



## AMP Health Comprehensive Monitoring, Evaluation, & Learning (MEL) Report

Key Insights from Leadership & Management Capability Development Partnerships  
Report #2, November 2021

### Introduction

Tracking the progress of our partner teams and evaluating the effectiveness of our model is essential to improving our programmes and informing future partnerships. In 2019, AMP Health undertook a comprehensive review of its approach to monitoring, evaluation, and learning (MEL). As a result, we launched a new [MEL framework](#) to support decision making, adaptive learning, planning, and management across all AMP Health-supported programmes.

This is the second comprehensive report on the results coming out of this MEL framework and 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.

In each partner country team, we assess how individual capabilities are developed, how team effectiveness changes over time, and how that effectiveness can translate into 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 two 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.

### Methodology

We have developed five MEL tools to 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:

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?

Tool #	Name of MEL tool	Measurement interval	Key MEL question addressed by this tool
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 Survey	Annually	To what extent has the AMP Health partnership met the expectations of the teams that we work with and senior Ministry leaders?

The 2020 AMP Comprehensive MEL Report covered the two initial rounds of data collection using these tools across AMP-supported teams (late Q4 2019 and Q2 2020). This report primarily focuses on the two most recent rounds of data (Q4 2020 and Q2 2021), while also highlighting trends for teams that have been partnered with AMP Health for longer periods of time.

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). We administered these surveys online to ensure consistency, maintain safety in light of the COVID-19 pandemic, and maximise response rates. 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 health system developments during the relevant time period and examines 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. The MEL specialist 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. Management Partners will soon work together 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 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

In January 2021, AMP kicked off its partnership with the Togo Ministry of Health’s DSCPA (Division Santé Communautaire et des Personnes Agées), the division responsible for community health activities.

As such, data from the Togo team represent a baseline and a follow-up series collected following the initial 6 months of partnership. Initial data are encouraging, and forthcoming twice-yearly rounds of data collection will provide additional longitudinal perspective. As we noted in our previous Comprehensive MEL Report, we appreciate that true trends will only emerge with additional rounds of data collection.

## Overview of Responses

Tool #	Name of MEL tool	Administered with teams or individuals?	# of responses Q4 2019	# of responses Q2 2020	# of responses Q4 2020	# of responses Q2 2021
1.	Individual Leadership & Management Capability Development Questionnaire	Individuals	32	41	44	34
2.	Team Effectiveness Questionnaire	Individuals	35	41	47	33
3.	Scorecard of Best Practices, Tools, & Processes of High-Functioning Teams	Individuals	10	39	46	31
4.	Concurrent Health Systems Progress Report	Teams	5	3	4	4
5.	Return on Expectations Survey	Individuals	48	n/a	45	n/a

Data from MEL tools 1 – 3 were collected from eight partner teams. These eight teams include four teams with embedded support in the form of AMP Health Management Partners and four teams in Sustainability phases of AMP support, who had previous embedded support and now have access to all other elements of AMP’s model.

During the reporting period between 1 July and 31 December 2020, the three teams that had an embedded Management Partner produced MEL tool 4 reports. These teams were Ghana Health Service’s Policy, Planning, Monitoring, & Evaluation Division; Malawi Ministry of Health & Population’s Community Health Services Section; and Zambia Ministry of Health’s Expanded Programme on Immunisation. In the reporting period between 1 January – 30 June 2021, MEL tool 4 reports were generated by the three teams listed above, as well as the Togo Ministry of Health’s Community and Elderly Health Division (Division Santé Communautaire et de Personnes Agées).

In the sections below, we provide some of the highlights and notable trends that are emerging over time with our partner teams.

## Tool I: 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 I 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

Most individuals have reported overall improvements in their leadership and management (L&M) capabilities during the time that they have been part of the AMP Health programme. A small minority of individuals reported a decrease in their capabilities. One possible explanation for this is that some team members become more critical of their own competency levels over time. As team members are equipped with a greater vocabulary for these skillsets, they can better diagnose their own skills against best practice.

### Teams with Embedded Support

#### Ghana

All team members for which we have data between Q2 2020 and Q4 2020 maintained scores of above **80%** in the Individual L&M Capability Development Survey.

The Individual L&M Capability Development Survey also asks respondents to select a specific skill and provide examples of how it has been applicable to their work.

- Ghana PPMED team member #1 selected: “I feel comfortable accepting feedback from my peers and my manager” and shared that: “When I am unable to meet the timelines, I give prior notice. Work submitted is given feedback for corrective measures to be taken. During teamwork settings, each member provides an update on work done for discussion and sharing lessons learnt. We share knowledge among peers.”
- Ghana PPMED team member #2 selected: “I handle stressful situations and can complete tasks under pressure” and shared that: “Managing different competing deadlines such as preparation of grant proposals, getting the Ghana Health Service Budget to Parliament, and managing ongoing grants with timely reporting imposes a lot of stress. In my undertaking of these challenging tasks, I manage to leverage the support of my peers, undertake effective task sharing, coaching, mentoring to deliver effectively.”

## Malawi

**80%** of individuals reported improvements in their L&M capabilities over a one-year period of their partnership with AMP Health.

Malawi CHSS team member #1, who has been part of the team for several years, reported an average improvement of **27%** in Individual L&M Capability Development Survey scores between Q2 2020 and Q2 2021. Seven of the 26 competency metrics improved by two points on a five-point scale.

Malawi CHSS team member #2, who has been part of the team for several years, reported an average improvement of **28%** in Individual L&M Capability Development Survey scores between Q4 2019 and Q2 2021. Two of the 26 competency metrics improved by two points on a 5-point scale.

- The competencies are: “I communicate in writing clearly and effectively” and “I diagnose organisational challenges and align others to help solve them”

Malawi CHSS team member #3 reported an average improvement of **18%** in Individual L&M Capability Development Survey scores between Q2 2020 and Q2 2021. One of the 26 competency metrics improved by two points on a five-point scale.

- The competency is: “I mentor staff and provide corrective feedback in a respectful and constructive manner”

Malawi CHSS team member #4 reported an average decrease of **6%** in Individual L&M Capability Development Survey scores between Q2 2020 and Q2 2021. 21 of the 26 competency metrics stayed at the same level and 5 of the 26 competency metrics declined by 1 point on a 5-point scale.

The Individual L&M Capability Development Survey also asks respondents to select a specific skill and provide examples of how it has been applicable to their work.

