2023 Results Report

AMPHEALTH

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Glossary of Acronyms

CBV	Community-based volunteers
CH	Community Health
CHU	Community Health Unit
CHW	Community Health Worker
CNCD	Centre for Non-Communicable Diseases
LM / L&M	Leadership and Management
MCP	Malaria Control Programme
MEL	Monitoring, Evaluation and Learning
MH	Mental Health
MoH	Ministry of Health
MoU	Memorandum of Understanding
MP	Management Partner
NCD	Non-Communicable Disease
NCDI	Non-Communicable Disease and Injury
NCHS	National Community Health Strategy
NIH	National Institute of Health (US)
NMCP	National Malaria Control Programme
PNLP	Programme National de Lutte Contre le Paludisme (National Malaria Control Programme)
RBM	Roll Back Malaria Partnership
SLP	Service de Lutte Contre le Paludisme (Malaria Control Service)
SMC	Seasonal Malaria Chemoprevention
ToR	Terms of Reference
TWG	Technical Working Group
UNDP	United Nations Development Programme

Introduction

Over the last two years, AMP has been working with a larger and more diverse set of partner teams within ministries of health across Africa, which has made our monitoring, evaluation and learning (MEL) reporting richer and even more vital this year. This report highlights the impact we have seen in 10 of our partnership teams: five national malaria control programmes (Central African Republic [CAR], Chad, Republic of Congo, Mauritania, and Namibia); three non-communicable disease teams (Liberia, Malawi, and Mozambique); one community health department (Mali) and one maternal and child health program (Nigeria). In addition to the partnerships detailed in this report, there are two early-stage partnerships which will be reported on in the next period once sufficient data have been collected – the Zambia Country Leadership Program (CLP) which falls under maternal and child health and a partnership with the CAR tuberculosis team – and two ongoing partnerships in Ghana where we are helping our partner teams to institutionalise key leadership and management processes within Ghana Health Service (which uses a customised M&E framework developed by the ministry and other partners).

Nearly half of our partner teams are now French-speaking, and we are now two years into our partnership with Mozambique, our first with a Portuguese-speaking country. With these language capabilities, we are now able to serve the vast majority of governments in sub-Saharan Africa.

Tracking the progress of our partner teams and evaluating the effectiveness of our model is essential to improving the way we work with our partner teams and informing future partnerships. This is the fourth comprehensive report on the results of our monitoring, evaluation, and learning (MEL) framework, which we launched in 2019 to support decision-making, adaptive learning, planning, and management across all AMP Health-supported programmes.

The report is intended to provide an overview of our partner teams' progress, document lessons learned, and identify opportunities for improvement. In addition, we hope that our MEL framework and this report serve to contribute to growing the evidence base for the effectiveness of leadership and management capability-building efforts.

At AMP, we aim to support our partner teams to achieve their own goals more effectively by improving their leadership and management skills and serving as a thought-partner in tackling some of the challenges that they face. We therefore assess our own success by considering the extent to which our partner teams have achieved the goals that they have set for themselves.

At the beginning of all new partnerships, we work with our partner teams to develop a set of partnership objectives to guide our work with them. This informs the structure of this document, which reports on the progress that our partner teams have made towards achieving these objectives, how individual capabilities have developed, how team effectiveness has changed over time, and how these changes at both the individual and team level can contribute to health system progress.

We adapt our curricula and learning approaches according to the findings of these assessments. We have fielded and refined our MEL tools over the past four years to ensure that the framework aids in our efforts to provide a comprehensive picture of the progress that teams make throughout their partnership with AMP Health.

Highlights

Teams see value in our unique approach	Individuals have seen their own skills improve	Teams are able to work more effectively	And are increasingly confident of their ability to improve their health systems
"AMP Health's support has been so impactful that all the other sub-directorates have requested the services of the AMP Health Management Partner. For a support that only started in June 2022, the results are enormous, and we are very happy. If there was a grade to give, it would be 9 out of 10." – Deputy Director of Health Facilities and Regulations, General Directorate of Health and Public Hygiene, Mali	"The training provided by AMP has strengthened my skills and ability to perform my role effectively. I have learned to be punctual, manage my time efficiently, avoid confusion in internal and external correspondence, and gained knowledge on writing terms of reference and carrying out activities. These changes have given me more responsibility than before." – National Malaria Control Program member, Chad	"AMP's support allows for a much greater synergy between the teams for greater efficiency and effectiveness in carrying out the tasks with enormous productivity gains in terms of the time it takes for the teams to complete the tasks" – Head of Data Management Office, National Malaria Control Program, Republic of Congo	"AMP's impact is being noted in the health system where I work. Other programs have actively approached me to ask how they can benefit from AMP's support as they have noticed that the noncommunicable disease (NCD) activities are improving. AMP's work has a noticeable impact on our work – not only for us as direct beneficiaries and partners in that learning process but other departments are noticing as well." – NCDI team member, Liberia

Of the 26 individual leadership and management competencies that we track over time, we have found that, on average, the individuals we work with tend to improve in all of them during their time working with AMP. This means that most of them shift from needing support with tasks (scoring below 3.0 on our MEL scale), to being able to do them independently (scoring above 3.0 on our MEL scale).

Can do it independently

Needs help

Individual skills: Average scores for all respondents for each skill – baseline vs most recent survey

Skills # 1 ... 5 ... 10 ... 15 ... 20 ... 25

● Baseline ● Most recent

- 10 teams and 99 individuals were surveyed in 2022/2023
- Fourth year of consistent data collection under our revised MEL framework; this report compares data collected mid-2022 to mid-2023
- We are seeing improvements across all individual skills (see graph above), often with improvements that see individuals go from not being able to do something without help (scores between 2-3) to being able to do something successfully without help (scores above 3)
- 97% of individuals improved on at least 2 skills, and 85% improved on 5 skills or more while 92% of individuals felt that their team had improved on 3 or more team effectiveness skills, with 50% feeling their team had improved on 10 or more skills

AMP Health model: Driving systems change

AMP Health has a holistic, team-based approach to strengthening leadership and management capabilities. We believe that the power of systems change lies in the hands of teams, not just individuals. We also believe that leadership skills *and* management skills are both essential to have a lasting impact. We are demand-driven, and only work where governments ask to partner with us, and client-led, helping countries to advance their agendas by building and supporting capable teams. We provide long-term support, knowing that durable behaviour change takes time.

Our Theory of Change

We developed our MEL framework to collect data on the key elements of this theory of change, according to the methodology explained below. In this way we can test and if necessary, adapt our theory of change. We can also generate evidence and knowledge to be shared with our partner teams and influence the conversation about how best to transform institutional culture and improve health outcomes.

Methodology

Our MEL framework comprises five MEL tools that monitor the progress of AMP Health-supported teams over time, allowing for ongoing refinement and customisation of the leadership and management curriculum and training approach. We administer these tools twice yearly – mid-year (at the end of June) and at the end of the year (at the end of December). This report focuses on data collected for these five tools at the end of 2022 and mid-2023.

Tool #	Name of MEL tool	Measurement interval	Key MEL question addressed by this tool
1.	Individual Leadership & Management Capability Development Questionnaire	Every 6 months	What progress have individual team members made in improving their leadership and management capabilities?
2.	Team Effectiveness Questionnaire	Every 6 months	Have the teams that we work with become more cohesive, efficient, and effective?
3.	Scorecard of Best Practices, Tools, & Processes of High-Functioning Teams	Every 6 months	What tools, processes, and systems have been introduced and are being implemented by the teams that we work with?
4.	Concurrent Health Systems Progress Report	Every 6 months	How have the teams that we work with contributed to broader health systems progress in their countries? And how have enhanced leadership and management capabilities contributed to this progress?
5.	Return on Expectations Interviews	Annually	To what extent has the AMP Health partnership met the expectations of the teams that we work with and senior Ministry leaders?

Each tool uses a 5-point scale and all data and analyses reported are in absolute changes on this scale. We report average changes on this scale, for a particular skill, per team. For example, a relatively large average change (e.g., +1.0) could imply that every team member improved by 1 out of 5 points on the scale, often going from one level (e.g. needing help to do something) to the next level up (e.g. being able to do it successfully without help). Even relatively modest changes (e.g., +0.2) suggests that at least some team members have improved substantially. Therefore, we report both modest and larger changes, where there is a change in rating that relates to team objectives or achievements.

Please see Appendix A for a more detailed description of these tools and our methodology to gather and analyse the data.

We now present the detailed findings for each country where we have data, in the four programmatic areas of Community Health, Non-Communicable Diseases, Malaria, and Maternal and Child Health. In each case we attempt to show how the data reflect progress on achieving their goals, as identified in the Partnership Objectives we set with them at the beginning of the engagement.

Community Health

Community health (CH) programs are critical to strengthening health systems, increasing access to health care, and allowing people to live healthier, more prosperous lives. These programmes often employ large numbers of community health workers and are the first point of entry into the health system for millions of people. Since AMP Health began partnering with ministry teams in 2015, we have partnered with community health teams in Ghana, Kenya, Malawi, Mali, Togo, and Zambia to support them in becoming more effective leaders. We are currently working with the community health team in Mali.

Mali – Sous-Direction des Établissements de Santé et de la Réglementation

The Mali Sous-Direction des Établissements de Santé et de la Réglementation (SDESR), led by Dr Youssouf Coulibaly, is the team at the national level within the ministry that develops regulations and standards for medical and nursing care, sets policies that govern public and private hospitals and clinics, develops community health standards and oversees community health care in Mali.

AMP began working with the team in June 2022 with the placement of MP Moussa Diakite, who assisted the team to identify a number of opportunities to focus on: improving partner coordination with the goals of putting the SDESR back at the centre of strategy execution; improved team coordination and collaboration; better communication and advocacy for the community health program; strengthened reporting, M&E and data flow; and a stronger focus on team accountability and results.

