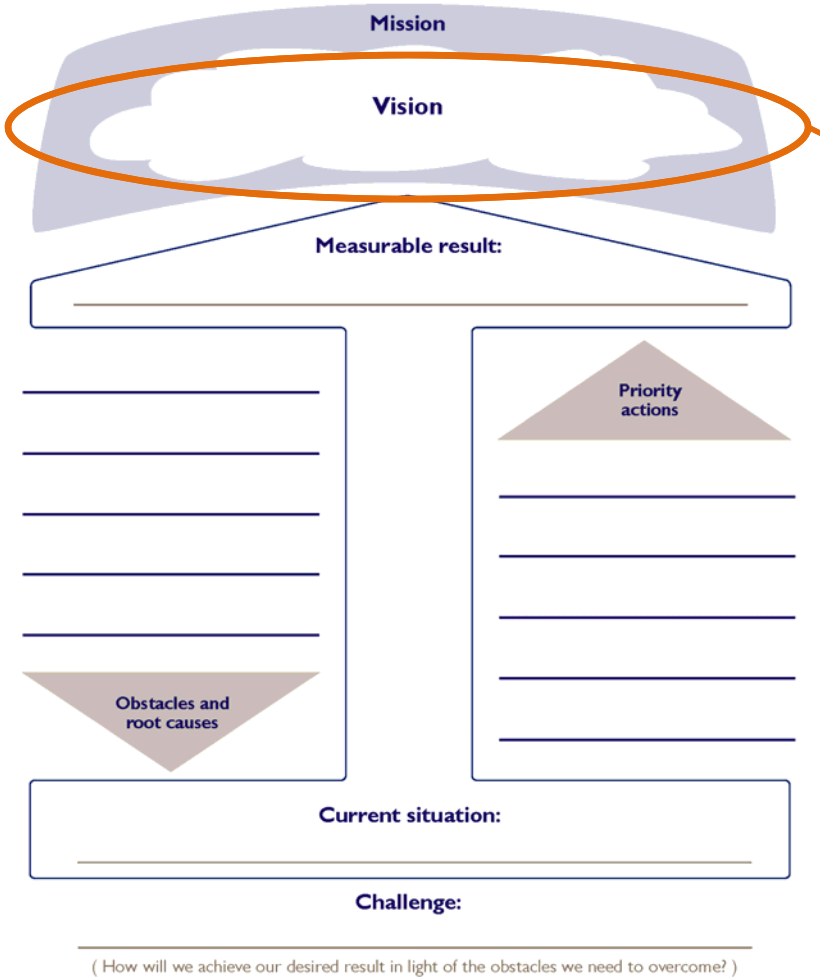
# The Challenge Model




Salima District Health Office Team, Malawi Africa

Mission:
To improve the quality of life of the people of Salima, Malawi through delivery of essential health services.

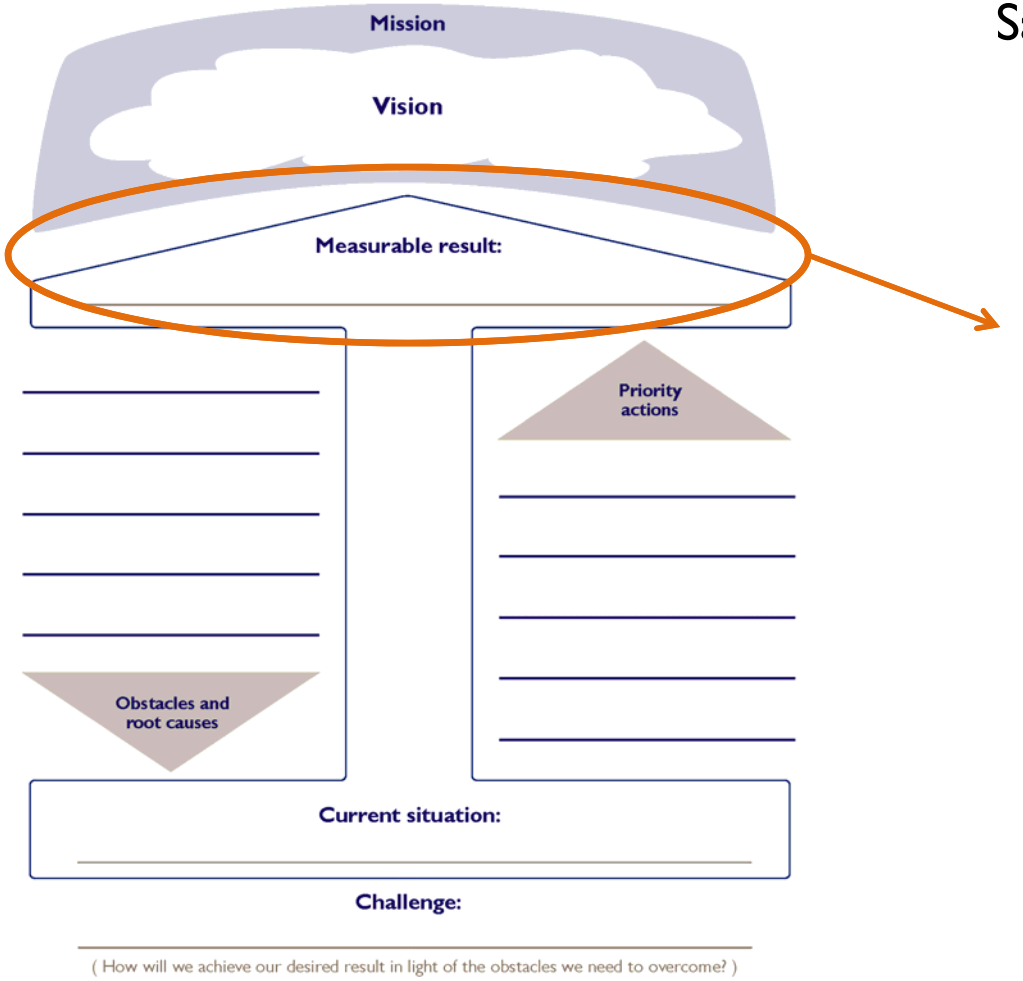
# The Challenge Model




Salima District Health Office Team, Malawi Africa

Vision:
The men and women of Salima are using modern family planning methods, choosing the sizes of their families, reducing of reproductive health problems resulting in improved health status.