- Malawi CHSS team member #1 selected: “I handle stressful situations and can complete tasks under pressure” in Q2 2021 and shared that: “We are working on development of the integrated community health information system for Malawi which is the first of its kind and we are meeting a lot of challenges surrounding from funding, resources and resistance but we are making progress.”
  - This individual also selected: “I feel comfortable accepting feedback from my peers and my manager” and shared that: “There was a stakeholder’s meeting with partners on alignment to iCHIS budget where the team lead and deputy proposed that next time before our consultation meetings we should present anything we need to review it and give input in advance.”
- Malawi CHSS team member #4 selected: “I can influence others to get them to do or believe something” in Q2 2021 and with regard to performance management systems shared that: “we were developing a new curriculum for community health workers and many wanted to exclude a test for assessing the CHWs. I reminded them that if a student anticipates a test at the end of learning or a training, he/she pays attention to the lessons, studies hard and this yields high retention of knowledge and skills. After my argument they accepted to include assessment tests in the curriculum.”
  - This individual also selected: “I regularly gather information and use data to inform my decision making” and shared that: “I have the data collection tools which are both electronic and hard copies. This helps me to have all the information I need handy.”

## Togo

Based on early data in Togo, **66%** of individuals reported improvements in their L&M capabilities over the first six months of the partnership with AMP Health. Given that we only have two data points for the Togo team, we are cautious about examining individual-level data and drawing strong conclusions. However, the initial data are encouraging, and forthcoming twice-yearly rounds of data collection will provide additional longitudinal perspective. We appreciate that true trends will only emerge with additional rounds of data collection.

## Zambia

**71%** of individuals reported improvements in their L&M capabilities between two data collection points during their partnership with AMP Health.

Zambia CHU team member #1, who has been part of the team for several years, reported an average improvement of **17%** in Individual L&M Capability Development Survey scores between Q2 2020 and Q2 2021. Five of the 26 competency metrics improved by two points on a five-point scale.

The Individual L&M Capability Development Survey also asks respondents to select a specific skill or attribute and provide concrete examples as it relates to their work:

- Zambia CHU team member #2, who has been part of the team for several years, selected: “I hold effective and efficient meetings” in Q2 2020 and shared that: “1. I usually have an agenda and try to stick to it. 2. The agenda is adopted at the beginning of the meeting to avoid prolonging on any other business 3. Action points are outlined before the meeting and that prevents time wasting going through all meetings for matters arising.”
- Six months later, they reported: “holding effective meetings means you need to have an agenda, action points, and keep time. Any meeting that takes more than one to two hours is a problem, many times, meetings are too long because there is no agenda nor minutes. This happens because the majority of the meetings are not scheduled well in advance.”
- The team has made optimizing meetings that the CHU convenes a key priority for advancing their work more effectively.

## Sustainability Phase Teams

### Sierra Leone

Of the five team members from the Sierra Leone MoHS CHW Hub team for which we have data, between Q2 2020 and Q2 2021 reporting periods, four individuals reported improved average scores in the Individual L&M Capability Development Survey (**15%**, **17%**, **21%**, and **48%**), with one individual reporting a decrease in average scores of **-27%**. While this is only one tool, it does suggest that continued improvement beyond the period of embedded Management Partner support is possible, but that slippage may also occur.

## Tool 2: Team Effectiveness

The power of effective teams and their impact on organizations is often underestimated, particularly in the public sector. AMP Health partners with teams to improve their effectiveness and recognises that team formation and effectiveness are dynamic and can ebb and flow as the composition and context of the team shifts over time. This second report represents the analysis of data collected over a greater number of time points than was previously possible for AMP.

Based on the analysis of these data, it seems that teams that are earlier on in their leadership and management development journeys make more significant progress regarding team effectiveness. For teams that have either worked together for longer periods of time or have recently undergone a shift in composition or leadership, effectiveness (as self-reported by the members of the teams) can decrease over discrete points in time. There are many factors that may contribute to both improvements and declines in scores. One factor that we have come to appreciate is that through undertaking a leadership and management journey (including assessing their own skills and competencies), some team members may become more realistic in their reflection of their own and their team's capabilities as they become more fluent in both the language of leadership and management terminology, but also what "good" management looks like in their specific contexts. In other words, the journey of a team is not necessarily linear.

### Teams with Embedded Support

#### Ghana

Though team effectiveness scores remained largely flat between Q2 2020 and Q2 2021, this team achieved the highest team effectiveness score of any team supported by AMP Health with an overall aggregate score of **88%**. There were decreases in the scores for some metrics relating to clarity of roles and expectations (e.g., "Team members clearly understand their roles" (-**27%**) and "Team members avoid duplication of effort and make sure they are clear about who is doing what" (-**19%**)). These decreases may in part be explained by the changes to team leadership resulting from the retirement of the long-serving team lead and transition to new team leadership. This is likely to have resulted in some changes in the way that work is done and what is expected of team members. This may have contributed to some confusion over roles and responsibilities within the team. There were, however, modest improvements in response to the prompts: "Team members seek and give each other constructive feedback" (**+8%**) and "my team is proud of its accomplishments and optimistic about the future" (**+7%**).

#### Malawi

Across the metrics that we use to measure perceptions of team effectiveness, average aggregate scores decreased from **75%** in Q2 2020 and to **71%** in Q2 2021. The Q2 2021 period incorporates the scores of a number of new team members, which could partially explain the dip in scores. There were modest improvements in response to the prompts: "Our team has a meaningful, shared purpose." (**+11%**) and "Team problem solving results in effective solutions." (**+8%**) The largest decreases were in response to the prompts: "We are able to resolve conflicts with other teams collaboratively" (-**28%**) and "We always ask ourselves, 'How can we do better tomorrow what we did today?'" (-**22%**)

## Togo

Based on early data in Togo, partnership with AMP Health seems to be driving change within the local team's perceptions of team effectiveness. Aggregate scores increased by an average of **17%** between baseline (Q4 2020) and Q2 2021. There were particularly significant (>50%) improvements in response to the prompts:

**+83%** - "We have access to training / resources to acquire skills that we do not have."

**+53%** - "Our team members trust each other."

As mentioned above, given that we only have two data points for the Togo team, any strong conclusions would be premature.

## Zambia

Across the metrics that we use to measure perceptions of team effectiveness, aggregate scores were essentially flat, increasing by an average of **3%** between Q2 2020 and Q2 2021. There were particularly notable improvements in response to the prompts:

**+25%** - "We are able to resolve conflicts with other teams collaboratively"

**+18%** - "People here communicate openly and are able to speak their mind."

**+15%** - "Team members clearly understand their roles."

There were modest decreases in response to the prompts: "Our team has a meaningful, shared purpose" (**-14%**) and "Team members avoid duplication of effort and make sure they are clear about who is doing what" (**-12%**)

## Sustainability Phase Teams

### Sierra Leone

Across the metrics that we use to measure perceptions of team effectiveness, aggregate scores were essentially flat, increasing by an average of **2%** between Q2 2020 and Q2 2021. There were particularly notable improvements in response to the prompts: "Members of our team trust each other" (**+31%**); "We always ask ourselves, 'How can we do better tomorrow what we did today?'" (**+30%**); and "Team members appreciate one another's unique capabilities" (**+24%**). This is particularly interesting given this team has not had an embedded Management Partner since mid-2019, and yet still attends online AMP Health leadership and management events. These were partially offset by modest decreases in response to the prompts: "My team is proud of its accomplishments and optimistic about the future" (**-18%**) and "We are able to constructively resolve conflicts within our team" (**-20%**). In general, these decreases were from scores of 4 or 5 to 3 or 4, so the overall picture of team effectiveness remains quite encouraging.