Over the past year, the team has succeeded in setting up a national steering committee, led by government, to coordinate the activities of partners and regional ministry teams, with the SDESR now determining what CH programs are running in the country and regions. In addition, the team implemented a Monitoring and Evaluation Plan and communications strategy and developed an investment case for community health in Mali.

Partnership Objective	Achievements	Evidence from MEL surveys & interviews
Develop and strengthen CH governance systems and structures	• The team created a national operational plan to implement Mali's Community Health Strategy. • Team mapped all partners in CH in country and created a co-ordination committee, led by government, to manage partner relationships and activities. • MP mentored team to confidently chair these meetings, distribute minutes and follow up on actions.	• The team reported a large improvement in their ability to run effective meetings (+0.7) and a modest improvement in managing conflict with external teams (+0.2).

	• Regular activities of the CH National Steering Committee are now held to discuss programmatic and financial issues and facilitate strategic decision-making. • Team created a central calendar for partner engagements and stopped accepting ad hoc meetings. • National CH team now determines what CH programs are running in the country and regions, rather than partner organisations.	
Develop and strengthen individual and collective management and organisational skills	• In the absence of formal titles and an organogram supplied by the ministry, the MP coached the team to define project-based roles and responsibilities, which allowed the team to increase role clarity and improved coordination. • The team drew up a mission statement and value charter to guide the actions of the SDESR.	• The team reported a very large improvement in role clarity (+1.4) and reduced duplication of effort (+1.3) and ability to give each other constructive feedback (+1.2). They also saw moderate improvements in trust (+0.5) and completing tasks under stressful conditions (+0.4).
Support the CHU to strengthen reporting, M&E and data flow systems and processes at national level	• The MP coached the team to design monitoring processes that outline what data to collect, when to collect it, and who is responsible for data collection. • SMART Indicators have been selected to monitor the evolution of community health. • Based on this training, the team has developed a Monitoring and Evaluation Plan to improve effectiveness and efficiency in the implementation of the Community Health Strategy. A manual has been developed to guide implementation of the plan.	• The team reported large improvements in monitoring results (+1.3) and moderate improvements in goal setting (+0.3) and a small improvement in data-based decision-making (+0.1).
Mobilise resources for the financing of activities	• The team has developed a Community Health Investment case for Mali. This was based on exercises facilitated by the MP including prioritisation of activities by impact/effort, SWOT analysis, and budgeting of activities.	• The team reported moderate improvements in diagnosing organisational challenges (+0.3). The team reported a large decrease in the ability to develop accurate budgets (-0.9). This might be because, having been exposed to budgeting processes by the MP, the team now realises what they have yet to master.
Improved communication & advocacy for the CH program	• The team has published a three-year Communication Plan for Community Health 2023-2025.	• The team saw moderate improvements in ability to influence others (+0.4) and communication (+0.3).

	• The first bi-annual newsletter was produced to increase visibility and inform partners and other stakeholders of the achievements and challenges of the SDESR team. • With coaching from the MP, the team presented six abstracts at the third international symposium on Community Health Workers in Liberia. The Malian experience was widely shared during the symposium, which encouraged discussions on partnership with several new partners.	

Mali SDESR: Individual skills with the greatest improvement

Skill	Average Aug 2022	Improvement from previous year
I hold effective and efficient meetings	2.3	0.7
I can influence others to get them to do or believe something	2.2	0.4
I handle stressful situations and can complete tasks under pressure	2.9	0.4
I use interpersonal communication skills to collaborate with and motivate others	3.0	0.3
I keep close track of how my team members are performing	2.7	0.3
I diagnose organizational challenges and align others to help solve them	2.0	0.3

Mali SDESR: Team skills with the greatest improvement

Skill	Average Aug 2022	Improvement from previous year
Team members clearly understand their roles.	2.1	1.4
Team members avoid duplication of effort and make sure they are clear about who is doing what.	2.3	1.3
Our team has mechanisms in place to monitor its results.	2.8	1.3
Team members seek and give each other constructive feedback.	3.1	1.2
Working on our team inspires people to do their best.	2.8	0.6

Non-Communicable Diseases

Non-communicable diseases (NCDs) contribute to more than two-thirds of all annual deaths worldwide and are among the leading causes of preventable illness and related disability. Over half of those deaths occur in low- and middle-income countries. Addressing NCDs requires a range of strategies to change behaviour, to ensure the availability of testing and treatment, and to roll out preventative treatments. Teams responsible for managing NCD programmes therefore need to not only be technically competent, but also excellent planners, problem solvers, project managers and leaders. We have partnered with NCD teams in Malawi, Liberia, and Mozambique.

Liberia – Non-Communicable Diseases and Injuries team

AMP Health's partnership with Liberia's Ministry of Health began in January 2022 with the placement of MP Andrew Hyeroba as embedded support within the Non-Communicable Diseases and Injuries (NCDI) team. The team is led by a Director, Dr Anthony Tucker, assisted by a Deputy Director, who oversees a team of four disease-specific coordinators (Cancer; Diabetes & Cardiovascular Diseases; Disability, Injuries and Assistive Technology, and Oral Health), a public health specialist and a supply chain specialist. The team has grown to eight members since it began in 2019 with one director and one coordinator.

The last year has seen recognition for the team's work from the World Health Organization, (WHO) which featured the NCDI Program's experience using multi-sectoral action to deliver the National NCDI Policy and Strategy in its Global Mapping Report on Multi-Sectoral Actions. In addition, the team received commitment from Clinton Health Access Initiative and the WHO to provide technical support for the review and partial funding for nationwide validation of the new NCDI Policy and Strategy, reflecting an increasing focus on the prevention and control of NCDIs in Liberia.

The team also celebrated the completion of Clinical Guidelines for Diabetes Management and successfully centralized the coordination and reporting of insulin distribution. As a result, the Ministry of Health now has oversight of insulin supplies, ensuring quality, efficiency, and effectiveness in the distribution process. The transition from direct donor dealings with hospitals to managing insulin supplies through the Ministry of Health has provided crucial visibility into insulin usage, types, quality, and quantity at hospitals across Liberia.

Most recently, the team has begun a process of consolidating gains in overall NCDI program management by developing an internal performance management system and a framework for cascading L&M skills to the next level of the NCDI hierarchy at county level.

Contribution of L&M development to achieving objectives in the past year:

Partnership Objective	Achievements / Impact	Evidence from MEL surveys & interviews
Develop national policies, strategies, guidelines, plans and protocols	• Clinical Guidelines for Diabetes Management have been completed and approved, ready for printing. • Strategy Technical Working group constituted and two meetings held. • Partial funding to kickstart the review process was acquired and commitment secured from CHAI and WHO for technical support (expert reviews and country-wide validation) • Advertisement made to call for consultant to facilitate the process.	The team noted substantial improvements in managing effective and efficient meetings (+1.5) and projects (+1.3), goal setting (+1.1) and monitoring (+0.7).
Mobilising resources	• Commitment of USD 110,000 secured from American Cancer Society. Account opened for remittance of funds. Initial funding remittance expected by end of 2023.	The team improved their ability to initiate projects (+1.1) and to maintain trusting relationships with other teams (+1.1).
Management of program and team performance	• Substantial improvement in performance management within the national team. Individual performance management update template revised and rolled out. • Framework implemented for supervision of County NCDI Focal Persons. Fortnightly check-in template developed and rolled out.	The team noted substantial improvements in managing effective and efficient meetings (+1.5) and projects (+1.3), goal setting (+1.1) and monitoring (+0.7).
Using data for decision-making, advocacy, and communication	• There is continuous and gradual incorporation of NCDI indicators into the Health Management Information System as well as the supply chain system with recent data capture for Assistive Technology indicators and supplies. • There is increasing adaptation of the practice of use of data to support decision-making. The most recent incident involved furnishing a donor with information on insulin use for individuals aged 30 and below. This data was collected from the counties, a report compiled and used to inform insulin donations to hospitals in Liberia. • Data use within the team is now at 80%. However, there are still challenges with data transmission from the counties.	"I see the presentation of junior staff have improved – they are more interested in evidence-based research, now they are doing baseline surveys rather than assuming before engaging in interventions." – Liberia NCDI team member.

Liberia NCDI: Individual skills with the greatest improvement

Skill	Average Aug 2022	Improvement from previous year
I hold effective and efficient meetings	2.3	1.5
I am aware of my strengths and weaknesses and am consistently taking action to improve the quality and impact of my work	2.3	1.3
I plan and manage projects effectively and efficiently to achieve my goals	2.0	1.1
I am reliable and follow through with my commitments	2.8	1.0

Liberia NCDI: Team skills with the greatest improvement

Skill	Average Aug 2022	Improvement from previous year
Our team is able to propose new projects.	3.0	1.1
Our team has established trusting and supportive relationships with other teams.	3.2	1.1
Team members take personal responsibility for the effectiveness of our team.	3.2	0.9
Team members appreciate one another's unique capabilities.	3.4	0.7
Our team has mechanisms in place to monitor its results.	3.4	0.7

Malawi – Non-Communicable Diseases and Injuries team

The Malawi Ministry of Health (MoH) Non-Communicable Diseases, Injuries and Mental Health (NCDI and MH) Unit, led by Deputy Director Dr Jonathan Chiwanda, is responsible for policy development, legislation, regulation, public and professional education, guideline development, media interventions and research related to non-communicable diseases and mental health. The partnership between AMP Health and the NCDI and MH Unit commenced in October 2021. The current MP, Hentry

Mwale, joined Dr Chiwanda and his team of five in October 2022. The team's priorities include improving partnership and advocacy for NCDIs, being more deliberate about planning and monitoring, and developing key guidelines to standardise and improve the quality of care for NCDIs. A major challenge in the last year has been to mobilise resources for their programmes in the context of reduced funding from government.