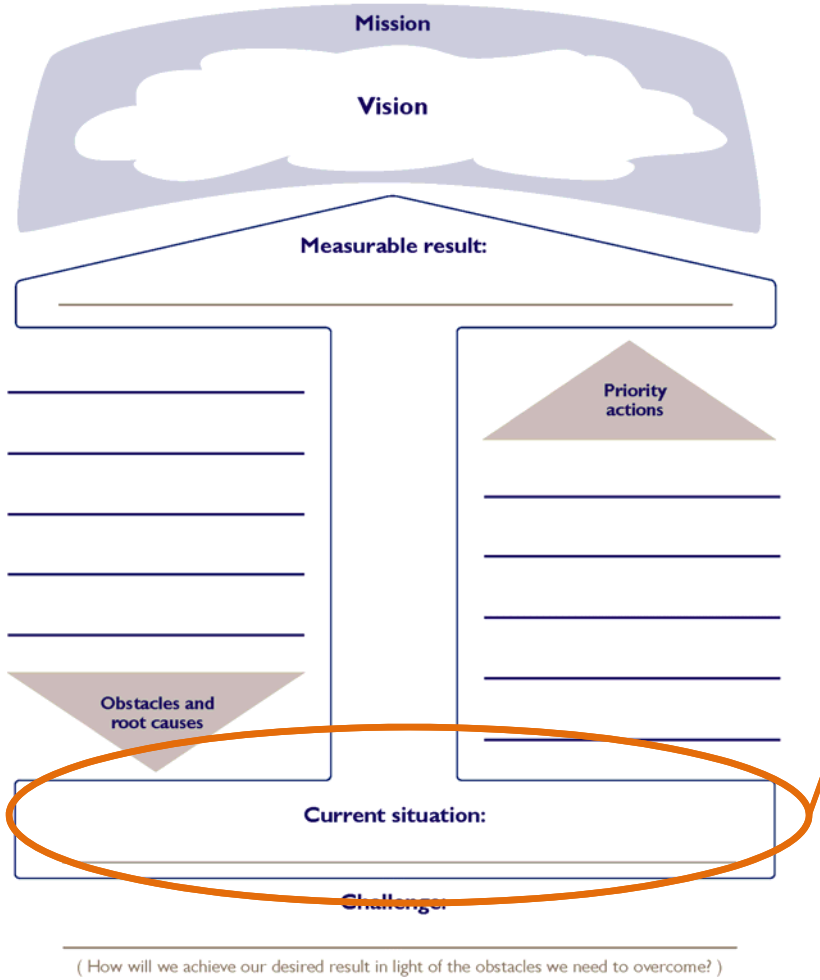
# The Challenge Model




Salima District Health Office Team, Malawi Africa

Measurable Result:
Increase the Couple Year Protection (CYP) from 247 to 2500 by September 2009.