### Tool 3: Tools & 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:

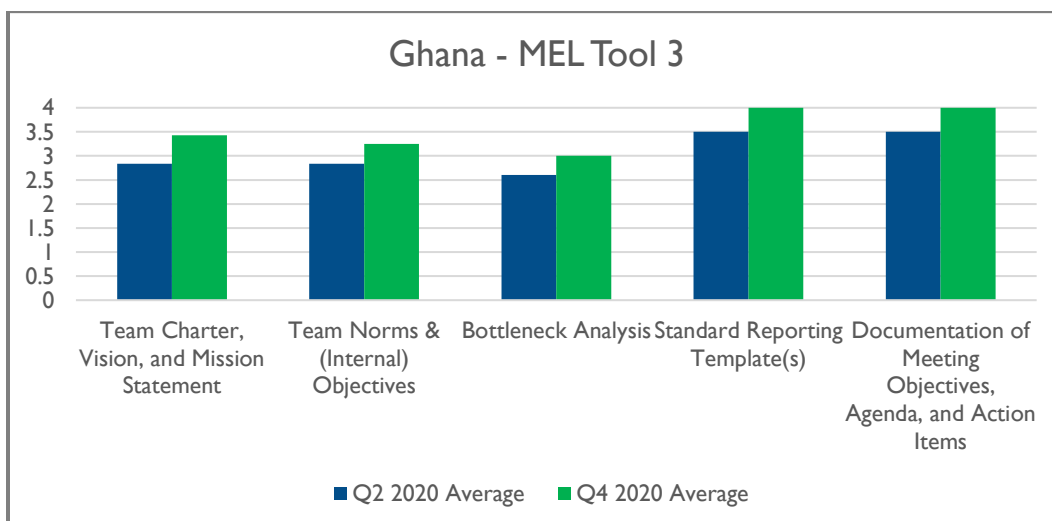
1. This tool/process does not exist, but the need for it has been identified
2. The tool/process has been developed, but not yet implemented
3. This tool/process is regularly utilised
4. This tool/process is regularly utilised and informs decision-making
5. This tool/process is not a team priority currently

#### Teams with Embedded Support

##### Ghana

Of the 28 benchmark tools, processes, and approaches that AMP tracks, the team overall noted some level of improvement between Q2 2020 and Q4 2020 (6-month period) in 39% of them. Uptake of the below tools was particularly notable with improvements demonstrating not just whether a tool exists or not, but the extent to which it is implemented and utilized by the team:

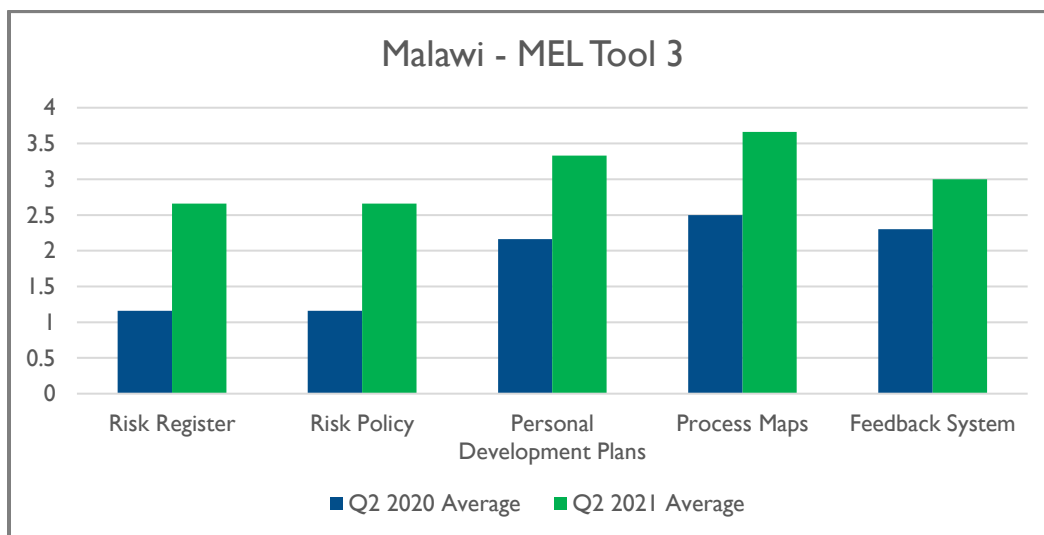
- **Team Charter, Vision, and Mission Statement** – Average score improved from 2.83 to 3.42
- **Team Norms & Internal Objectives** – Average score improved from 2.83 to 3.25
- **Bottleneck Analysis** – Average score improved from 2.6 to 3
- **Standard Reporting Templates** – Average score improved from 3.5 to 4
- **Documentation of Meeting Objectives, Agenda, and Action Items** – Average score improved from 3.5 to 4



## Malawi

Of the 28 benchmark tools, processes, and approaches that AMP tracks, the team overall noted some level of improvement between Q2 2020 and Q2 2021 in 46% of them. Progress with the tools below was particularly notable with improvements demonstrating not just whether a tool exists or not, but the extent to which it is implemented and utilized by the team:

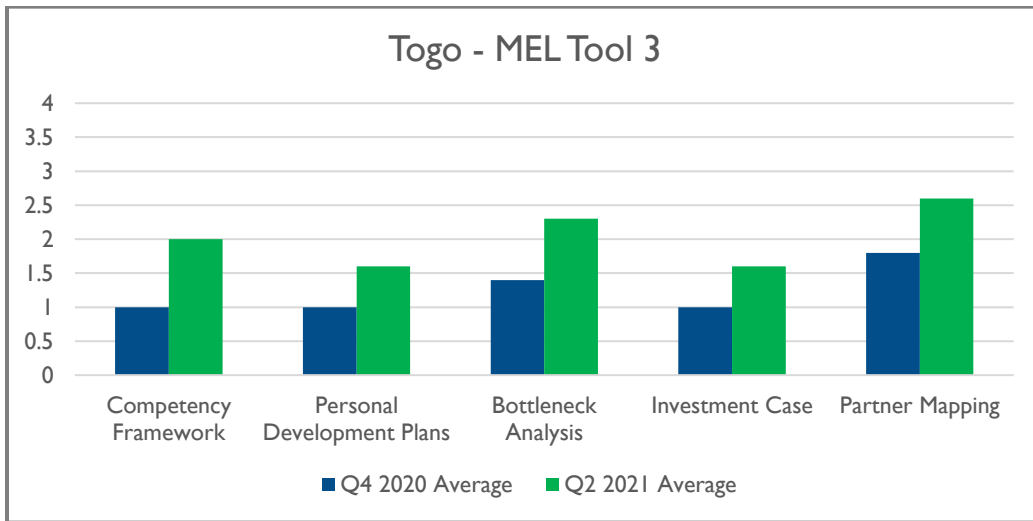
- **Risk Register** Average score improved from 1.16 to 2.66
- **Risk Policy** – Average score improved from 1.16 to 2.66
- **Personal Development Plans** – Average score improved from 2.16 to 3.33
- **Process Maps** – Average score improved from 2.5 to 3.66
- **Feedback System** – Average score improved from 2.3 to 3