Partnership Objective	Achievements / Impact	Evidence from MEL surveys & interviews
Strengthen teamwork and internal communication	100% of the communication tools put in place by the team are used by the team on a regular basis.	Team members reported large improvements in self-awareness (+1.3), handling stress (+1.0), goal setting and pro-social behaviours (both +0.8) and moderate improvement in reliability (+0.5) and time management and planning (+0.3)
Strengthen capacity of the NCD Team in systems	The NCDI-Malawi team successfully organised the fifth National Cancer Symposium in the past year,	The team saw large improvement in their ability to develop accurate budgets (+1.0). "Our unit has successfully formulated

thinking and strategic planning	including managing all aspects of communication, logistics and agenda design, as well as the publication of papers submitted. The Treatment and Harm Reduction for Substance Use Guidelines was also successfully launched and operationalized during this period.	strategic policies and documents – a core role for our unit. We've taken on the responsibility of creating policies and strategies addressing NCDs, including initiatives for alcohol prevention, family planning and hypertension. In addition, our commemorative events for occasions like World Diabetes Day and mental health awareness have achieved success." – Malawi NCD team member.
Strengthen capacity of the NCD Team in creative writing, proposal development and resource mobilisation	The team has met more than 50% of its resource mobilization targets; team members now have the ability to write proposals and to select and build partnerships that are responsive to the division's vision and strategic needs.	The team reported large improvements in the ability to influence others (+1.0) and moderate improvements in the ability to propose new projects (+0.3).
Strengthen capacity of the NCD Team in team habits, effective communication and partner engagement	The National NCD Communication Strategy has been successfully developed and launched. The MP actively worked with the NCD team to enable them to be self-organized and serve as the principal agents to collect, analyse and disseminate information and share knowledge about the chronic disease problem and successful strategies for communication, execution, and evaluation of NCD policies and programs. The team can set and review goals regularly, they use effective communication tools, and they have a problem-solving mindset; members trust each other, and they share resources and information with other team members and departments.	The team reported large increases in the ability to influence others (+1.0) and moderate improvements in communication (+0.3). "Our coordination has improved, meetings are more effective, there's greater trust and self-belief within the team, and we've achieved a better distribution of responsibilities, no longer relying solely on one person but spreading roles equally among team members. This has enhanced cohesion within the team." – Malawi NCD team member.
Strengthen capacity of the NCD Team in Problem solving and Data-driven decision making	The formulation of the NCD M&E Framework was successfully completed and the team gained important skills during the process. Several practices, such as team brainstorming, root cause analysis, and SWOT analysis have been adopted and are being used by the team on a regular basis. The MP mentored the team to collect and use data to guide strategic decisions that align with NCDI-Malawi's goals, objectives, and initiatives.	The team reported large improvements in decision-making (+0.8) and moderate improvements in problem-solving (+0.5) and monitoring results (+0.2). "The way we document NCD conditions has been enhanced through improved data capturing and reporting. This progress is especially clear in areas such as diabetes and hypertension management, where monitoring and evaluation (M&E) practices have become more refined." – Malawi NCD team member

Malawi NCDI: Individual skills with the greatest improvement

(bar values, Average Aug 2022 / Improvement from previous year)
- I am aware of my strengths and weaknesses and am consistently taking action to improve the quality and impact of my work: 3.0 / 1.3
- I handle stressful situations and can complete tasks under pressure: 2.8 / 1.0
- I develop budgets that are complete, error-free, and on time: 2.3 / 1.0
- I can influence others to get them to do or believe something: 2.5 / 1.0

■ Average Aug 2022   ■ Improvement from previous year

Malawi NCDI: Team skills with the greatest improvement

- Our team is able to propose new projects: 4.8 / 0.3
- Our team has mechanisms in place to monitor its results: 4.5 / 0.2
- People here communicate openly and are able to speak their mind: 3.5 / 0.2

■ Average Aug 2022   ■ Improvement from previous year

Mozambique – Non-Communicable Diseases and Injuries team

AMP Health's partnership with Mozambique's Ministry of Health began in May 2022 with the placement of MP Yara Cumbi as embedded support within two units that address non-communicable diseases and injuries: Cancer, Heart Disease & Diabetes; and Trauma, Chronic Lung Disease & Others. There is no designated NCDI team lead and these units report to the director of the department of disease prevention and control, Dr Henis Sitoe, who is also responsible for six other units. The team is small, comprising two members from each of the two units, and an M&E officer. Nevertheless, the last six months have seen the development of a comprehensive guideline for a breast and cervical cancer prevention programme (budget, logistics, clinical guidelines, M&E etc) as well as training for enhanced data capture at sub-national facilities for breast and cervical cancer. In addition, the diabetes technical working group has been revived with partners and policies are being developed for trauma and respiratory illnesses. Dedicated diabetes and hypertension screening "corners" have been introduced at health facilities, and the team successfully lobbied for diabetes and heart disease prevention indicators to be included in the national health information system.

Partnership Objective	Achievements / Impact	Evidence from MEL surveys & interviews
Strengthen team's skills in the context of prevention and control of NCDIs	• The team have shown improvements in a wide range of skills related to productivity (such as the use of document repositories and digital platforms); as well as improvements in interpersonal and planning/budgeting skills.	The team noted increases in having the necessary skills to do their work (+0.5) as well as access to training (+0.3). The increased self-efficacy of the team is illustrated by large increases across a range of individual skills (for example, communication, project management and budgeting all +1.5 or more); and the tight range of scores around the highest ratings for self-rated team effectiveness.
Motivate team and improve office attendance	• The team have expressed that they finally feel like a team, with all members, old and new, knowing their roles and purpose. The AMP team facilitated processes during in-country workshops to establish team member roles and coached team members to create job descriptions, with each team member responsible for an NCDI programme. The team still travel a lot to the regions, but regular team meetings, which were previously not taking place, have provided space to continue exploring those roles, raising concerns and making work visible.	The most recent data showed very large improvements in role clarity (+1.5), ethical behaviour (+1.2), team pride (+1.0). There were also significant improvements in and motivation (+0.8), conflict resolution (+0.8) and trust (+0.7).
Critical Thinking & data-driven decision making	• The team has worked together to develop and implement new M&E framework, screening instrument and data register for breast and cervical cancer, and in implementing a plan to train 7000 health workers to conduct the screenings. This initiative is producing reliable data on these conditions for the first time in Mozambique, leading to improved planning and decision-making in prevention and care.	The team noted very large improvements in goal setting (+2.2) and in problem solving and the use of data for decision-making (both +2.1)

Mozambique NCD: Individual skills with the greatest improvement

	I create clear, specific, and actionable goals for myself (and my team)	I regularly gather information and use data to inform my decision making	When making decisions, I carefully think about the possible consequences of each option	I use problem-solving skills effectively when I face challenging situations including coming up with new solutions	I am able to have difficult or challenging conversations with my peers
Improvement from previous year	2.4	2.3	2.1	2.1	1.9
Average Aug 2022	1.6	2.4	2.2	2.6	2.4

Mozambique NCD: Team skills with the greatest improvement

	Team members clearly understand their roles.	Team members avoid duplication of effort and make sure they are clear about who is doing what.	My team consistently acts and makes decisions with integrity and according to a code of ethics.	My team is proud of its accomplishments and optimistic about the future.
Improvement from previous year	1.7	1.7	1.2	1.0
Average Aug 2022	3.0	3.3	3.8	3.7

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Malaria

Malaria continues to be a major burden on public health, particularly in Africa, where 95% of malaria cases occur. It continues to be the leading cause of death in children under the age of five on the continent. In addition, malaria takes a significant economic toll on both households and governments through treatment and lost economic opportunities. We support teams in Central African Republic, Chad, Mauritania, Namibia, and the Republic of Congo as they strive to prevent, control, and ultimately eliminate malaria.

Central African Republic – Service de Lutte Contre le Paludisme

AMP Health began partnering with the Service de Lutte Contre le Paludisme (SLP) in CAR in January 2022, placing MP Marcel Lama to work with the team, led by Dr Pascal Bakamba. The SLP in CAR has the vision of "zero malaria by 2030" aligned with World Health Organization goals. Its mission is to "ensure universal access to promotive, preventive, diagnosis, treatment and surveillance to achieve elimination by reducing morbidity and mortality due to malaria." The objectives of the partnership was to help the team improve team engagement and efficiency, to boost stakeholder advocacy and funding, to successfully submit the Global Fund grant proposal and to implement the annual plan.

A new team lead, Dr Christophe Ndoua, was appointed in March 2023 and was tasked with completing the Global Fund submission. Coming from the district level where he oversaw a health centre, the new team lead needed to work closely with the team and the MP to get familiar with the malaria context and the requirements of the submission.

Through the MP's coaching, the team lead was able to gain confidence as a leader at the national level and work successfully with his team to submit the Global Fund proposal, which was well received. Through a process of dialogue facilitated by the MP, the relationship between the team and the Principal Recipient for the grant, World Vision International, has become more collaborative and effective. The team also successfully implemented key operational tasks in their annual 2023 plan such as the Long-Lasting Insecticidal Net (LLIN) mass distribution campaign, despite disruptions caused by the national referendum campaign, leading to the absence of key stakeholders, including high-level officials, and security concerns that slowed down the program's activities.

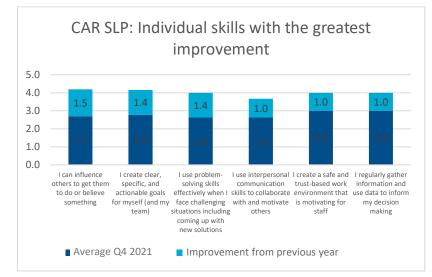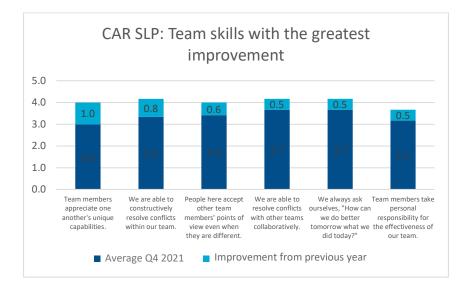| Partnership Objective	Achievements / Impact	Evidence from MEL surveys & interviews
Mapping of technical and financial partners	• The partners have been mapped and first meetings are planned, with support from World Vision International.	