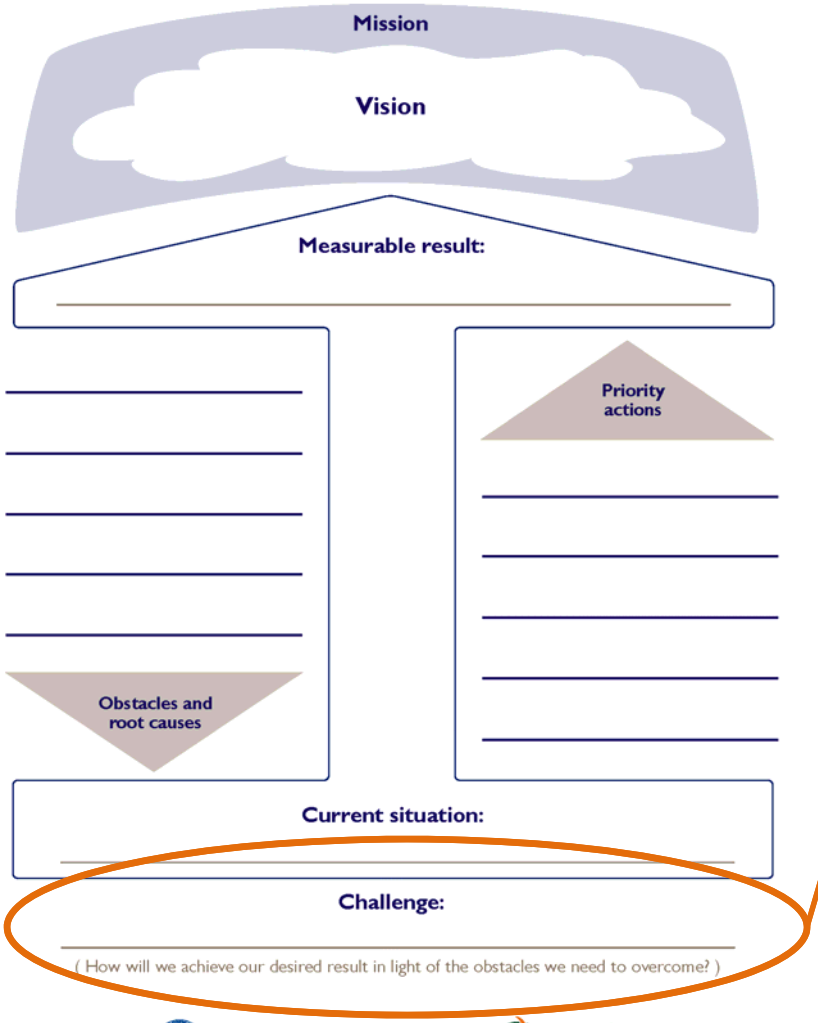
# The Challenge Model




Salima District Health Office Team, Malawi Africa

Current Situation: 247 CYP

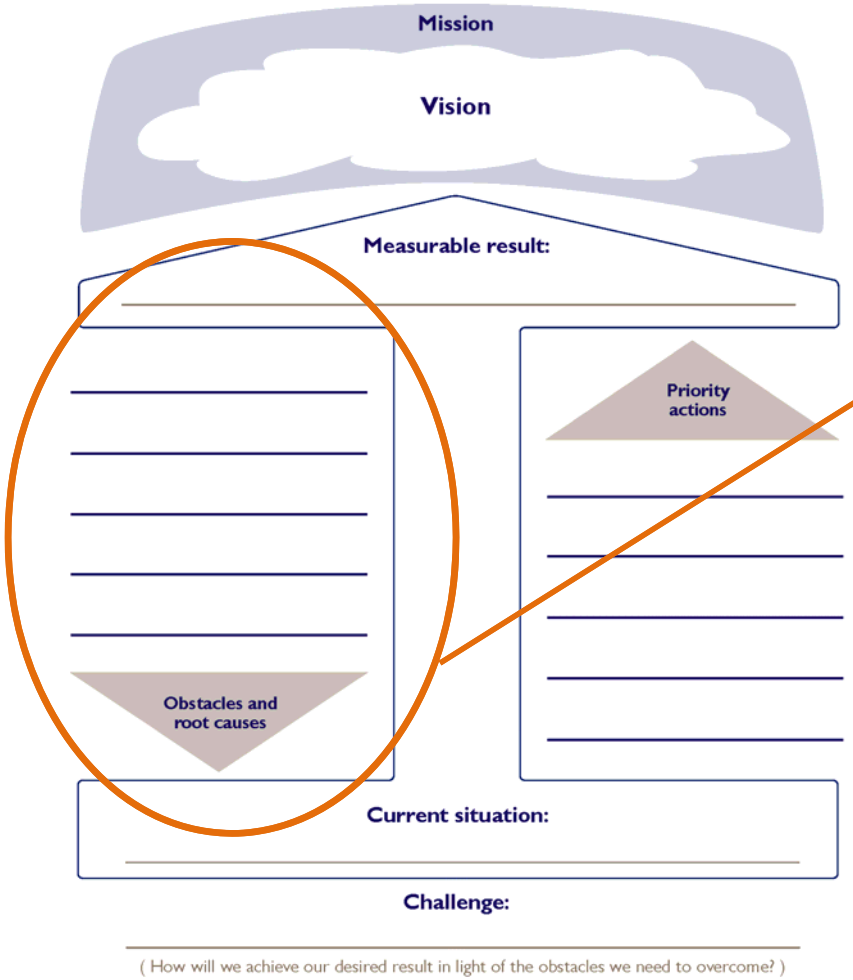
# The Challenge Model




Salima District Health Office Team, Malawi Africa

Challenge:
How will we increase the number of women of child bearing age (WCBA) 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.

# The Challenge Model

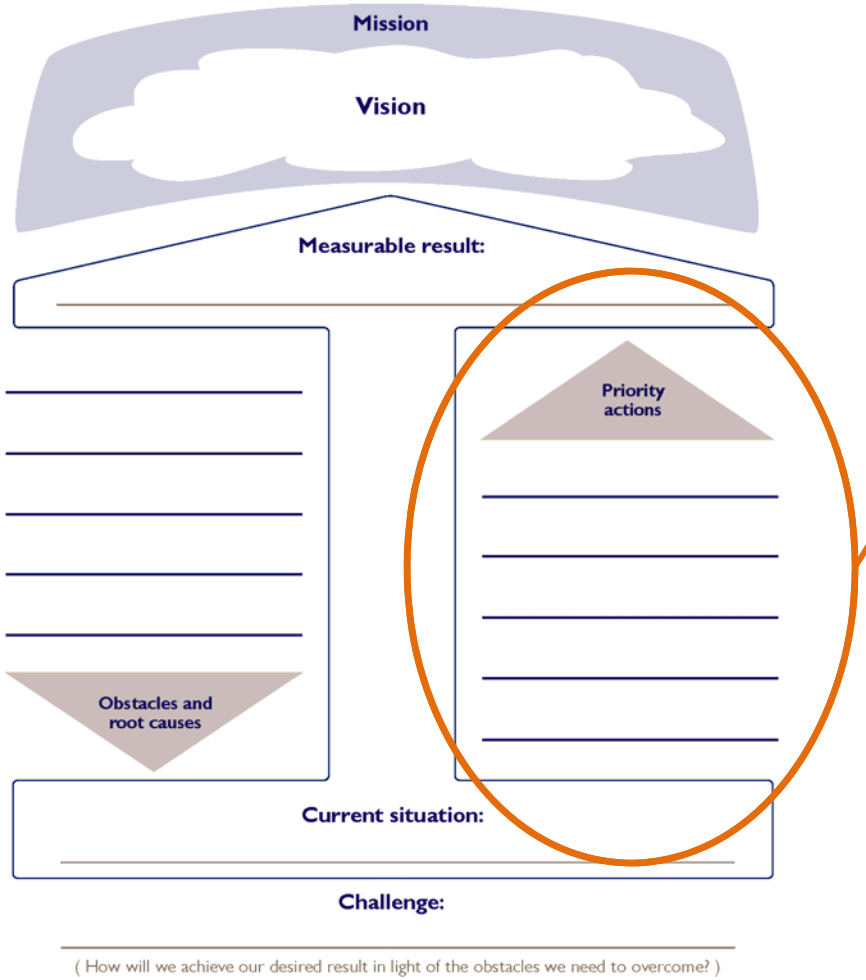



Salima District Health Office Team, Malawi Africa

Obstacles and Root Causes:

- Few women of child bearing age have access to modern FP methods
- Most women access FP services when they are sick or a child is sick
- Service delivery points are far apart and mainly static
- Heavy workload of service providers creates long waiting time for clients and result in fewer clients seeking services

# The Challenge Model




Salima District Health Office Team, Malawi Africa

Priority Actions:

- Supply all health care facilities with modern FP methods on time
- Conduct talks on FP methods/ services at clinics
- Train health personnel and nurses in provision of modern FP methods
- Conduct supportive visits to Community-based distribution agents

# Work Climate Assessment Tool

| **I feel that in my work group . . .** | **How are things now in your work group?**<br>*Please rate each item on a scale from 1 to 5 where:*<br>**1** = Not at All<br>**2** = To a Small Degree<br>**3** = To a Moderate Degree<br>**4** = To a Great Degree<br>**5** = To a Very Great Degree |
|---|---|
| 1. We feel our work is important. | 1 2 3 4 5 |
| 2. We strive to achieve successful outcomes. | 1 2 3 4 5 |
| 3. We pay attention to how well we are working together. | 1 2 3 4 5 |
| 4. We understand the relevance of the job of each member in our group. | 1 2 3 4 5 |
| 5. We have a plan that guides our activities. | 1 2 3 4 5 |
| 6. We understand each other's capabilities. | 1 2 3 4 5 |
| 7. We seek to understand the needs of our clients. | 1 2 3 4 5 |
| 8. We take pride in our work. | 1 2 3 4 5 |

# Measurement challenge

How do we effectively measure leadership outputs and outcomes to demonstrate the tangible benefits of investing in leadership and management capacity development?