## Togo

Of the 28 benchmark tools that AMP tracks, the team overall noted some level of improvement between Q4 2020 and Q2 2021 in 79% of them. Progress with the tools below was particularly notable with improvements demonstrating not just whether a tool exists or not, but the extent to which it is implemented and utilized by the team:

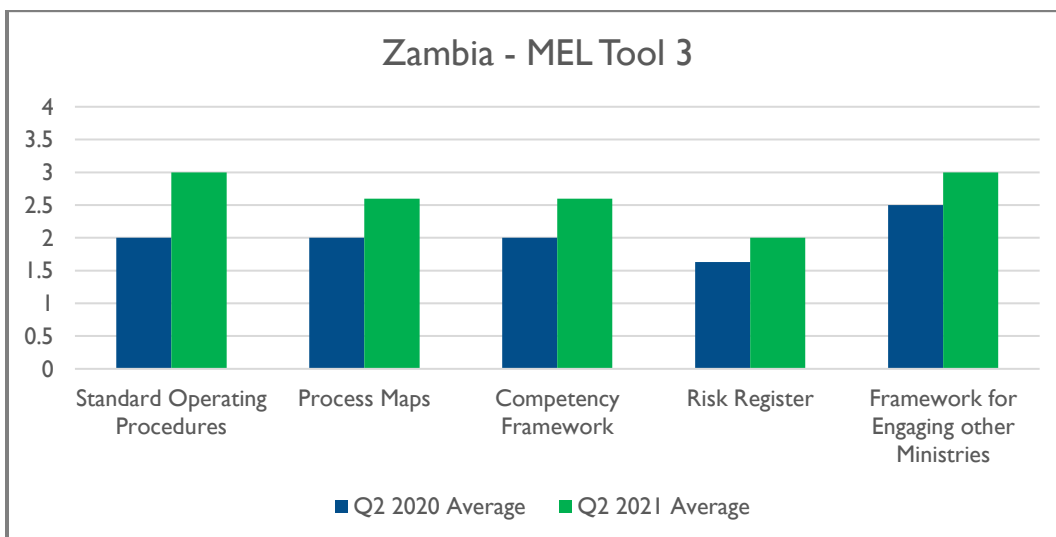
- **Competency Framework** – Average score improved from 1 to 2
- **Personal Development Plans** – Average score improved from 1 to 1.6
- **Bottleneck Analysis** – Average score improved from 1.4 to 2.3
- **Investment Case** – Average score improved from 1 to 1.6
- **Partner Mapping** – Average score improved from 1.8 to 2.6



### Zambia

Of the 28 benchmark tools, processes, and approaches that AMP tracks, the team overall noted some level of improvement between Q2 2020 and Q2 2021 in 61% of them. Progress with the tools below was particularly notable with improvements demonstrating not just whether a tool exists or not, but the extent to which it is implemented and utilized by the team:

- **Standard Operating Procedures** – Average score improved from 2 to 3
- **Process Maps** – Average score improved from 2 to 2.6
- **Competency Framework** - Average score improved from 2 to 2.6
- **Risk Register** – Average score improved from 1.63 to 2
- **Framework for Engaging other Ministries (multi-sectoral collaboration)** – Average score improved from 2.5 to 3.

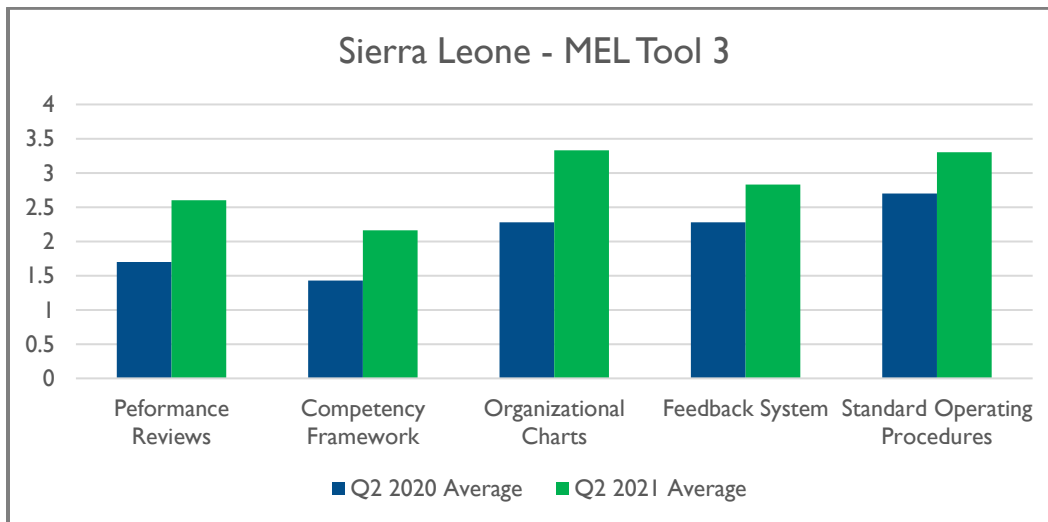


## Sustainability Phase Teams

### Sierra Leone

Of the 28 benchmark tools, processes, and approaches that AMP tracks, the team overall noted some level of improvement between Q2 2020 and Q2 2021 in 50% of them. Uptake of the below tools was particularly notable with improvements demonstrating not just whether a tool exists or not, but the extent to which it is implemented and utilized by the team:

- **Performance Reviews** – Average score improved from 1.7 to 2.6
- **Competency Framework** – Average score improved tool from 1.43 to 2.16
- **Organizational Charts** – Average score improved from 2.28 to 3.33
- **Feedback System** – Average score improved from 2.28 to 2.83
- **Standard Operating Procedures** – Average score improved from 2.7 to 3.3



## 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. What follows are selected examples drawn from MEL tool 4 reports across the AMP Health-supported teams:

### Ghana Community Health Snapshot

*July 2020 – July 2021*

The Ghana team and the AMP Health Management Partner (MP) have jointly developed and implemented several leadership and management initiatives that have contributed to individual, team, and system capabilities.