	• The MP is providing ongoing mentoring to develop the capability and confidence of team members to engage in discussions and negotiation with financial and technical partners.	
Submission of Global Fund grant	• The team successfully submitted their application to the GF and received positive feedback received from the GF country team. The team is also participating in the negotiation phase of the grant-making process. • The MP offered targeted coaching to the new team lead, who led the application process, focusing on communication, negotiation, and data-driven argumentation skills, which are essential for effective representation during discussions and negotiations with partners. • The MP used the weekly team meetings, chaired by the team lead, as a platform to encourage knowledge sharing and enhanced coordination within the team. • During these meetings, the MP facilitated dedicated sessions specifically designed for the team lead to disseminate his insights and newly acquired expertise regarding the GF application process. This provided an opportunity for the team lead to communicate his needs for the upcoming GF meetings to the team and address partner inquiries with the team.	The team noticed a large improvement in data gathering and informed decision making (+1.0).
Improved team engagement and coordination	• The MP offered individual coaching to team members, focusing on how to express concerns, share ideas with the team lead, and bolster their arguments with evidence, ultimately enhancing their confidence in these interactions. • This approach was instrumental in ensuring that the entire team gained a comprehensive understanding of and contribute effectively to the intricate GF application process, thus enabling them to provide stronger support to the team lead during grant negotiations. • The team also successfully carried out the Long-Lasting Insecticidal Net (LLIN) mass distribution campaign, displaying resilience despite disruptions caused by the national referendum campaign, leading to the absence of key stakeholders, including high-level officials, and security concerns that slowed down the program's activities.	As individuals, the team notice a large improvement in their interpersonal communication skills to collaborate with and motivate others (+1.0) and felt they were more able to create a trust-based work environment (+1.0). They also saw large improvements in appreciation of each other (+1.0) and constructive conflict resolution (+0.8)
Advocacy and getting funding	• The MP guided the team in brokering partnerships with external stakeholders, such as the financial team from World Vision International, which is the Principal Recipient (PR) for the GF grant, to provide additional	The team reported large improvements in the ability to

	support for budget development, highlighting the strategic importance of leveraging external partner resources for the benefit of the program. • The MP's coaching and guidance have led to a proactive approach in the relationship with the PR. The team's decision to host meetings with the PR at the Ministry reflects their growing ownership of program implementation. • After several meetings, the head of the Global Fund project at the PR approached the team lead to express his satisfaction on the improved relationship between the two programs.	influence others to do or believe something (+1.5)
Annual plan for 2023	• An operational plan for 2023 was created and rolled out. The CAR ministry of health was at the centre of activities and communications around the plan. • The team has demonstrated commendable progress and resilience in the implementation of activities, with a notable improvement in assertiveness and collaboration. • The successful planning meetings with key stakeholders and the initiation of training sessions for malaria case management at a regional level are clear indicators of the team's enhanced capabilities and growing confidence in program execution in the volatile CAR context.	The team noticed that, as individuals, they were much more likely to set clear, specific and actionable goals for themselves and others (+1.4). They also noticed a very large improvement in their problem-solving skills and ability to find new solutions. when facing challenging situations (also +1.4). Team members noticed a medium improvement in personal accountability and desire to improve (+0.5).
Five-year strategic plan for 2023-2028	• The MP has actively assisted the team in preparing for the validation workshop of the newly developed National Malaria Strategic Plan for 2024-2028. • The MP has reinforced the importance of meticulous planning, effective stakeholder engagement, and resource mobilization for the successful execution of the workshop. • The MP guided the team in drafting terms of reference and assigning roles and responsibilities. These efforts aimed to enhance the team's ability to lead and coordinate activities independently, ultimately empowering the team to drive impactful initiatives within the country.	The team noticed that, as individuals, they were much more likely to set clear, specific and actionable goals for themselves and others (+1.4). They also noticed a very large improvement in their problem-solving skills and ability to find new solutions. when facing challenging situations (also +1.4). Team members noticed a medium improvement in personal accountability and desire to improve (+0.5).

CAR SLP: Individual skills with the greatest improvement

Skill	Average Q4 2021	Improvement from previous year
I can influence others to get them to do or believe something	2.7	1.5
I create clear, specific, and actionable goals for myself (and my team)	2.8	1.4
I use problem-solving skills effectively when I face challenging situations including coming up with new solutions	2.6	1.4
I use interpersonal communication skills to collaborate with and motivate others	2.6	1.0
I create a safe and trust-based work environment that is motivating for staff	3.0	1.0
I regularly gather information and use data to inform my decision making	3.0	1.0

CAR SLP: Team skills with the greatest improvement

Skill	Average Q4 2021	Improvement from previous year
Team members appreciate one another's unique capabilities.	3.0	1.0
We are able to constructively resolve conflicts within our team.	3.3	0.8
People here accept other team members' points of view even when they are different.	3.4	0.6
We are able to resolve conflicts with other teams collaboratively.	3.7	0.5
We always ask ourselves, "How can we do better tomorrow what we did today?"	3.3	0.5
Team members take personal responsibility for the effectiveness of our team.	3.2	0.5

Republic of Congo – Programme National de Lutte Contre le Paludisme

The Programme National de Lutte Contre le Paludisme (PNLP) team works to develop and enforce strategies that guarantee universal access to the most effective malaria control interventions for all inhabitants of the Republic of Congo and thus contribute to the reduction of illness, death and socio-economic losses due to malaria. Key partners and stakeholders include the Global Fund, UNDP, Unicef, and the WHO.

AMP Health MP Sylvie Bambara has been working since March 2022 on a day-to-day basis with the program staff, previously led by Dr Jean-

Mermoz Youndouka and now led by Dr Antoine Loussambou (since June 2023), focused on building key management and leadership skills and practices to drive sustainable improvements.

Key priorities for the MP's work with the team include onboarding new staff and clarifying team roles and responsibilities; improving the team's internal and external communication; building capacity around planning; increasing the use of data for program design and management; coalition building; and guidance on governance and coordination.
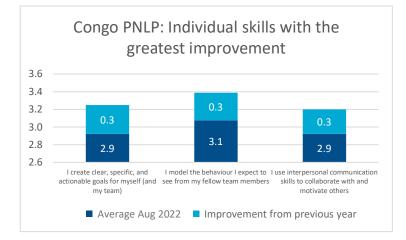
Partnership Objective	Achievements / Impact	Evidence from MEL surveys & interviews
Improve planning and data management	• With coaching from the MP, the team have revised their Manual of Procedures, providing a robust framework for streamlined operations, resulting in efficient internal processes and fostering effective governance. • The team lead appointed a focal point to gather and analyse malaria data	The team saw a large improvement in access to skills training (+1.0); modest improvements in individual goal setting (+0.3) and, at the team level, in monitoring (+0.2). "There have been huge improvements since the beginning of this assistance from AMP, especially in terms of teamwork and external and internal communication." – Head of Data Management Office, PNLP, Republic of Congo.
Improve resource mobilisation	• The team has greatly improved communications with the Principal Recipient, Catholic Relief Services, which has in turn led to improved access to funding for activities.	"As an external partner of the PNLP, we can see that AMP Health's support is very beneficial to the PNLP and there is a strong complementarity between AMP Health's support and what CRS is also doing. In Congo, we have 14 health programs, so my wish is that AMP Health's assistance be extended to these 14 other programs to make things easier" – Representative of Catholic Relief Services, Republic of Congo.
Improve communication with partners and stakeholders. Increase the visibility of the PNLP	• The MP supported the Communications Officer to run working sessions with the team to develop key messages and plan for how to communicate these to the public with very limited resources. • A key part of this communications strategy included preparations for International Malaria Day. Through collaborative coaching sessions, the MP facilitated brainstorming sessions, enabling the Communication Officer to develop ideas for effective malaria prevention messages. These included materials for distribution to health facilities and making use of social media platforms. • During the AMP Health in-country experiential learning workshop, the team devised a slogan with the aim of establishing a strong presence, increasing visibility among partners and the general population, and	The team noted a moderate improvement in their ability to build trusting and supportive relationships with other teams (+0.5)

	promoting awareness of malaria. The adopted slogan is: "Ensemble et avec l'effort de tous, l'élimination du paludisme est possible" ("Together, with everyone's effort, malaria elimination is possible"). This slogan has been incorporated into all official PNLP documents.	
Strengthen internal communication	• During its organizational restructuring, the PNLP faced a critical moment with the integration of new staff members as the team expanded from 18 to 32 members. The MP coached the program team to plan and execute a comprehensive evaluation of roles and responsibilities, aligning individual skills with specific functions. • There was transparent communication with all team members regarding the rationale for the restructuring, which led to a smooth transition and strengthened team cohesion. • Furthermore, the MP worked closely with the PNLP team to develop a detailed onboarding process for new members. This approach facilitated the integration of new team members, preserving the program's culture while embracing organizational changes.	The team reported that their individual communication and pro-social behaviour had both modestly improved (+0.3). At the team level, the team experienced more open communication (+0.3) and in willingness to give and receive constructive feedback.
Improve delegation of responsibilities and trust between team members	• The MP played a crucial role in supporting the transition to the new team lead, coaching the new team lead to strengthen key leadership and management skills so that he could be as effective as possible in his new role. Emphasis was placed on the development of capabilities like decision-making, managing people, and collaborative teamwork. The MP's coaching sessions with the new team lead enabled the identification of potential areas for improvement, paving the way for a comprehensive leadership development plan tailored to his specific needs. • A key intervention by the MP was to facilitate working sessions with the Monitoring and Evaluation (M&E) department to share essential information about the PNLP's operational plan with the new team lead. • The MP also worked with department heads to build leadership and management capabilities through targeted coaching sessions aimed at fostering collaboration and trust-building. These sessions were instrumental in establishing a culture of collective accountability, driving the team's collaborative efforts towards achieving common goals and objectives.	The team reported a moderate improvement in conflict resolution at the team level (+0.6), possibly due to increases trust (+0.5).