# Leadership Outcomes

- Include both intermediate and long term outcomes
- Measured at two levels:
  - Behavior changes among participating teams
  - Tangible outputs and outcomes produced by teams that contribute to organizational goals

# Levels of Measurement

- Intermediate outcomes demonstrate progress in the direction of improving health services:
  - Changes in workgroup climate
  - Changes in the management systems and processes of the client organization

# Levels of Measurement, cont.

- Longer term outcomes at the service delivery level depend on:
  - Type of challenge
  - Whether teams have direct responsibility for health services (e.g., district health teams or health facility staff)

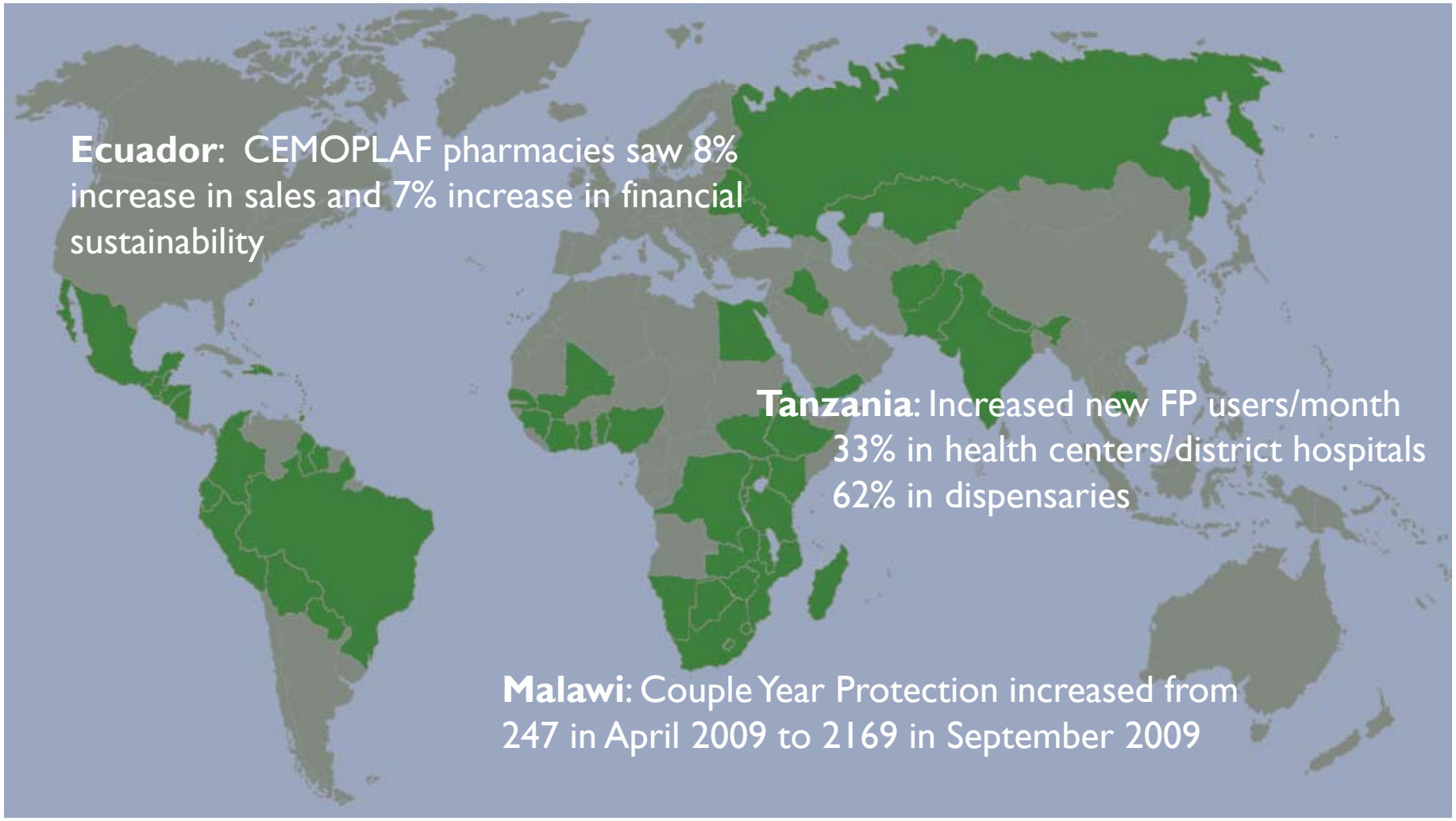
# Measurement Tactics

- Unit of analysis is the team (not individual participants)
- Quantitative methods:
  - Work Climate Assessment Tool: climate at the team level
  - Indicator data: team results according to action plan
  - Service delivery data: changes in health services
- Qualitative methods:
  - Participant interviews/focus groups
  - E-mailed questionnaires
  - Telephone interviews with team members

# Types of Key Questions

- ✓ Did teams complete action plans to address their challenges during the LDP/VLDP?
- ✓ To what extent did teams and their organizations achieve their expected results?
- ✓ Did teams continue to work together to address another challenge after the LDP/VLDP ended?
- ✓ To what extent was content from the LDP/VLDP shared with staff members who did not participate?

# Illustrative Results from LDP and VLDP




**** Map of VLDP and LDP countries as of September 2009***

# Lessons Learned

1. Not all leadership results are quantifiable. A mixed method approach is the most appropriate way to capture the results of a leadership program.

2. The quality of a team's M&E system can either enhance or weaken our ability to measure leadership outputs and intermediate outcomes.

# Lessons Learned, cont.

3. Improvements in work climate cannot be attributed solely to the effects of the LDP or VLDP due to intervening variables and the time frame of the leadership program.

4. Working with teams to monitor progress and measure results as part of the leadership process can create a "culture of owning and using data" that outlasts the program itself.

# Challenges in Documenting Results

- L&M capacity development is a long-term endeavor. Pressure to report immediate results and short funding cycles can limit ability to capture longer term, outcome-level changes.

- Programmatic realities do not always allow for rigorous evaluation design. Limitations include small number of counterpart organizations, focus on only one country/region/province, no control groups.

# Future Directions

Given the need to mainstream and scale-up leadership and management interventions:

- We need to prepare our counterparts and other organizations to measure and document leadership outputs and outcomes; and
- We need to determine how "far out" we can hope to measure.

# LMS Strategic Evaluations

**Purpose**:

Conduct three cross-program examinations of key strategic issues to document results & generate lessons learned for the benefit of stakeholders, e.g., USAID, MSH, international development and health community.

# LMS Strategic Evaluations

I. Findings from Phase I

1. Linkages between Leadership and Management Strengthening and Improvements in **Service Delivery**
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# Linkages Between Leadership and Management Strengthening and Improvements in Service Delivery

**Purpose:**

Document leadership and management strengthening & its contribution to enhanced access and quality of public health services, including family planning and reproductive health services.

# The Afghanistan Case

Need for improved leadership & management practices at all levels of the health system

- Increased services delivered
- CHWs involved in FP consultations
- Proper Contraceptive Stock in
  - 86% of heath posts
  - 98% of health facilities

**Results**

**Managers Who Lead**

| Leading | Managing |
|---|---|
| Scan | Plan |
| Focus | Organize |
| Align/ Mobilize | Implement |
| Inspire | Monitor & Evaluate |

Improved Work Climate

Improved Management Systems

Improved Capacity to Respond to Change

Improved Services → Improved Health Outcomes

From 10/2007 to 09/2008, 300,300 Couple Years of Protection (CYP) was provided through the NGO service providers. Implemented in collaboration with Johns Hopkins.