As has been the case globally, there has been a large-scale reconfiguring of business processes in Ghana during this reporting period because of COVID-19. Remote working and the acceleration of shifting from paper-based to digital processes meant that the team had to adapt to new ways of working and collaborating during a time when the Ghana Health Service (GHS) was under tremendous pressure to bring the pandemic under control. While progress on some projects was delayed due to COVID-19, the team was able to draw on skills in the areas of change management and resilience to quickly pivot and adapt to the circumstances, and the project goals for the period under review were not altered. The MP and the team successfully achieved all of their major goals of both supporting capacity building and supporting key initiatives of the GHS and specifically of the Policy, Planning, Monitoring, & Evaluation Division.

Below is a selection of major activities this reporting period:

#### ***Submission of ‘Building Resilient and Sustainable Systems (RSSH) for Health’ proposal to the Global Fund (GF)***

During the restrictions and challenges imposed by the COVID-19 outbreak in Ghana, the MP supported the team to develop a \$16M, cross-cutting health systems strengthening proposal (with seven different focus areas with responsibilities targeting distinct GHS divisions) through a consultative and participatory online process.

- Leadership & Management focus areas:
  - **Strategic Planning:** Given the scope and scale of the grant, the MP supported the team to plan strategically on how to develop the proposal, including the pre-development and development processes.



- **Change Management:** After the COVID-19 outbreak, grant preparation meetings that were planned in-person could not be held. The MP supported the team to leverage online meeting platforms to steer the grant development process. The team lead, relied on the learnings on Change Management from the 2020 AMP Health Leadership Lab, to create a compelling vision for the new process as well joint problem solving for emerging issues.
- **Stakeholder Engagement:** More than 60 internal and external stakeholders (leaders, managers and peers from government agencies, multilateral and bilateral agencies, and civil society) were consulted to secure ownership and buy-in, solicit input on specific technical domains, draft, and review and validate the proposal's priorities and strategies.
- **Influencing and negotiation:** Identifying the strategic priorities of the cross-cutting grant required clear and empathetic communication to influence, negotiate and coordinate with stakeholders in GHS, Ministry of Health (MoH), development partners and civil society, as well as ensure that everyone was on the same page. The MP coached the team to leverage the values of empathy and curiosity when negotiating grant priorities and budgets with other stakeholders.
- **Resilience:** The team overcame significant detours to develop the proposal, without the help of an external consultant, through a completely online process and in a time constrained environment. Using trust, humour, openness and vulnerability, the team lead was able to keep team morale high and team focus intact.
- **Psychological Safety:** The grant application was developed through an iterative, collaborative, candid and respectful approach. Colleagues debated issues in a constructive and professional manner.

The Global Fund approved the proposal on December 12, 2020 and began to disburse funds in January 2021. The \$16M Health System Strengthening investment aims to strengthen key elements of Ghana's health system, namely supply chain management, health management information systems, public financial management, laboratory systems, human resources for health, integrated service delivery and laboratory systems.

### ***Supporting Change Management efforts in PPMED***

The former team lead retired in August 2020 and a new team lead took over as the Director, PPMED and, consequently, as the team lead. In addition, new Deputy Directors took charge of the Policy and the Information, Monitoring and Evaluation Departments.

- At the request of PPMED's leadership, the MP delivered presentations on the following topics: i) Change Management (at the PPMED Family Meeting and the Planning Department Meeting) and ii) Conflict Management (at the PPMED Learning Seminar) and iii) Emotional Journeys during change (Planning Department Meeting).
- Together with the Chief Learning Officer the MP co-created and co-facilitated a workshop on the theme of 'Unity of Purpose' on November 10th. Seven key stakeholders from all three PPMED departments attended the workshop.

- On the MP's recommendation, the team instituted a policy of celebrating success and recognizing each other's accomplishments. This contributed to keeping the team motivated during a time of instability.

### **Supporting Development of GHS Strategic Plan**

- The MP supported PPMED colleagues to produce a strategy and a process for the development of the second GHS Strategic Plan (2022-26). This included adapting a number of management tools including prioritisation frameworks, theory of change templates, SWOT analysis tools, and stakeholder analysis tools.
- Thereafter, the MP supported colleagues to i) adapt the balanced score card approach for the development of the strategic plan ii) conduct a SWOT analysis and iii) undertake extensive consultations external and internal stakeholders to identify priorities for the strategic plan and, later, to validate the recommendations that were provided in early drafts of the plan.
- The MP supported the PPMED team to review the draft developed by the lead consultant. The team worked together to provide feedback on the structure, flow, integration, and the types of activities mentioned in the draft report.
- As a result of this support, the PPMED team expects to finalise their contributions to the GHS strategic plan on time and with the full support of key stakeholder groups.

## Malawi Community Health Snapshot

*January – June 2021*

### **New COVID Vaccine Introduction**

Malawi received its first shipment of COVID-19 vaccines in March 2021 from the COVAX facility, the African Union, and the Indian Government. Some of the doses received had a near-term expiration date and could not be administered before expiring. The challenge of a short shelf life for the vaccines was compounded by vaccine hesitancies within the community.

To combat this hesitancy, the CHSS team developed and implemented various guidelines and policies aimed at providing Community Health Workers (CHWs) with the appropriate guidance to engage communities more successfully and respond to various COVID-19 related scenarios. These include the COVID 19 Response Guidelines; COVID 19 Community Engagement Guidelines; COVID 19 Safe Burial Guidelines; and the Home Management of mild COVID 19 cases.

The team leveraged many of leadership and management capabilities that they've gained over the past several years of partnership with AMP Health including:

- **Partnership Collaboration**
  - AMP supported advancement of the following **CHSS team priorities**: Partnership Mapping, Resource Mobilisation, Resource Mapping, Partner Coordination Meetings, Technical Working Group Meetings, Establishment of a Newsletter and Website, and Development of a Community Health Financing Strategy,
  - through strengthening the following **Leadership & Management Competencies**:



- Leadership by brokering more effective partnerships – Individuals and the team as a whole are able to broker effective partnerships internally and externally. The team is able to maintain its centre of gravity amongst all partners that wish to support its strategic plan and follow its lead in implementation
- Managing others through greater stakeholder engagement – Stakeholders are engaged and brought in through enhanced communication and coordination, helping to champion and support the team’s work.
- **Operational/Reporting tools**
  - AMP supported advancement of the following **CHSS team priorities**: Community Health Register, District Reporting Tool, Supervision Tools, Templates and Management Tools (such as a weekly workplan), and Electronic Document Storage,
  - through strengthening the following **Leadership & Management Competencies**:
    - Critical thinking and using data to drive decision-making – The team knows how to gather, organize, and evaluate information, and make well-informed decisions based on that information
- **Strategic & Operational Activities**
  - AMP supported advancement of the following **CHSS team priorities**: CHSS Annual Workplan, Team Weekly and Monthly meetings, Integrated Community Health Information System, Health Surveillance Assistant Curriculum, National Community Health Strategy Mid-term review, and a Community Health Annual Report,
  - through strengthening the following **Leadership & Management Competencies**:
    - Strategic planning, by setting goals and monitoring progress – The team thinks strategically about their work, and focus their efforts to align around key strategic priorities, including measurement of progress towards key goals and appropriate course correction when needed.
    - Managing time through planning and running effective meetings – Individuals and the team as a whole are more efficient and productive, getting more done with less time waiting for instructions. Less time is spent in meetings, with clear action items coming out of each one, allowing for greater progress to be made
    - Self-empowerment and motivating others – Team members show up, are motivated, and are driven to perform even when leadership is not present.

## Togo Community Health Snapshot

*January - June 2021*

The partnership between the Togo DSCPA team and AMP Health has made considerable progress during the first six months in establishing a trust-based relationship to strengthen leadership and management capabilities to advance the team’s health system goals. The MP has been able to build strong, trusting relationships with the team. Substantive improvements in the way the team operates are being noted internally and are being reported by external team partners.

Over the previous period, AMP has engaged the team in its first in-country training session, finalized the situation assessment, clarified the partnership agreement and objectives to be carried out through the remainder of the embedded partnership, and developed a work plan with the team to execute on these



priorities. This is in addition to the day-to-day support that the MP provides to the DSPCA team in coaching them on how to carry out their roles and responsibilities most effectively and efficiently.

Below is a selection of major activities this reporting period:

### ***Proposed improvement of the internal structure pending the internal reorganization of the Ministry of Health***

- The situation assessment carried out by the MP allowed for the team to reflect on the definition of a new operating organization chart, building on the current one, to strengthen the management of key functions. This proposed organizational chart is designed to ensure that key functions are clear and effective, and that strategic and operational tasks are optimized and separated. A roadmap for strengthening the DSCPA has been drawn up. It includes a coherent set of actions focused on the implementation of the new organizational chart, the strengthening of the leadership and coordination of the program at the central and decentralized levels, the optimization and capacity building of human resources, and the implementation of adequate procedures, systems and working tools. The organizational proposal was presented internally within the DSCPA.

### ***Establishment of coordination mechanisms and tools***

- A major shortcoming was noted in the coordination and communication between external partners and the Ministry of Health. The MP focused on supporting the team to set up a coordination committee, which establishes a monthly meeting between the partners and the DSCPA to discuss the difficulties encountered in the implementation of programmatic and financial activities and to take corrective measures. A dashboard allowing the monitoring of the DSCPA programmatic activities as well as the funding requests issued has been developed and will be used at each coordination meeting. These meetings will be funded by UNICEF and will aim to improve the coordination between the MoH and the main external partners. Coordination among the partners through an integrated annual plan will also contribute to the efficiency of the DSCPA in the implementation of its operational plan.

### ***Improved data availability at the DSCPA level with limited resources***

- The success of the community health program depends on good decision-making based on reliable data. The Ministry of Health, the DSCPA, district health teams and health facility staff need a continuous flow of information that informs them about the quality of services and accessibility to target populations. However, the DSCPA did not have sufficient data, nor a clear map of the service package implemented at the health facility level and throughout the country. As a result, the Ministry of Health had limited visibility on the activities that are being implemented in the country by donors and external partners. The lack of financial resources has long been an obstacle to conducting the mapping exercise.
- The MP worked with the DSCPA team to find affordable solutions that still allowed for a high quality of outcomes. With support from the MP, the DSCPA opted to use Survey Monkey to collect data at the health facility level. The survey form was developed by the team and validated by the Director General of Social Action and the Regional Directors (at the decentralized level). All the health facilities (697) completed the questionnaire, which is a considerably higher response rate than previously realised. This survey has caught the attention of the Minister in

charge of improving universal health care coverage. The availability of this data is an important step towards harmonizing the packages offered and better monitoring of the interventions at the subnational level.

The MP supports the DSCPA in the planning and implementation of the Ministry of Health's strategic community health activities. The Government of Togo recognized in the National Strategic Development Plan that Community-Based Interventions (CBIs) can be very effective in achieving Universal Health Coverage (UHC). Therefore, particular emphasis is placed on the engagement of CHWs as a driving force to achieve these objectives through their professionalization et the harmonization of their interventions. The recent data that the DSCPA collected showed a fragmentation of the offered health services throughout the country. As a result, the main focus of the DSCPA in the coming years is to:

- Optimize the CHWs interventions to suggest to the MoH models of professionalization based on Togolese context
- Harmonize the fragmented offered health services
- Map and register all the CHWs in the country

## Zambia Expanded Programme on Immunisation (EPI) Snapshot

*June 2020 - June 2021*

### **COVID-19 response**

The Zambia EPI programme planned for the acquisition and deployment of COVID-19 vaccines since mid-2020. Processes and planning of vaccine acquisition accelerated in October 2020 through various mechanisms such as the COVAX Facility (initially) and followed by the African Union African Vaccine Acquisition Trust (AVAT), private sector and Zambian government platforms. The initial phase of vaccination targeted 20% of the population including essential health workers, essential services workers, people older than 65 years and other high-risk members of the population, while phase two will target the rest of the population based on vulnerabilities. The myriad of planning and processes involved in the COVID-19 vaccine introduction added an additional task to the overloaded EPI staff and presented a dimension of adult population vaccination that sets new challenges for the programme in planning, coordination, and deployment.

In addition, the team produced two important sets of guidelines to complement the governments national COVID-19 response plan. These were i) guidelines on the involvement of the private sector and non-state actors in the COVID-19 vaccination programme in Zambia, and ii) guidelines on COVID-19 vaccination in pregnancy, breastfeeding mothers, and people over the age of 65.

AMP Health and the MP supported the EPI team's efforts in a number of key ways, including:

- The MP supported the team to institute an online task tracking tool, which has enabled accountability among project staff, access to all activities in one place, and synergies across the programme. In addition, the tool provides instant updates and therefore reduces the amount of time required for meetings and composing project updates to the Ministry of Health and other key stakeholders.