Congo PNLP: Individual skills with the greatest improvement

Skill	Average Aug 2022	Improvement from previous year
I create clear, specific, and actionable goals for myself (and my team)	2.9	0.3
I model the behaviour I expect to see from my fellow team members	3.1	0.3
I use interpersonal communication skills to collaborate with and motivate others	2.9	0.3

■ Average Aug 2022 ■ Improvement from previous year

Congo PNLP: Team skills with the greatest improvement

Skill	Average Aug 2022	Improvement from previous year
We have access to training / resources to acquire skills that we do not possess.	2.7	1.0
We are able to constructively resolve conflicts within our team.	3.6	0.6
Team members seek and give each other constructive feedback.	3.2	0.5
Our team has established trusting and supportive relationships with other teams.	3.0	0.5
Working on our team inspires people to do their best.	3.5	0.4

■ Average Aug 2022 ■ Improvement from previous year

Mauritania – Programme National de Lutte Contre le Paludisme

The Programme National de Lutte Contre le Paludisme (PNLP) oversees the implementation of the national strategic plan for the elimination of malaria in Mauritania. When AMP started working with the team, it was a small team of only four people after having experienced a considerable reduction in material and human resources in 2019 when the ministry decided to downgrade it from a program to a service. AMP Health MP Marie Ba Lacouture began working with the team, led by Dr Abdallahi Amar Ely Salem, in January 2022 with a key focus on helping the team improve morale, core team functions, and visibility of the programme within the ministry.

The MP's support of the team led to improved team culture, better planning and execution of activities, stronger team coordination and a focus on results, and improved advocacy for the malaria team within government and with external partners. This ultimately resulted in the team being reinstated as a program, which is the first time this has ever happened for a service within the ministry of health in Mauritania.

Following Marie's departure in March 2023, MP Amadou Sy, who is originally Mauritanian and had worked with the team before, began supporting the team. Amadou's support started gradually, as he is still currently the MP for the team AMP Health supports in Chad, and consisted of regular virtual check-ins, coaching calls and periodic visits. Amadou will be transitioning out of the Chad team (while continuing to support them remotely on an as-needed basis) and joining the Mauritania team in-person in January 2024.

Some of the achievements of the team, in addition to becoming a program, include: the implementation of the first Seasonal Malaria Chemoprevention (SMC) campaign in Mauritania, the mobilization of resources from new partners to fill in the funding gap, the improvement of collaboration with partners, the successful onboarding of a large number of new team members, and the building of a strong and functional team. Over the last few months, Amadou has played an instrumental role in helping the team

navigate a critical period of growth, with the team more than doubling to its current size of 14.
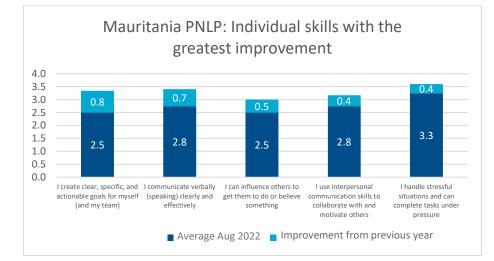
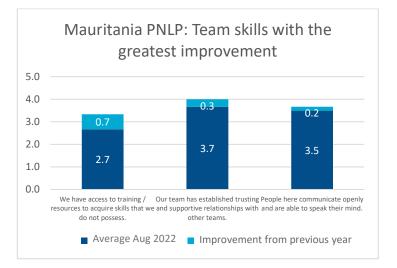| Partnership Objective	Achievements / Impact	Evidence from MEL surveys & interviews

Improve basic functioning of team	• Restoration of a more functional team through the MP's efforts to encourage, motivate, train, coach, and guide team members in the development of simple tools and practices that enabled them to get their work done and feel more integrated into the team. This resulted in:
	  o Improved team culture, motivation, and office attendance, with team members feeling more appreciated and listened to
	  o Clear roles and responsibilities being defined for all team members
	  o Coaching of the team lead to help him improve his leadership and delegation skills
	  o Team members taking responsibility and being accountable for their deliverables
	  o Improved email management and follow-up
	• A comprehensive onboarding training was developed with the design and facilitation support of the MP so that new team members were effectively integrated into the team. Team members were also trained by the MP using a train-the-trainer model so that future hires are also effectively onboarded by team champions and onboarding 'buddies'.
		• Team members noted an improvement in their ability to create clear and specific goals (+0.8), communicate effectively (+0.7), collaborate with others (+0.4), and complete tasks under pressure (+0.4). They also felt that the team had a more trusting and supportive environment (+0.3), and people could speak their mind (+0.2).
		• Team members also commented on the improvements in training and coaching that they received that really helped them improve (+0.7). The new hires especially mentioned how helpful the new onboarding training and mentorship initiative was.

Improve use of data for assessment and decision making	• The team were able to report validated and analysed malaria data on the WHO information system and present this data at a regional meeting organized by the Roll Back Malaria (RBM) Partnership to End Malaria. AMP Health catalysed this achievement through:
	  o Improved skills of the head of the chemoprophylaxis division on data collection, analysis, and presentation.
	  o Increased use by the team of the country's health information system to collect data and analyse it using Microsoft Excel.
		• Although the team has scored themselves the same on data skills as previously (i.e. no improvement), both team members and partners have commented on the improvements in data analysis and reporting skills of the team. This could be because team members now have a clearer idea of the skills they need to get to their desired performance level, based on their exposure to data gathering and analysis through working with the MP to get trained

		on data gathering and analysis and then report to the WHO and RBM.
Improve activities implementation (planned activities are implemented)	• The team implemented its first Seasonal Malaria Chemoprevention (SMC) campaign after several years of postponement. The PNLP oversaw all activities in the campaign from planning to evaluation. • The team put in place an after action review processes so that at the end of each campaign, there was an analysis of what went well and what did not, and the learnings were captured for use in planning future campaigns. • The team created a schedule of the year's programmatic priorities, regularly monitoring progress and updating this schedule. This activity allowed team members to better understand programmatic priorities. It was also an opportunity to collaborate as a team and plan a common goal to achieve.	There were improvements in how meetings were run (+0.8) and in budgeting (+0.7). There was better role clarity (+0.8) and a slight improvement in performance management (+0.1). The team was more likely to use tools and processes such as standard operating procedures (+0.7), a risk register (+0.7), priority lists and a costed annual workplan (both +0.3).

Improve advocacy for and visibility of the team's activities and successes	• By being better able to demonstrate results and through increased visibility of the work of the team both within the government and with key external partners, the team was successfully able to advocate for the service being promoted to a full program as of the beginning of 2023. This was the first time that a service within the ministry of health in Mauritania had successfully advocated to become or be reinstated as a program.
	  o As a programme, additional resourcing has been given to the team for their work, and the team is now has more visibility within the ministry at key meetings and committees
	  o The team was able to expand and hire additional people, increasing the number of people in the team from 4 to 14.
		The team reported improvements in their ability to follow through on commitments (+0.2), their communication skills to influence and motivate others (+0.4), and their ability to use tools and processes to manage the execution of their work.
		
		During interviews (Tool 5, Return on Expectations) team members and partners observed that the team was more confident in how they talked about their work, were more effective at advocacy, and were better at engaging with partners.

Diversify funding sources and find new sources	• The team established a partnership with the World Bank's INAYA project and obtained $300k funding for the training and supervision activities of the SMC • Obtained additional funding (around $85,000) from the Global Fund to maintain the activities and target of the SMC • Initiated discussions with other potential partners	The team felt they were better able to propose new projects (+0.3). They also got better at budgeting (+0.3) and were more likely to use presentation templates (+0.3)
Improve coordination with stakeholders at	• The team engaged the minister in the activities of the SMC campaign and kept partners informed on time by creating communication	The team reported they were better able to initiate and moderate dialogue among stakeholders (+0.3) and

intermediate and peripheral levels. Communicate and collaborate with partners. Attend and prepare for meetings with stakeholders	media intended for the Ministry and partners, such as progress reports and update emails/documents.
	• The MP encouraged the team to cultivate stronger relationships with program partners and stakeholders by emphasizing the importance of proactivity and ensuring timely reporting and responses to requests from partners. As a result of improved relationships with partners, the team was able to secure support in the form of technical assistance, thereby reinforcing the program's position and reach.
	   o Three consultants have been contracted by RBM to support the team in strategic planning for the Seasonal Malaria Chemoprevention implementation and the LLIN campaign.
	   o The MP has consistently encouraged the team to learn from, rather than just allocate deliverables to, these consultants.
		influence others (+0.5). They improved relationships with other teams (+0.2). They also made more use of presentation templates (+0.3)

Mauritania PNLP: Individual skills with the greatest improvement

Skill	Average Aug 2022	Improvement from previous year
I create clear, specific, and actionable goals for myself (and my team)	2.5	0.8
I communicate verbally (speaking) clearly and effectively	2.8	0.7
I can influence others to get them to do or believe something	2.5	0.5
I use interpersonal communication skills to collaborate with and motivate others	2.8	0.4
I handle stressful situations and can complete tasks under pressure	3.3	0.4

Mauritania PNLP: Team skills with the greatest improvement

Skill	Average Aug 2022	Improvement from previous year
We have access to training / resources to acquire skills that we do not possess.	2.7	0.7
Our team has established trusting and supportive relationships with other teams.	3.7	0.3
People here communicate openly and are able to speak their mind.	3.5	0.2

Chad – Programme National de Lutte Contre le Paludisme

The Chad Programme National de Lutte Contre le Paludisme (PNLP), has grown to 45 team members under the leadership of Dr Mahamat Saleh Issakha Diar, and is the biggest team that AMP supports. The team works to develop and enforce standards, strategies, and guidelines for the fight against malaria, to monitor the implementation of various malaria campaigns, and to coordinate and evaluate interventions at the national level. Its objective is to ensure universal access to interventions for the prevention and treatment of malaria for all populations at risk, thanks to the technical and financial support of the government and development partners including the Global Fund, the UNDP, the Unicef, the WHO, and the Malaria Consortium.