Building and applying the body of knowledge about leading and managing in international health

- LDP applied in 13 USAID supported provinces
- Capacity building in data-based decision-making and management of health information
- Provincial hospitals strengthened
- Supply chain system fortified

# The Kenya Case

- Under the Capacity Project MSH delivered the LDP to 55 teams.
  Follow-up has not yet been conducted.

- Since 2008 MSH has delivered the LDP to 28 additional teams from provincial, district, and rural health facilities.
  Follow-up was conducted at 6 months to determine results.

# Kenya LDP Results

Out of 28 teams completing the LDP in 2009, 24 have improved service delivery in 6 months

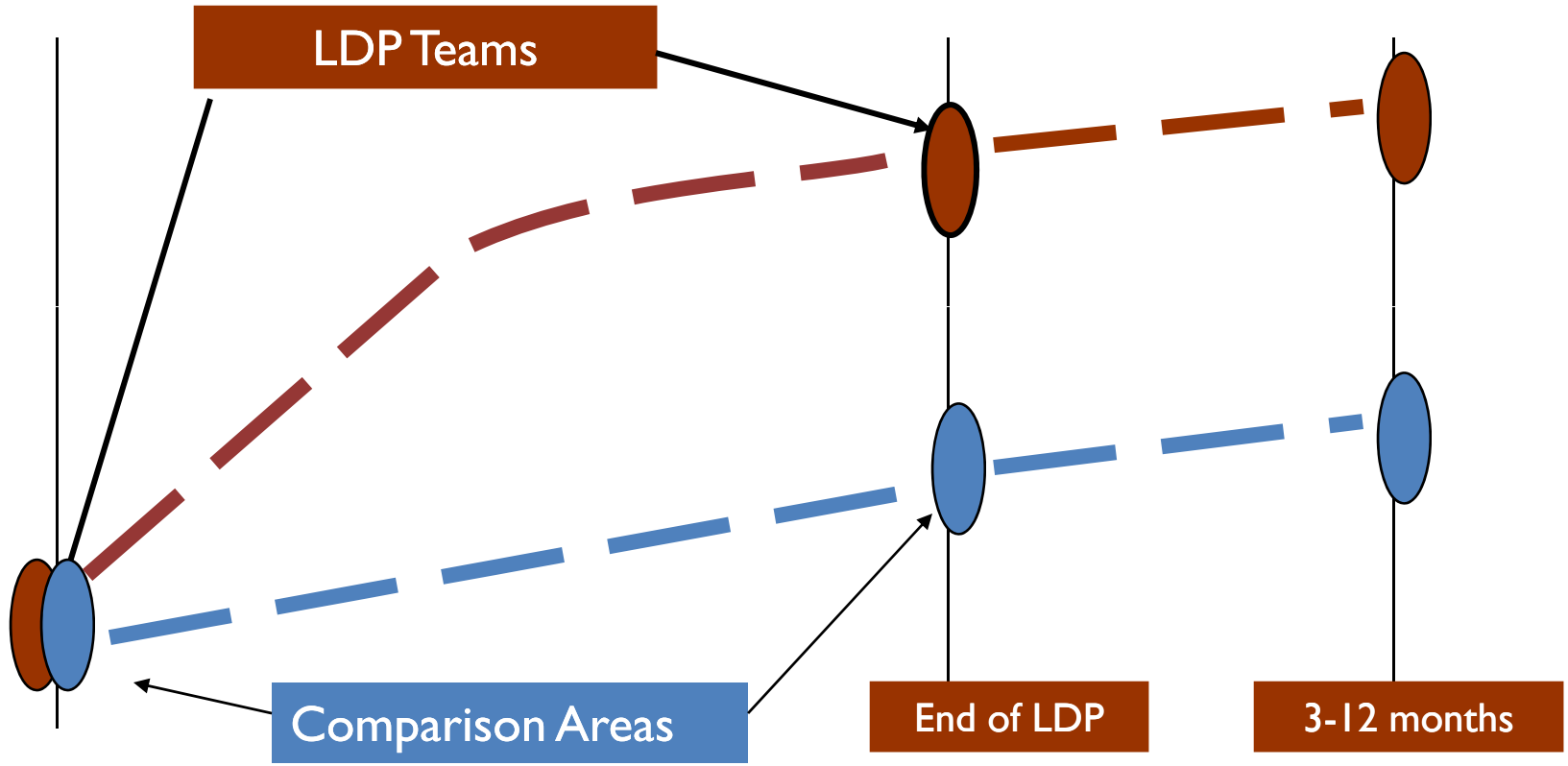
3 increased the proportion of pregnant women receiving 4 or more antenatal care visits

6 increased the proportion of pregnant women delivering in a health care facility

7 increased the percentage of fully-immunized children

… and 9 demonstrated results in other service delivery areas

# A Stronger Design: The Kenya Programmatic Assessment *




Baseline

Short Term Results

Sustainable Results

* Data points are illustrative

# Challenges to a Quasi-Experimental Design

Motivation and empowerment are key to the LDP, so teams select the challenge that is most critical to tackle in a short time. Indicators may not roll up or allow for control sites.

# Example of Lugari District Hospital

**Challenge:**

How can we offer operating theatre services and reduce surgical referral cases (65% of which are obstetric emergencies) by 20% in the next 6 months given the limited resources available?

# Result: A New Theatre Building

Meaningful result for the hospital that will improve obstetrical services…

But unlike a service delivery indicator, it doesn't allow for a matched control.

# Historical Changes in Catchment Areas

In Kenya there were 78 districts in 2006, 149 in 2007, and ? in 2009 with no data for smaller areas.

Old district teams have been redistributed within the new district boundaries, with some staff being assigned to districts with no facilities or services!

# Conclusions

- Nine country cases substantiate the L&M pathway to service delivery results using pre and post intervention measures.

- A quasi-experimental evaluation design is stronger for demonstrating that service delivery improvements are due to the LDP, but it is challenging to carry out and expensive.

# LMS Strategic Evaluations

I. Findings from Phase I

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## The New Context

- Governance for multi-sectoral bodies
- Governance in context of decentralization
- Governance in conflict-affected countries
- Governance of NGOs and FBOs for rapid scale-up of the response to HIV/AIDS

# Governance

Competently directing health system resources, performance, and stakeholder participation toward the goal of saving lives and doing so in ways that are open, transparent, accountable, equitable, and responsive to the needs of the people.

# LMS Strategy for Good Governance*

**Strengthened Management and Leadership**

**Improved Systems for Good Governance**

**Improved Health Systems Performance**

**Managers Who Lead**

| Leading | Managing |
|---|---|
| Scan | Plan |
| Focus | Organize |
| Align/ Mobilize | Implement |
| Inspire | Monitor & Evaluate |

- **Information/Assessment Capacity**
- **Policy Formulation and Planning**
- **Social Participation and System Responsiveness**
- **Accountability/Regulation**

**Equity**
**Access**
**Quality**
**Efficiency**
**Sustainability**

**We are documenting**

**Documenting is more challenging**

*Adapted from Health Systems Assessment Approach: A How to Manual, Health Systems 20/20, 2006

# Result: Improved Information/Assessment Capacity

PRONICASS assisted the municipality of Tuma La Dalia, Nicaragua to collect data on diarrhea cases and to plan for getting coffee growers to clean up local water supply.