- The MP provided support to the team in creating a roadmap for the vaccine request application process for the COVAX Facility. This involved breaking down campaigns into granular activities such as orientation training, supervision, and monitoring that could be tracked and reported against. Furthermore, working with the EPI sub-committees and steering group, the MP provided support in the development of activity implementation plans and COVID-19 deployment plan. Specifically, the MP provided input in designing appropriate leadership and governance processes to aid the management of vaccination campaigns and specifically the COVID-19 response in Zambia.
- The Zambia COVID-19 response Incident Management System (IMS) initially had two separate structures; a national structure at the Zambian National Public Health Institute (ZNPPI) and immunisation structure at EPI but in consultation with EPI and key partners, AMP supported the EPI team to work with the ZNPPI to integrate these systems.

### ***Immunisation campaigns***

The Zambia EPI team undertook two special immunisation campaigns in 2020. These were a national measles rubella supplementary immunisation activity (MR-SIA) campaign in November 2020, and an oral cholera vaccination (OCV) campaign in December 2020.

The MR-SIA campaign reached over three million children between the ages of nine months and five years. This MR-SIA was considered the last standalone campaign for measles and rubella, which shall now be undertaken as part of routine immunisation activities.

The OCV campaign targeted Nsama and Shibuyunji Districts due to high burden for cholera as a result of poor sanitation, overcrowded fishing camps and the frequent occurrence of floods. The objective of the campaign was to provide two doses of OCV to all persons aged one year and above in the two districts. The campaign ultimately reached in excess of 140,000 people.

AMP Health supported the EPI team to strengthen a number of key competencies that were utilised in mobilising partners and developing a roadmap during preparation and implementation of these campaigns. In particular, the Leadership Refresher workshop, which was conducted by AMP Health in September 2020, equipped EPI team participants with competencies critical for planning, scoping new projects, and creating roadmaps.

### ***Team governance and coordination***

One of the key partnership objectives identified by the EPI team was to improve their internal governance and coordination mechanisms. Several important initiatives have been instituted to support this goal. These include:

- **Annual and Quarterly Review Meetings:** Through working with the EPI team, the MP has supported the team to plan for and conduct annual and quarterly review meetings since December 2020, at which activities are reviewed and a workplan developed for subsequent periods. During the Annual review meeting in December 2020, the team developed a values charter and revised their programme vision. The values charter has been shared among all staff and is being used as an accountability tool for ways of working and is now part of the onboarding process for new staff members. The review meeting provided an opportunity for the team to build competencies in sharing a common vision and norms. The charter of values has

enabled cohesion in planning and organisation of activities particularly for COVID-19 vaccine deployment processes. The team has since continued to have review and planning meetings on a quarterly basis as a way of reflecting on activities and planning for the implementation of activities in subsequent quarters.

- **Staff learning plan:** AMP Health supported EPI staff with tailored learning plans aimed at improving individual skills and team effectiveness. One-on-one learning sessions on development of concept notes during the period of consideration were particularly critical in developing the oral cholera vaccination campaign and COVID-19 vaccine deployment concept notes. The learning plan covered topics aimed at managing self and others more effectively such as emotional intelligence, value-based leadership, time management, handling meetings, and developing and delivering an effective presentation.
- **Supporting EPI Technical Working Groups:** The MP participated in select sub-committee and technical working groups to identify ways of strengthening the operation, governance, and monitoring components of EPI. As a result, the EPI team has introduced a standard reporting and activity tracking tool across all the COVID-19 vaccine readiness assessment thematic areas. This has ensured timely and focussed reporting of COVID-19 vaccine deployment and decision-making processes at national level. In addition, AMP Health supported EPI in revising terms of reference for the Expanded Programme on Immunisation Committee (EPIC) and the COVID-19 Vaccination Working Group. The revisions were in view of the changing immunisation landscape in Zambia that calls for a multi-sectoral response through inclusion of non-traditional immunisation stakeholders in planning and deployment of vaccines.
- **Theory of Change Workshop for the Programme:** AMP Health is supporting EPI in designing the Theory of Change for the programme which will outline the intended Programme impact/change in the next five years (2021-2026). This process is a critical milestone for the team as they prepare for the development of the National Immunisation Strategy (which comes to an end in 2021) and the Gavi Full Portfolio Planning (FPP) process that is due before the end of 2021. AMP regards this as an opportunity to leverage EPI as the central point of developing national immunisation strategies in Zambia and brokering partnerships in immunisation thereafter. Key elements of this workshop include context analysis, partner mapping and strategic planning of immunisation activities in Zambia for the next five years (2021-2026).

## Tool 5: Return on Expectations

AMP Health’s *Return on Expectations Tool* is a semi-structured survey tool 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. It has already provided rich feedback including:

Statement	% Agreeing Q4 2020	% Agreeing Q4 2019
AMP Health leadership and management program is <b>helping the teams</b>	<b>100%</b> (n=45)	100%
There have been improvements in the team’s <b>leadership and management skills</b>	<b>95%</b> (n=39)	98%
AMP leadership and management training is improving their ability to make <b>significant contributions to public health in their country</b>	<b>95%</b> (n=39)	95%
Our <b>teams has become more effective</b>	<b>100%</b> (n=39)	89%

In addition, **100%** of Senior Ministry of Health officials and external stakeholders **commended AMP Management Partners** on their **excellent initiatives and contributions** as well as **modelling the behaviour of the ideal leadership and management mindset**.

These consistently high scores are an encouraging indication that individuals and teams remain motivated to continue the leadership and management journey on which they have embarked.

### Partner Perspectives

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. Select quotes, by country, from MEL tool 5 are shared below:

#### Ghana

*“Not only me but also my deputies and the staff that I work with, we all believe that if we are able to put into practice and also teach those around us what we are gaining and what we are learning then we will be positively shaping the public health space in Ghana.”*

- Senior leader, Ghana Health Service

*“From my perspective the most valuable outcome so far of the AMP Leadership and Management Program is the different ways of approaching challenges and how to get things done in our organization: how to organize our systems, organize our meetings and shifting to working virtually. AMP has really helped us be more effective in virtual meetings and trainings.”*

- Team member, Ghana Health Service



*“Progressively, there is a great thing that is occurring within my team. Previously it was a challenge for me to travel or take leave because I needed to be in all the meetings – I could not fill the gap with another voice from the team that could step in confidently.*

*Now, with the training and my mentoring, they are just as capable as I am to handle challenging situations. They have demonstrated it in my absence - they have held key meetings with the ministry and also partners without me being present. My team is really comfortable in the way they are handling issues as well as in terms of chairing meetings: allowing participants to contribute and the rest - you could see that they are really maturing. My director also came back to me to say ‘your team is very great - I wonder how you have come out to build a strong team like that’ and that this is all because of the knowledge I’ve gained from the past as well as the support from AMP Health.”*

- Team member Ghana Health Service

## Malawi

*“The L&M training has brought many benefits, let me cite three vivid examples:*

- 1. Number of stakeholders increased through skills gained through workshops*
- 2. Domestic finances identified through CH strategy*
- 3. Interacting with stakeholders to showcase how Malawi is doing on CH (for example a conference in South Africa)*