Since April 2022, Amadou Sy, the AMP Health MP, has been supporting the PNLP team in their journey to sustainably reinforce their management and leadership skills and practices. Key priorities for the MP's work with the team include strengthening team engagement and

coordination; improved planning and activity tracking, interpersonal communication and information sharing; establishing a climate of trust between the leadership level and the different sections; developing reporting tools; improving relationships with external partners; improved use of data for decision-making; developing skills in resource mobilisation.

As the team has grown, the MP coached the team lead to implement a successful restructuring and create a team of direct reports that oversees the work of eight sub-teams. The MP facilitated planning processes that ensured that all activities were successfully planned, executed on and involve key stakeholders at all stages in the process. This focus on meticulous planning, partner coordination and execution won the team the 2023 Programme Leadership Award from the Alliance for Malaria Prevention for exceptional performance in the fight against malaria.

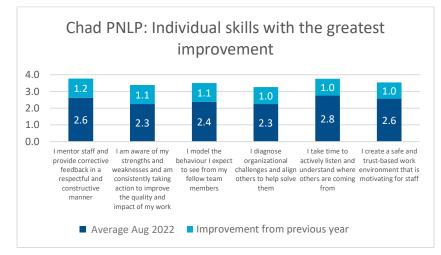| Partnership Objectives	Achievements / Impact	Evidence from MEL surveys & interviews

Internal program management	• Restructuring the of the team to create a leadership level (4 services) that oversees the activities of the 8 sections of the team
	• Improved delegation between the team lead and his leadership team (eg. team lead was able to leave for 45 days and successfully delegate responsibility)
	• Development of clear role descriptions and responsibilities within the team
	• Communication has improved between the program and its regional level teams.
	    o Clarified the roles and responsibilities of team members, the program sections, and regional focal points
	    o Use a WhatsApp group between the national program and the regional focal points to share information and to trouble-shoot
		The team reported strong improvements in team trust (+1.0), the giving of constructive feedback (+1.2), problem-solving around organisational challenges (+1.0), role modelling of good leadership (+1.1), team member engagement (+0.9), and delegation (+0.7)
		
		Team members also reported that there were big improvements in team culture, team cohesion and a work

	○ Development of a performance management framework and the implementation of regular feedback sessions with team members	environment that valued each members contributions.
Improve internal coordination, team cohesion and communication at all levels.	• Empowered and motivated team leads and team members. Increased cohesion at all levels of the team as well as external stakeholders. Improved meeting attendance and meetings scheduling. The team achieved this by: ○ Establishing weekly senior management meetings between the team lead and his leadership team, and then monthly all-team meetings with staff ○ Having monthly meetings with key stakeholders to coordinate efforts ○ Having the team develop standards for responsiveness to emails at all levels	The team reported improvements in planning (+0.5), interpersonal communication (+0.7), the organisation and running of meetings (+0.4), improved collaboration (+0.7) and reliable follow-through on commitments (+0.8).
Improve the use of data for evaluation and decision-making	• Successful implementation of a country-wide digitalisation project (done with support from UNDP, Health Information Systems Programme (HISP) and other partners) to ensure a sound system for data collection, analysis and use of malaria data for decision-making • Comprehensive training of the monitoring and evaluation team on proficient data capture and extraction techniques using the District Health Information System 2 (DHIS2). Emphasizing inclusivity, the training also involved the participation of the HIV and TB counterparts, ensuring that all GF-supported programs were equipped with the necessary skills to utilize DHIS2 effectively • Improved data sharing between the program and its regional level teams	Partners have indicated that they have seen improved data gathering, validation and usage by the team; team members have improved their data skills through training and usage of data in reports and grant submissions. The M&E section within the team holds now regular data meetings with other sections and regional focal points.
Improve the implementation of activities	• The team (and specifically the team lead, Dr Diar) received the 2023 Programme Leadership Award from the Alliance for Malaria Prevention – this annual award is given to individuals or teams for exceptional performance in the fight against malaria. The team was recognised for: ○ Successfully coordinating, planning, and implementing the 2023 nationally-led mass distribution campaign for which planning started in 2022 (well ahead of what most teams do) ○ Completing the large-scale digitalisation pilot and first phase of full implementation (see above) ○ Bringing on a new partner, the Against Malaria Foundation (AMF), to the campaign without significant challenges or delays in planning	The award provided international recognition for the team on a number of critical skills – advanced planning, activity tracking, a results orientation, partner coordination and data management. This is also reflected in the MEL data that AMP has collected, which shows improved planning and prioritisation (+0.7), better goal setting (+0.6), improved project management (+0.5),

	- Reducing the need for technical assistance when conducting campaigns, demonstrating the strengthened capacity of the NMCP to lead, implement, monitor, and report on key activities and the overall campaign. - Team members are more accountable and take initiatives. The team achieved this by: - Creating a standard operation procedure which streamlines approval processes between the different services, follow-up on activities and reporting/deliverables post-activities. - Creating simple tools to track activities and ensure timely follow-up on tasks	improved monitoring of results (+0.6) and the introduction of many tools and process that enable successful team coordination.
Improved partner coordination and resource mobilisation	- Improved coordination with key partners (WHO, RBM); improved relationship with Primary Recipient of Global Fund funds that the team works with - regular meetings, effective join problem-solving and timely feedback resulting in the primary recipient improving their own systems and hiring more staff to better support the malaria team - Development of a new relationship with the Alliance for Medical Action (ALIMA) who will now support the introduction of the malaria vaccine in Chad in 2024 - Each section of the program has worked to define their strategic plan, identify funding opportunities and funders for their own projects. - The PNLP Laboratory section collaborated with Yale University on a Malaria Vaccine research project and were awarded an NIH R01 grant.	The team saw improvements in proposal and report writing (+0.7), the development of effective budgets (+0.5), and improved relationship with stakeholders (+0.7).
Development of new National Malaria Strategic Plan (2024-2028)	- Developed a comprehensive plan and started the process of preparing for the Global Fund submission (which is due at the end of 2023), almost two years before it is due - Engaged early with key partners (WHO and Roll Back Malaria) to coordinate the review of the National Malaria Strategic Plan and develop the next strategy; as a result of these efforts both RBM and WHO committed to appointing 6 national and 2 international consultants to assist the team in reviewing the existing strategy and supporting the team to develop a new one	The advanced planning for this has demonstrated a significant improvement in planning and partners coordination skills (as mentioned above).

Chad PNLP: Individual skills with the greatest improvement

Skill	Average Aug 2022	Improvement from previous year
I mentor staff and provide corrective feedback in a respectful and constructive manner	2.6	1.2
I am aware of my strengths and weaknesses and am consistently taking action to improve the quality and impact of my work	2.3	1.1
I model the behaviour I expect to see from my fellow team members	2.4	1.1
I diagnose organizational challenges and align others to help solve them	2.3	1.0
I take time to actively listen and understand where others are coming from	2.8	1.0
I create a safe and trust-based work environment that is motivating for staff	2.6	1.0

Chad PNLP: Team skills with the greatest improvement

Skill	Average Aug 2022	Improvement from previous year
Our team has mechanisms in place to monitor its results.	4.0	0.6
We consistently produce strong, measurable results.	4.1	0.5
Members of our team trust each other.	3.8	0.5
People here communicate openly and are able to speak their mind.	4.2	0.3
My team consistently acts and makes decisions with integrity and according to a code of ethics.	3.9	0.3

Namibia – National Vector-borne Disease Control Programme

The National Vector-borne Diseases Control Programme (NVCDP), led by Dr Petrina Uusiku, is mandated to formulate, direct and implement malaria prevention and elimination measures in Namibia. In accordance with the Namibia Malaria Elimination Strategic Plan 2023, the NVDCP's roles includes the establishment of a functional malaria elimination surveillance system, protecting the targeted population living in high burden malaria areas, ensuring that all suspected malaria cases are treated and providing effective coordination of malaria elimination interventions at all levels.
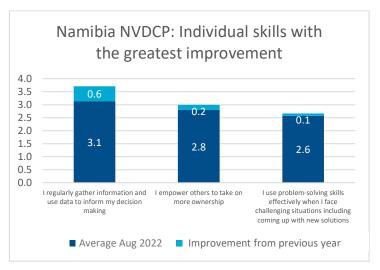
AMP Health began work with the team in March 2022 and in January 2023 a new AMP Management Partner, Geraldine Itana, joined the team.
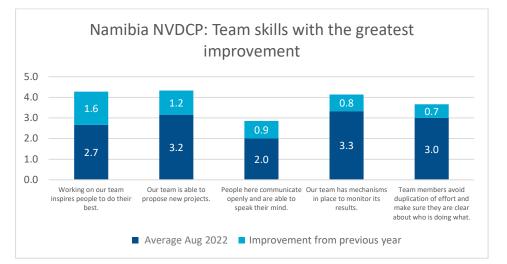
The NVCD team recently celebrated two major planning and funding wins: the team successfully developed and submitted their Global Fund Grant Cycle 7 funding proposal, which was approved with an increased allocation of 14% to the malaria program; and they also completed a new National Malaria Elimination Strategic Plan which has been submitted for approval by health ministry senior management. However, team resources, planning and motivation have been impacted by the cyclic nature of funding (resources are only allocated temporarily for a funding cycle and then rolled off).