➡ In 5 months diarrhea cases dropped 62%.

# Result: Improved Policy and Planning

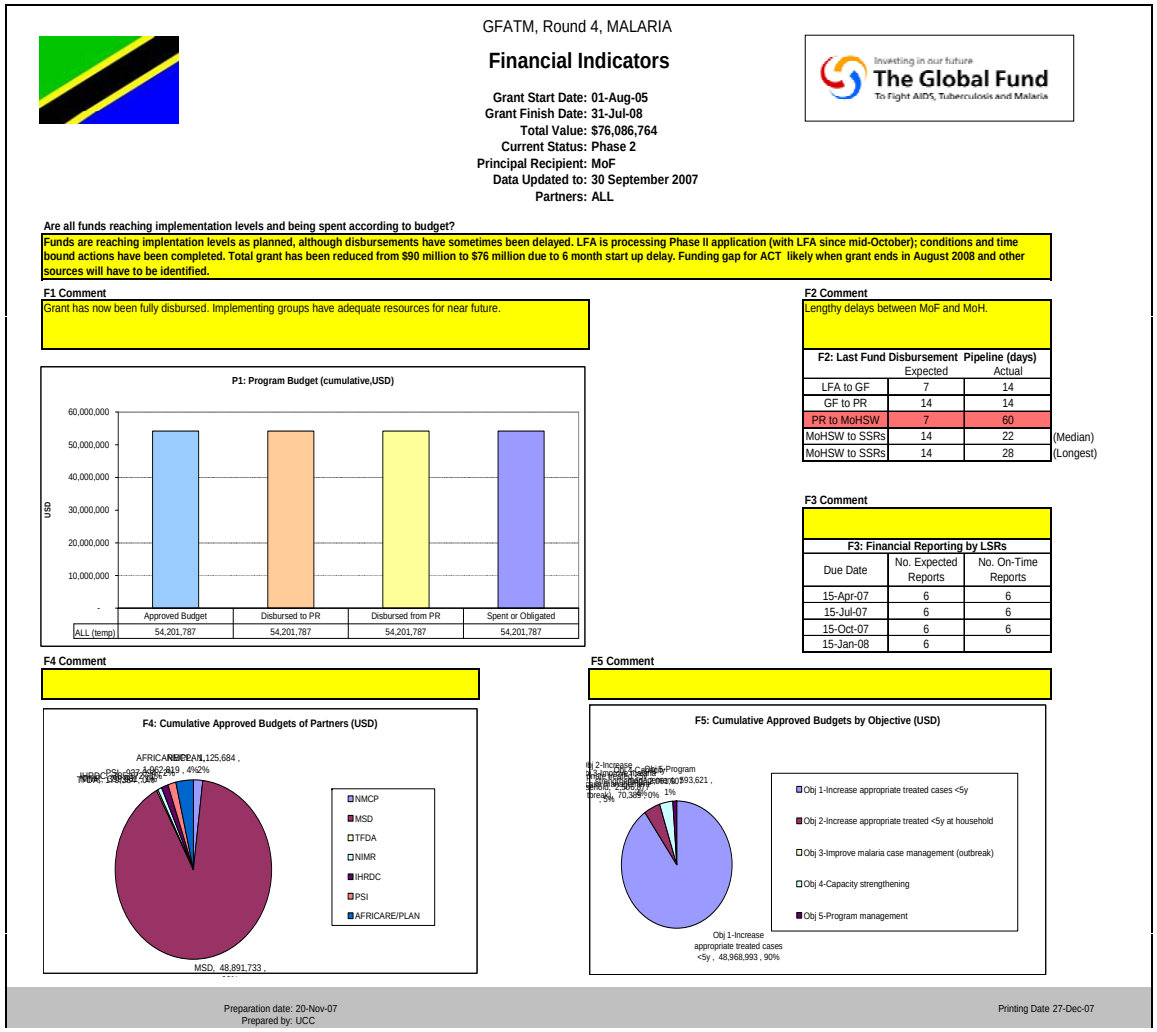
Follow-up of Brazil LDP 4 years later documented multi-sectoral action plans that reduced infant mortality in 25 municipalities.

# Result: Greater Social Participation

Community data collection tools and municipal information systems in Peru foster increased local decision making and accountability.

# Result: Improved Accountability and Regulation

Global Fund CCMs and PRs in Nigeria, Tanzania, Honduras, and Nicaragua used simplified visual dashboards to oversee HIV/AIDS, Malaria, and TB grants.



GFATM, Round 4, MALARIA

**Financial Indicators**

Grant Start Date: 01-Aug-05
Grant Finish Date: 31-Jul-08
Total Value: $76,086,764
Current Status: Phase 2
Principal Recipient: MoF
Data Updated to: 30 September 2007
Partners: ALL

Investing in our future
The Global Fund
To Fight AIDS, Tuberculosis and Malaria

**Are all funds reaching implementation levels and being spent according to budget?**

Funds are reaching implentation levels as planned, although disbursements have sometimes been delayed. LFA is processing Phase II application (with LFA since mid-October); conditions and time bound actions have been completed. Total grant has been reduced from $90 million to $76 million due to 6 month start up delay. Funding gap for ACT likely when grants end in August 2008 and other sources will have to be identified.

**F1 Comment**

Grant has now been fully disbursed. Implementing groups have adequate resources for near future.

**F2 Comment**

Lengthy delays between MoF and MoH.

| F2: Last Fund Disbursement Pipeline (days) | Expected | Actual | |
|---|---|---|---|
| LFA to GF | 7 | 14 | |
| GF to PR | 14 | 14 | |
| PR to MoHSW | 7 | 60 | |
| MoHSW to SSRs | 14 | 22 | (Median) |
| MoHSW to SSRs | 14 | 28 | (Longest) |



**F3 Comment**

| F3: Financial Reporting by LSRs | | |
|---|---|---|
| Due Date | No. Expected Reports | No. On-Time Reports |
| 15-Apr-07 | 6 | 6 |
| 15-Jul-07 | 6 | 6 |
| 15-Oct-07 | 6 | 6 |
| 15-Jan-08 | 6 | |