*Also, thanks to skills of AMP trainings we have been able to attract other partners to come in. We have learned how we can align our government priorities with those of stakeholders. This allows us to align on common goals. There is a clear change in how we work across programs and with different partners. It’s much smoother.*

*We have also learned and applied prioritization & goal setting skills to make sure we achieve what we want to within the set timeframe.”*

- Team member, Community Health (CH) Team

*“The impact of the training has been felt especially on the organizational aspect of things and time management as well: being able to organize work and the understanding of the group dynamics on how best we can utilize each other’s strengths to amplify teamwork. From a leadership perspective, I realize I don’t have to lead top-down but rather can provide direction and help others to do their tasks. It’s less about authority and more about helping others and supporting their leadership roles in their own field of expertise and experience.*

*From my perspective immunization is not just about having the technical expertise around vaccines but also knowing about how to design the intervention to actually save lives. The latter requires a lot of leadership skills on top of the technical knowledge in relation to the vaccines so being effective in this field is less about technical knowledge but more about leadership.”*

- Team member, Expanded Programme on Immunization (EPI) Team

*“When I started the L&M training, I was not so confident on how I was contributing to the bigger vision of supporting public health in my country. Through the training and subsequent discussions with the team, there was better visibility and clarity on what we do and how we contribute to public health in Malawi.*

*In terms of L&M skills, we have become more effective as a team. More than before, we are able to know what activities to prioritise and which ones to delay – scheduling has been more effective. We have also become more aware of influencing skills so that we are able to drive to our own agenda more rather than others determining that agenda for us.”*

- Team member, Expanded Programme on Immunization (EPI) Team

## Sierra Leone

*“The L&M training is changing how I view my job a lot. I learned that managing people takes time, courage, patience, convincing others, and persuasion in order to get buy-in from people on the team. Most of all we must listen and learn from each other to be effective as a team. The traditional approach: ‘do what I tell you’ doesn’t work in the long-run.*

*Now we use the L&M tools and skills and this has improved the way we work: we discuss projects, ideas and proposals directly with the people we work with. Thanks to this, we get input from the regional coordinators themselves and this actually makes my work easier!”*

- Team member, Community Health (CH) Team

*“To provide an example of how the trainings have helped us: I am now a much better presenter and more confident in voicing what I have to bring to the table. This allows me to make contributions to other programs that support public health that I could not make before. I am now being invited to present to and collaborate with other programs. In turn, this allows for better coordination with other programs and prevents delays – all contributing to the delivery of our services to advance Community Health in Sierra Leone.”*

- Team member, Community Health (CH) Team

*“The training has changed the way I look at my job a lot. I saw leadership as something that was fixed and far away from my abilities. I thought I was incapable of achieving that level, I was doubting myself: can I perform, can I coordinate, with so many presentations, partners, supervising the team – all those things were so confusing to me. Fortunately, we had AMP to support us at the right time. The training led me to go through gradual change and learn about management and leadership. How to conduct effective meetings, how to approach a crowd to give presentations & chair meetings – it was very difficult for me. The trainings were a safe space to apply our learnings, we could practice our presentations skills and this built up my courage and I gained confidence to do it in my work setting.”*

- Team member, Community Health (CH) Team

## Togo

*“The staff has become more aware of the role that each person must play in the team. Despite the shortage of staff and the multiple demands, everyone plays his part. The training has been very useful in the organization of our work, the good cohesion of the staff, which makes the team work more efficient, meetings are better organized now, there is no waste of time.”*

- Senior leader, Ministry of Health, Public Hygiene and Universal Access to Health Care

*“With the training and to the extent that the team’s meetings are more effective than before, although there is a need for continued improvement efforts, our files are moving more quickly. This allows us to move programs of the community health workers ahead, which in turn improves the health of the communities.”*

- External partner, Global Fund Togo

## Zambia

*“I have a nursing background and for a long time I thought I would stay in nursing. The AMP trainings have actually made me realize my potential; I actually want to focus on general Public Health. This drives me: job satisfaction is now no problem. These trainings have changed the way I look at my career: I can envision where I want to end up and plan backwards – I have a clear vision & what I need to get there.*

*The L&M training has had an impact on how we work as a team, especially on planning. Everything used to be an emergency and we were reactive. Now we have a plan at the start of the year, we review and adapt – it’s designed, it’s transparent. Budgeting has also improved. In the past, we had one person who knew what the budget was. Now we work as a team: our supervisors are empowering everyone in the team to understand budgeting and this stimulates coordination, we are working as a team, realizing that everyone needs to contribute a common goal – which is community health in Zambia.”*

- Team member, Community Health (CH) Team

*“The L&M skills that we focus on are complementary to the technical skills that we already have. Many of the L&M skills are improvement oriented – they ensure we can overcome the various challenges that we face. I have noticed an increased maturity level amongst the members of the team. Also, as a team we have moved to another level. I can say that each and every one of us have increased our productivity. This shows that we have learned and integrated the L&M skills that have been taught.*

*Another way we can see that the training has been making an impact is that even without an MP we are using skills to work together with other partners to achieve objectives.”*

- Team member, Community Health (CH) Team

## 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 will be 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.). Those on the ground will be able to 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.





## About AMP Health

AMP Health supports governments to build visionary and effective teams.

We are committed to the vision of a world where governments and societies prioritize, promote, and protect people's health and well-being. Governments play a critical role in addressing complex problems and bringing this vision to reality, which is why we work with public sector teams to help them develop the leadership and management capabilities needed to achieve ambitious goals. We believe that teams are at the heart of a government's ability to deliver quality services. Talented individuals cannot thrive within institutions that confine them. The best policies cannot lead to meaningful change without the backing of a competent team that can execute on them. But teams – small groups of dedicated, capable people – have the power to do extraordinary things. Our approach combines embedded mentoring and capability development; experiential learning through interactive in-person and online training; executive coaching; curated self-directed learning; and peer exchange across countries to build highly effective public sector teams. AMP currently supports government teams across sub-Saharan Africa.

AMP Health's current partners include: the Community Health Acceleration Partnership, CRI Foundation, Doris Duke Charitable Foundation, Ghana Health Service, Ghana Ministry of Health, Horace W. Goldsmith Foundation, The Leone M. and Harry B. Helmsley Charitable Trust, LGT Venture Philanthropy, Malawi Ministry of Health & Population, Merck for Mothers, Pfizer, Sierra Leone Ministry of Health & Sanitation, UBS Optimus Foundation, Togo Ministry of Health, USAID, Vitol Foundation, and Zambia Ministry of Health.

For more information, please visit [www.amphealth.org](http://www.amphealth.org).

## Appendix A – 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