Partnership Objective	Achievements / Impact	Evidence from MEL surveys & interviews
Program Review and Strategic Planning	• Team WhatsApp group setup for regular communication • Bi-weekly programme meetings established; however, these are infrequent due to team travel	The team reports large improvements at the team level in communication (+0.9) and monitoring (+0.8) and moderate improvement in role clarity (+0.6). However, at the individual level, they note declines in project management (-0.3), meeting techniques (-0.5) and planning/delegating (-0.6). This may point to increased self-awareness or to social-desirability bias.
Resource Mobilization (RM)	• The team have successfully lobbied for additional government funding to be allocated to the Indoor Residual Spraying campaign. • Global Fund Grant Cycle 7 funding proposal, which was approved with an increased allocation of 14%.	The team noted improvements in proposing new projects (+1.5) and using data to inform decision-making (+0.6)
Development of policies, thematic guidelines, and procedural manuals	• The team completed a National Malaria Elimination Strategic Plan which has been submitted to senior Ministry of Health officials for approval	The team noted improvements in proposing new projects (+1.5) and using data to inform decision-making (+0.6)
Human resource planning and team motivation	• The ministry has appointed a temporary admin officer to the team, improving capacity. However, the team faces ongoing threats to resourcing levels.	The team registered concerns about their level of skills required to do their work (-0.3), psychological safety (-1.3) and staff mentoring/feedback (-1.3).

AMP HEALTH

Namibia NVDCP: Individual skills with the greatest improvement

0.6	
3.1	

- I regularly gather information and use data to inform my decision making: 3.1 (0.6 improvement)
- I empower others to take on more ownership: 2.8 (0.2 improvement)
- I use problem-solving skills effectively when I face challenging situations including coming up with new solutions: 2.6 (0.1 improvement)

■ Average Aug 2022 ■ Improvement from previous year

Namibia NVDCP: Team skills with the greatest improvement

- Working on our team inspires people to do their best.: 2.7 (1.6 improvement)
- Our team is able to propose new projects.: 3.2 (1.2 improvement)
- People here communicate openly and are able to speak their mind.: 2.0 (0.9 improvement)
- Our team has mechanisms in place to monitor its results.: 3.3 (0.8 improvement)
- Team members avoid duplication of effort and make sure they are clear about who is doing what.: 3.0 (0.7 improvement)

■ Average Aug 2022 ■ Improvement from previous year

Maternal and child health

Nigeria – Country Leadership Program

Our Management Partner, Shola Dele-Olowu, was embedded with the Department of Family Health at the Federal Ministry of Health in Nigeria from May 2022 until April 2023. The MP supported the Global Financing Facility's Country Leadership Program (CLP) and coordinated with multiple teams from other departments of the Ministry, health agencies, state ministries of health and development partners that make up the multi-stakeholder partnership coordination platform for Reproductive, Maternal, Neonatal, Child, Adolescent, Elderly Health and Nutrition (RMNCAEH+N).

During this period the Department of Family Health and the RMNCAEH+N platform achieved several important health systems changes. A dedicated budget line was approved by the Hon Minister for Health for RMNCAEH+N for the 2023 fiscal year. A country Quality of Care toolkit and technical resources, including a standard technical brief and national implementation guide, as well as a Monitoring, Evaluation, Accountability, and Learning (MEAL) Plan, were developed to provide technical guidance on the country's standards for care in RMNCAEH+N. Nigeria's highest policy-making body on matters relating to health, the National Council on Health, resolved in its 2022 meeting that States should replicate the RMNCAEH+N multi-stakeholder partnership

coordination platform at the state level and establish Departments of Family Health. This was a key goal of both the department and the coordination platform as outlined in their 2022 workplan.

These achievements were underpinned by progress in three transformational leadership goals which the CLP participants set for themselves: to improve communication, collaboration and accountability. Through individual coaching and group facilitation in meetings and workshops, the MP guided the team to make progress on these goals, to engage with the CLP's themes (systems thinking, integrative governance, behaviour change, transformative leadership and evidence-based policymaking) and to institutionalise the learnings of the program.

The data for the Nigeria Country Leadership program was collected using an adapted version of AMP's Monitoring, Evaluation and Learning framework. In the first part of the survey, members were asked to rate the degree to which they as individuals had improved across several dimensions, on a scale from 1 ("not at all") to 4 ("a lot"). The second part of the survey asked team members to rate their improvement as a team during the period in which the MP was embedded with the team.

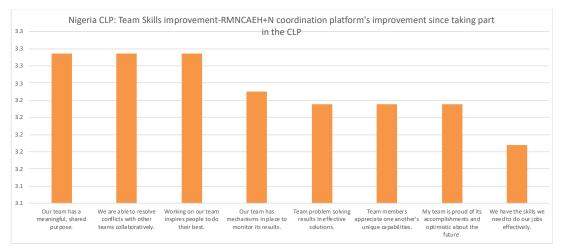| Partnership Objective	Achievements / Impact	Evidence from MEL surveys & interviews*
Improve the partnership between stakeholders and strengthen collaboration across	• With coaching from the MP, the core group of the RMNCAEH+N platform began regular meetings again (these had become infrequent).	Participants reported at the individual level that there were large improvements in project planning and initiating dialogue among stakeholders (both 3.6) as well as in effectively managing difficult conversations

the multi-stakeholder coordination platform	• At least 30 dedicated training/learning sessions were held over the period – eight RMNCAEH+N platform engagements at national level, 19 sessions with smaller teams within the ministry, and working with the World Bank ANRiN program lead, the MP organized three sessions with state-level leaders to provide support as needed on their efforts to implement the impact points as well as allow peer-to-peer learning across the states. • During this period the team achieved a dedicated line for RMNCAEH+N in the Federal Ministry of Health budget and launched the Quality of Care toolkit and MEAL plan to provide technical guidance on the country's standards for care in RMNCAEH+N.	(3.3). As a team, members reflected that there had been a large improvement in sense of purpose and conflict resolution (both 3.3). "I can tell you categorically that since the leadership training our relationship inter-divisional relationship, inter-departmental relationship within the ministry, and inter-ministerial relationship with other ministers have become more robust because we now know that you cannot do it all in silos. You need to work with people." – Nigeria CLP participant
Support team to strengthen accountability at all levels for the RMNCAEH+N program	• Facilitated by the MP, the team developed a draft accountability framework to track implementation of the new RMNCAEH+N strategy. • The MP supported the team to develop an excel based tracker to help the RMNCAEH+N team follow up on action plans and increase accountability within the team. • The MP also helped the Department of Family Health to develop a departmental meeting action tracker and quarterly reporting templates.	Participants reported large improvements in their ability as individuals in goal setting (3.7) and monitoring (3.8) and in modelling desired behaviours (3.7). As a team, participants reported they were much better at putting mechanisms in place to monitor results, and that they felt they were inspiring each other more (both 3.3). They also reported an increase in giving each other constructive feedback (3.1) and personal accountability (3.0).
Strengthen communication/ coordination among stakeholders and working groups	• The MP helped the team to establish clear communication channels by working with them to set up WhatsApp groups and Google Drive to share knowledge/information on the platform goals, objectives and actions. These simple interventions made a big impact on coordination and communication. • The MP coached the team to be accountable to their commitment to regular meetings and to develop clear agenda/action points using a template for minutes.	Participants reported large improvements in individual active listening (3.9) and written and spoken communications (both 3.8).

The data for the Nigeria Country Leadership program was collected using an adapted version of AMP's Monitoring, Evaluation and Learning framework. In the first part of the survey, members were asked to rate the degree to which they as individuals had improved across several dimensions, on a scale from 1 ("not at all") to 4 ("a lot"). The second part of the survey asked team members to rate their improvement as a team during the period in which the MP was embedded with the team.

Nigeria CLP: L &M skills Improvement since taking part in CLP

Nigeria CLP: Team Skills improvement-RMNCAEH+N coordination platform's improvement since taking part in the CLP

Cross-team observations

Lessons learned

- It is important to link skills development to the achievements of the team. Building skills has limited intrinsic value if these skills do not result in improvements in health systems.
- Behaviour change takes time: longer embedded periods allow MPs to start to do the "deeper" work and we see an overall trend of improvements in ratings over the long period, even though specific items may go up and down between sampling periods.
- Nevertheless, we have in some instances seen considerable impact quite rapidly. After only six months of working with some teams, we are seeing more team cohesion, better run meetings, better stakeholder management and more responsibility and ownership of work (i.e., the basics of good team functioning).
- Over time, teams are able to tackle more complex challenges like strategic decision-making, the collection and use of quality data, stakeholder management and effective negotiation, improved resource mobilisation and more empowerment and ownership from staff.
- Teams follow similar patterns of development: initially the focus is on building trust (not just between the MP and team, but also between team members and with other stakeholders). Teams then shift their focus to introducing new ways of working and effectiveness measures (understanding roles and responsibilities, managing times, prioritising, running more effective meetings, and working more collaboratively as a team). Once these foundations of trust are in place and teams are demonstrating higher levels of competency with these new ways of working, they start to become more efficient and strategic, and take on more ambitious goals.
- For teams in difficult working environments, extremely basic steps forward can make a huge difference (having office equipment and connectivity, consistent attendance, regular team meetings) yet these are essential.
- Over the past year we have increased the number of countries with embedded Management Partners from four to twelve. This geographic expansion has required us not only to build the capacity to work in multiple languages, but also to adapt our content to local contexts. The Component 5 return on expectations interview is a vital aspect of our framework for capturing the nuance of how our content "lands" and ways in which we need to adapt our approach.
- A key success factor for creating a step-change in sub-optimal teams is making everyone feel included. When people feel valued and know how their contribution fits in the team, that seems to unlock a way forward to improved performance.

Baseline teams

- The first two data collection cycles can at times be a calibration period. In baseline reporting, we find that individuals tend to overestimate their own abilities prior to receiving support from AMP Health, and in the initial months of a partnership they come to understand how much they have to learn.
- Similarly, teams tend to overstate the extent to which key systems and processes are in place at the start of a new partnership, and it is only once they start interrogating these systems and processes that they begin to give themselves lower scores. In the second round of data collection, once teams have had the chance to work with an MP to help them understand their gaps, a more realistic view emerges.
- By contrast, team effectiveness scores are often more negative at baseline, and tend to improve in the second round of data collection. This is possibly due to the intensive focus on building trust and improving team dynamics early in the partnership.