**F4 Comment**

**F5 Comment**

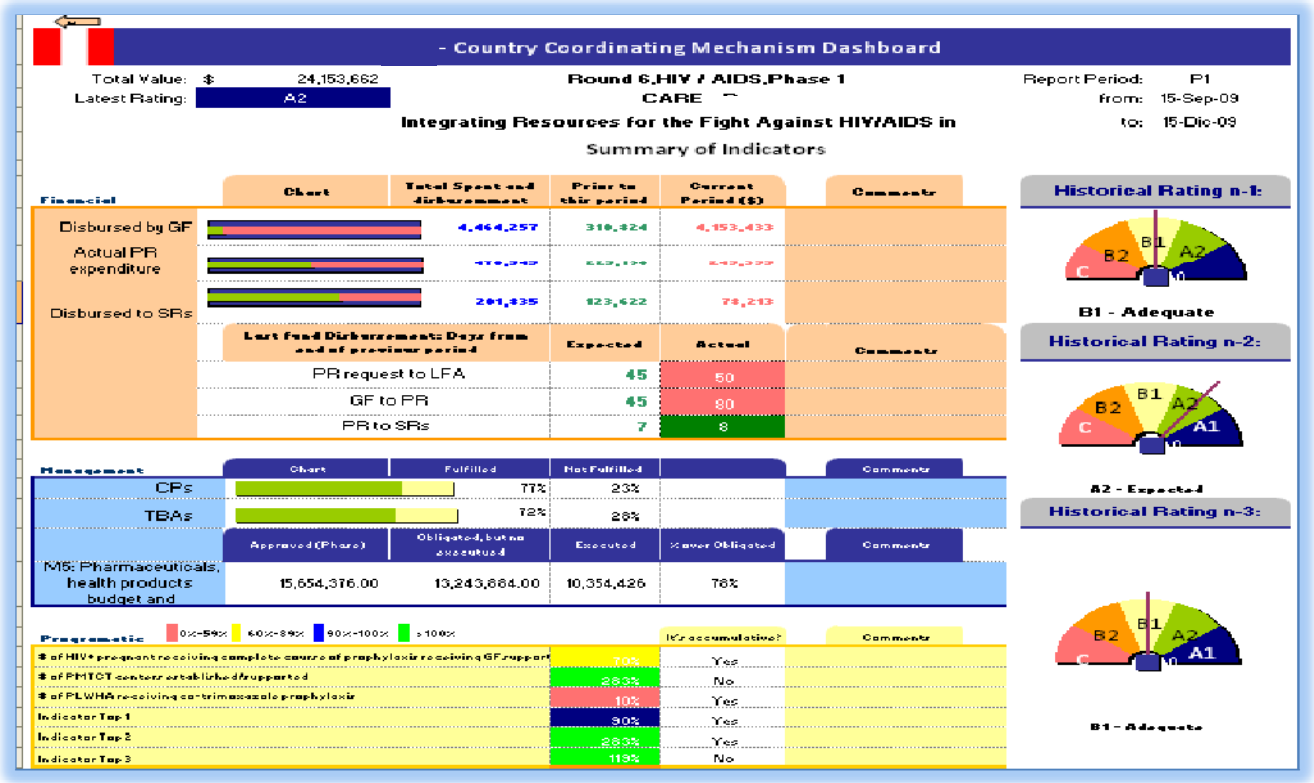


Preparation date: 20-Nov-07
Prepared by: UCC

Printing Date 27-Dec-07

# Scale up of Dashboards by Global Fund

USAID's Grants Management Solutions (GMS) Project pilot tested the generic CCM grant dashboard, in six countries in 2009: Ghana, Mali, Mongolia, Morocco, Namibia, and Peru



# Preliminary Lessons Learned

1. Leadership and management strengthening to improve governance works at all levels of the health care system.

2. Leadership development is a critical input to empower and enable staff to bring about change.

3. Create practical tools to improve planning, oversight and decision making, then work on them side by side with clients.

# LMS Strategic Evaluations

I. Findings from Phase I

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# Lessons Learned in Mainstreaming and Scale-Up of Leadership and Management Capacity

**Purpose:**
Document and analyze approaches, strategies, and results in mainstreaming and scale-up of leadership and management capacity.