Multi-year teams

- With four or more cycles of data collection, the data becomes more robust, and it points to more significant achievements (in terms of partnership objectives and health system outcomes) and more sustainable improvement in learning and management skills.
- It is possible to see fluctuations in team performance and learning due to the impact of external events, such as the COVID-19 pandemic, elections, leadership changes in teams, MP resignations, or changes in team composition (especially when there is significant growth).
- In the most recent period, we have seen large influxes of team members into some teams. This is a welcome addition to team capacity; however, it can skew the data because the respondents vary (as individuals and in number) from period to period and also because the new arrivals tend to go through the same "calibration" journey as their colleagues did the previous period.

How MEL informs programme adaptation, development, and design

As we collect additional data over time, AMP has increased our ability to use insights generated to inform future training, curriculum building, and ways of working together with our partner teams. Management Partners and teams are able to examine country-level data in order to identify opportunities for further capability development (e.g., training for a specific tool, learning session on identified individual capabilities, etc.). Team leads, our management partners, and our learning team can now analyse strengths and weaknesses as identified by the data, and balance this with local context as it pertains to resources, future plans, and priorities to create customized learning journeys. This proactive and responsive approach to continuous improvement will strengthen as more data is generated and analysed over time.

Management Partners are working with the global team to further review and synthesize these data to ensure that subsequent learning interventions are further targeted towards the skillsets most needed by each of our partner teams.

These multiple sources of data from varying levels allow us to provide a detailed picture that helps:

- Team members to reflect on the skills and competencies that they and their teams have developed
- Ministry leadership and other key stakeholders to reflect on how things have changed
- AMP Health to learn and understand additional training and learning opportunities for teams
- AMP Health to develop an in-house, context-specific toolkit to adapt to the needs of specific teams and team members rather than using off-the-shelf methods that do not necessarily fit their needs

Conclusion

In this fourth year since we implemented our Monitoring, Evaluation and Learning framework, we report the progress of 10 teams working in community health, non-communicable diseases, malaria control, and maternal and child health, comparing data from mid 2023 to data from mid 2022. The data continue to suggest that the AMP Health approach to strengthening health systems is yielding encouraging results.

All teams with whom we worked demonstrated achievements against the goals they had set for themselves, and the progress was greater for teams with whom we had been working longer. Improvements were seen across all individual leadership and management skills, with 85% of individuals reporting improvement on five skills or more. 92% of individuals felt that their team had improved on three or more team effectiveness skills, with 50% feeling their team had improved on 10 or more skills. The insights gained from this data are being used to help the teams and AMP Health Management Partners supporting them to redouble their efforts to reach their goals and to inform the next round of learning activities with the teams.

About AMP Health

AMP Health supports African governments to build visionary and effective public sector teams. We work with these teams to help them develop the leadership and management skills needed to realise ambitious goals.

We currently partner with ministry of health teams working in community health, non-communicable diseases, malaria, immunisations, and maternal and child health.

We have active partnerships with 13 African Countries: Central African Republic, Chad, Ghana, Liberia, Malawi, Mali, Mauritania, Mozambique, Namibia, Nigeria, Republic of Congo, Togo, and Zambia. We are a trilingual organization, operating in English, French, and Portuguese.

AMP´s major funding is from: The Bill & Melinda Gates Foundation; Global Financing Facility / World Bank; The Helmsley Charitable Trust; Horace W. Goldsmith Foundation; LGT Venture Philanthropy; Pfizer; the Sall Family Foundation; Skoll Foundation; USAID; and Vitol Foundation.

AMP Health is headquartered in Johannesburg, South Africa.

For more information, please visit www.amphealth.org.

Appendix A – Detailed methodology

Previous reports covered two rounds of data collection using these tools across AMP-supported teams. The 2020 AMP Comprehensive MEL Report (now called the Results Report) covered Q4 2019 and Q2 2020; the 2021 report focused on Q4 2020 and Q2 2021; while the 2022 report primarily focused on Q4 2021 and Q2 2022. This year our 2023 Results Report widens the timescale to take a view of annual learning and achievements, focusing on data from the periods Q2 2022 and Q2 2023.

We collected quantitative data using MEL tools 1 – 3. This information consists of both self-reported data from team members and an external perspective provided by Management Partners (where present). All 2020 and 2021 surveys were conducted online due the COVID-19 pandemic. We continue to conduct many surveys online: however, we still administered some of the 2022-2023 surveys in person to maximise response rates due to difficult working contexts in some countries. MEL tool 1 reflects how team members think about their personal skills and capabilities. MEL tool 2 is a rating of team members' perceptions of the effectiveness of the team as a whole. MEL tool 3 allows us to understand not only the extent to which new tools are adopted by our partner teams, but also how they get integrated and utilised over time.

These quantitative data are complemented by qualitative insights from MEL tools 4 and 5. MEL tool 4 is a report from the Management Partners that captures team achievements, health system developments during the relevant period and key leadership and management initiatives conducted.

MEL tool 5 is a semi-structured survey, conducted by AMP Health's MEL specialist, to gather feedback and impressions from senior leadership, teams, and other stakeholders. This tool is increasingly challenging to implement, given the widening geographic scope and the multi-lingual nature of our partnerships; however the data it unearths hold tremendous potential for insights into how we can best partner and adapt to the varied contexts in which we work. This year, the MEL specialists conducted semi-structured interviews with three groups of people: higher-level ministry officials (at directorate, director general, or permanent secretary level), team members and team leads directly engaged with AMP Health leadership and management training, and key stakeholders that engage with the teams.

Tool 1: Individual capabilities built

AMP Health believes that everyone is a leader and manager in their own right; it is key for all members of a team to have competencies in a variety of leadership, managerial, and organisational skills.

MEL tool 1 asks individual team members to rank their own level of competency on a five-point scale for 26 leadership and management skills. For each skill that is applicable to their role on the team, respondents select from the following options:

1. It is part of my role, but I do not do it
2. I need support to do it well
3. I can do it well enough without support
4. I can do it well and can support and teach others
5. I am an expert on this topic and develop new resources and materials

Tool 2: Team effectiveness

MEL tool 2 asks individual team members whether their team as a whole is exhibiting 22 skills of healthy and effective teams. For each skill, respondents select from the following options:

1. Strongly disagree

2. Somewhat disagree
3. Neutral
4. Somewhat agree
5. Strongly agree

Tool 3: Tools and processes of high-performing teams

In addition to building capabilities of individuals and teams, AMP Health aims to provide ministry teams with tools and capabilities they can draw from to advance their own goals and objectives more quickly and efficiently. Taking full advantage of all of the resources at one's disposal is vital due to the hybrid working environment imposed by the COVID-19 pandemic as well as increasing complexity within health systems.

MEL tool 3 asked respondents to reflect on how their team uses each tool or process. The tool utilises a scale to assess not only whether a tool or process exists, but the extent to which it is used by the team. The response options include:

1. This tool/process does not exist, but the need for it has been identified
2. The tool/process has been developed, but not yet implemented
3. This tool/process is regularly utilised
4. This tool/process is regularly utilised and informs decision-making
N/A This tool/process is not a team priority currently

Tool 4: Concurrent health system progress

MEL tool 4 aims to highlight the role that AMP Health has played in helping teams to improve their leadership and management practices, and how these may plausibly have contributed to progress in the broader health systems within which the teams that we support operate. Health systems are highly complex, and are influenced by a vast range of social, environmental, economic, and political factors. It is therefore very difficult to isolate any single intervention as the determining cause of changes in a health system. AMP Health recognises that it is one of many organisations offering support to Ministries of Health, and that there are many other factors beyond the support of external partners that influence these health systems. MEL tool 4 therefore seeks to highlight our contribution to health systems progress in the countries that we support, while recognising that the credit belongs to our partner teams.

Tool 5: Return on expectations

AMP Health works to build leadership and management capabilities so that our ministry partners are better able to drive their own health systems forward. There is no better way to understand the value of this partnership than to hear directly from those partners. AMP Health's *Return on Expectations Tool* is a semi-structured interview designed to assess the extent to which participants' and senior ministry officials' expectations of their leadership and management development journeys (including the AMP Health program) are being met.

Appendix B – Overview of responses

This report includes data from 10 teams. Data were collected from nine partner teams using MEL Tools 1 – 3. These nine teams include one community health team (Mali), three NCD teams (Liberia, Malawi, and Mozambique), and five malaria teams (Republic of Congo, Mauritania, Chad, Central African Republic, and Namibia). In addition, data were collected from one maternal and child health team (the Nigerian CLP team) using an adapted version of MEL Tools 1-3. The MPs for all 10 teams submitted concurrent health systems reports (Tool 4). Seventy interviews were conducted for the return on expectations interview (Tool 5).

Tool #	Name of MEL tool	Administered with teams or individuals?	Respondents in 2020	Respondents in 2021	Respondents in 2022	Respondents in 2023
1.	Individual Leadership & Management Capability Development Questionnaire	Individuals	41	34	66	121
2.	Team Effectiveness Questionnaire	Individuals	41	33	76	120
3.	Scorecard of Best Practices, Tools, & Processes of High-Functioning Teams	Teams	5	7	9	10
4.	Concurrent Health Systems Progress Report	Teams	5	7	9	10
5.	Return on Expectations Interviews	Individuals	48	45	36	70

In addition to the partnerships detailed in this report, there are several early-stage partnerships which will be reported in the next period, once sufficient data have been collected (Zambia Multi-Stakeholder Country Leadership team and CAR Tuberculosis team); and two ongoing partnerships in Ghana where we are helping our partners to develop customised reporting for leadership programs on innovation and regional mentoring.