L&M Results Model in Nepali, 2006

# Definitions

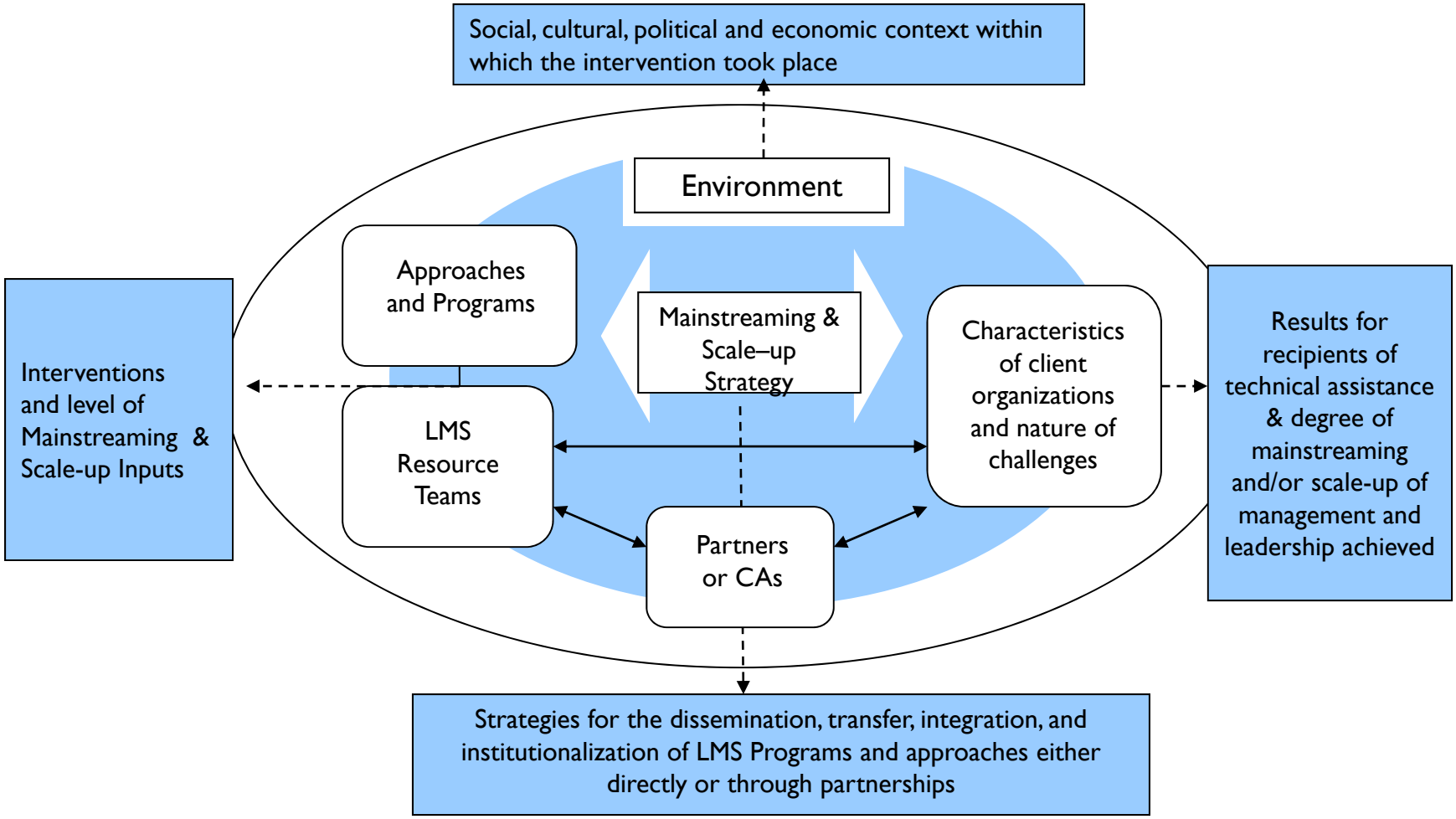
**Mainstreaming:**

Institutionalize and sustain proven leadership and management practices and approaches in organizations. Mainstreaming is one effective strategy for scale-up.

**Scaling-up:**

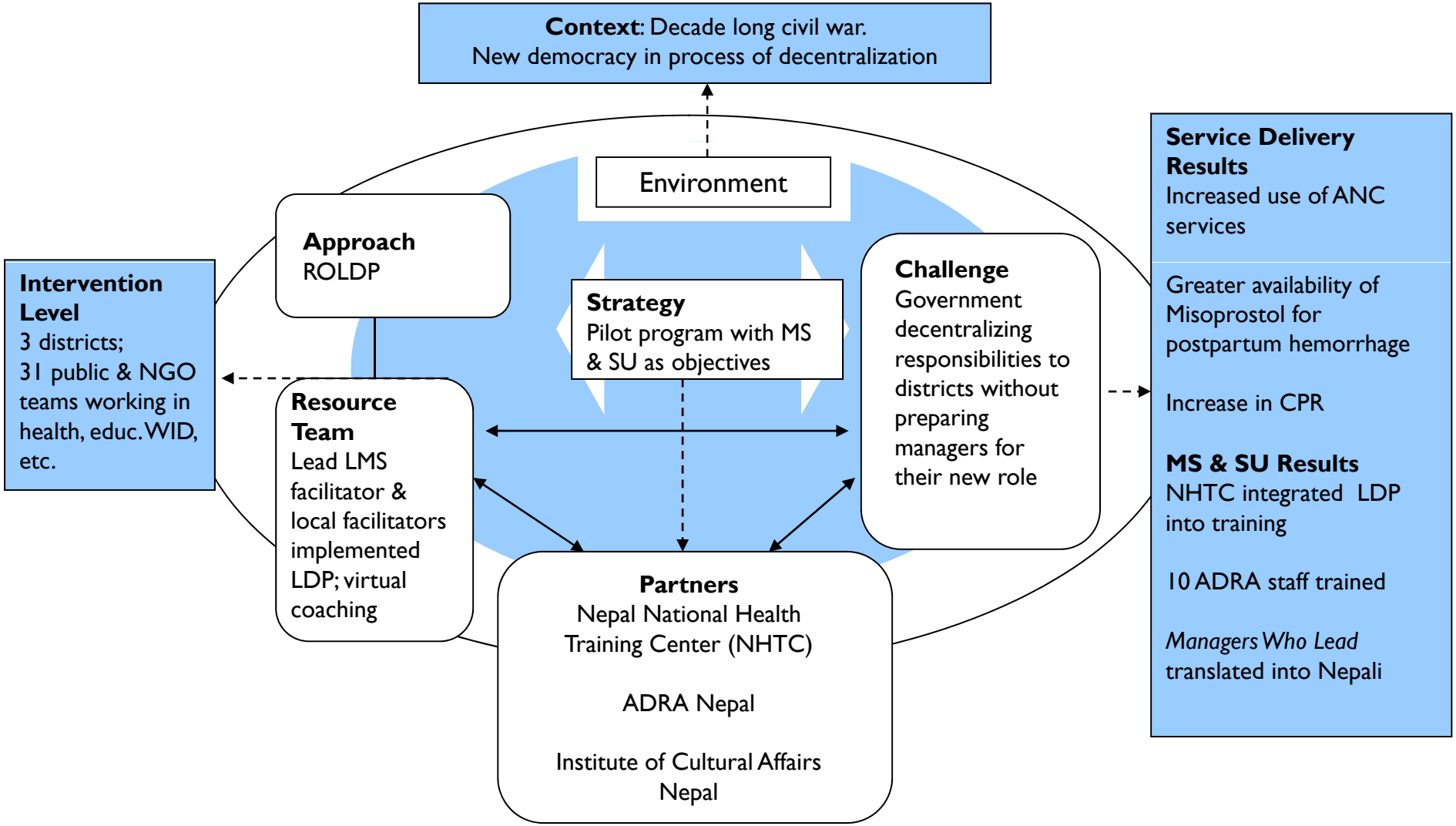
Expanding the number of people and organizations who are effectively applying leadership and management practices and approaches to achieve improved results.

# Framework for Mainstreaming and Scale-up Study*




* Adapted from: Scaling up Health Service Innovations: A Framework for Action, by Ruth Simmons and Jeremy Shiffman, 2006

# Nepal Case Study



# Preliminary Lessons Learned

**Approaches/tools must be:**

- Easy to use
- Problem specific yet adaptable for specific local conditions
- Practical
- Cost effective
- Results focused
- Yield substantive results rapidly ("quick wins")

Kabul, Afghanistan

# Preliminary Lessons Learned, cont.

Key elements for success of strategies:

- Existence of a champion
- Empowered managers/providers to sustain process
- Coaches and/or peer networks
- Institution to "house" and sustain
- Engagement at multiple levels

# Preliminary Lessons Learned, cont.

- Many successful ways to mainstream and/or scale-up proven leadership and management approaches

- Choice of strategy not as important to improvements as is using an approach that allows health managers and providers at all levels to:

  - Work toward their own goals
  - Believe in their own power to act

# Reflections …

1. Leadership and management capacity are an unmet need.

2. The science of their measurement is still young.

3. The purpose of this seminar is to learn from each other to advance the science. This is where your input is critical.

# Thank you

# Small group discussion – focus questions

1. What are your experiences with measuring leadership, management, governance, and capacity building in general?

2. Considering the progress and achievements LMS has made, and given the challenges, how can LMS and the USAID-CA community further the measurement of leadership, management, and governance capacity building?

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