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**LEADERSHIP, MANAGEMENT
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Inspired Leadership. Sound Management. Transparent Governance.

Governance Enhancement Course

FOR DISTRICT HEALTH OFFICE GOVERNANCE LEADERS AND STAFF

Training Facilitation Handbook

JUNE 2014



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This training handbook and the accompanying guides on governance represent the collective effort and input of many experts in public health leadership, management, and governance. The LMG Project would like to take a moment to acknowledge the individuals who have made these materials possible.

We would like to thank members of the LMG team for their dedication to the learning opportunity these handbooks provide. Dr. Mahesh Shukla, Senior Technical Advisor on Governance, and Dr. James A. Rice, Project Director, have been instrumental in creating and shaping these handbooks on governance. Ummuro Adano, Lourdes de la Peza, Stephanie Calves, and Sarah Johnson served as internal reviewers and their suggestions have been very useful. The support of Xavier Alterescu, Megan Kearns, Laura Lartigue, Jeremy Malhotra, Elizabeth Walsh, Dana Bos, and Alison Ellis has been critical to the completion of these handbooks.

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Finally, LMG would like to thank all of the individuals and organizations striving to improve health sector governance all over the world. We hope this handbook and the accompanying governance guides will serve as valuable resources for continued support of good governance.

Introduction

Effective governance is the *big enabler* for those who lead, manage, and deliver health services that result in better health care and health gains. This training handbook is designed to facilitate the governance orientation and continuing governance education and enhancement of the people invited to serve on governing bodies of the district health offices and health systems. Similar handbooks have been developed to facilitate governance enhancement in the ministries of health, provincial health systems, hospitals and health centers. The training handbooks are expected to be used by the facilitators in conjunction with the five guides on effective governing practices.

Governance Learning Experiences Design

The learning experiences this handbook facilitates have the following essential characteristics:

- Practical and interesting for persons at all levels of education and experience.
- Focused on important challenges known to frustrate or facilitate effective governance in diverse governing bodies.
- Use experiential learning in which participants tap into their own situations, problems, and experiences to bring the learning concepts, tools, and materials to life.
- Guided by evidence from low- and middle-income countries on what actually works, participants' knowledge and experiences are enhanced, leading to more effective governance of health service organizations.

The Audience

Countries now have thousands of health, civic, community, and business leaders invited to serve on multi-sectoral governing bodies in the health sector. These governing bodies have varying degrees of authority and responsibility to help ensure that their organization's health services are well designed, understood, well managed, and used by the people, families, and communities they exist to serve.

The learning experiences in this series of handbooks have been designed to serve the needs of the governing bodies of projects, programs, health centers, hospitals, provincial and district health councils, health regulatory bodies, health professional associations, and civil society organizations that are engaged in:

- Health care
- Malaria
- Tuberculosis (TB)
- HIV and AIDS
- Maternal, newborn and child health
- Family planning and reproductive health
- Other health services

Leaders who govern and members of the governing bodies are the target audience for the learning experiences described in this handbook. We also expect that the senior managers and health providers engaged with these leaders serving on the governing bodies will participate in the learning experiences. We anticipate that the participants will have a wide range of backgrounds and competencies. Some will have advanced university education, many may be new to health systems, and those serving in remote areas may have had limited opportunities for formal training or education. All, however, can make valuable contributions to the effective governance of their health organization, and all are respected participants in the learning experiences facilitated by this series of handbooks.

Governance Learning Resources

This training handbook does not stand alone. The handbook is intended to be used in conjunction with a learning pledge and with other resources:

1. An individual and organizational pledge to engage and participate fully in order to optimize the value gained from the learning experience.
2. Additional handbooks especially designed for each type of setting (i.e., governing bodies or leaders who govern ministries of health, provincial health systems, district health systems, hospitals and health centers).
3. Five guides on how to apply the effective governing practices (i.e., cultivating accountability, engaging stakeholders, setting a shared strategic direction, stewarding resources, and assessing and enhancing governance) that contribute to good governance, health system strengthening, and better health outcomes.
4. A reference library on the web portal that is continuously updated with information on trends and evidence of the value of effective governance.
5. LMG's web portal contains the reference materials and other materials including the experiences and guidance of others who are successfully engaged in strengthening governance. In the future, LMG plans to further develop this suite of resource materials to support the capacity development of managers and members of governing bodies who are dedicated to strengthening the performance and results of health systems in low- and middle- income countries. LMG plans to add (1) a learning lab kit, with a variety of tools, templates, and worksheets that facilitators can use to engage learners, and (2) case studies, scenarios, and tools for team and experiential learning, and select readings and video-taped insights for those less literate.

We hope the leaders who govern and governing bodies will enjoy the journey to master effective governance using these resources.

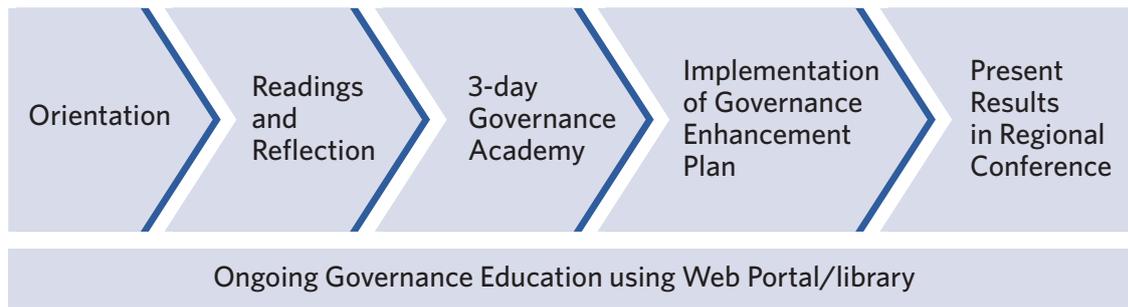
Who can be a facilitator?

Leadership, management, and governance trainers can be facilitators for the delivery of these learning experiences. A senior manager from the organization whose governing body wants to learn and benefit from these learning experiences is also a good candidate for being a facilitator. The selected facilitator has two options to get ready for facilitation: prepare himself or herself through self-study of the materials, or go through a *Training of Governance Trainers Program* offered by the LMG Project. You may contact Project Director Jim Rice (jrice@msh.org) to find out more about the training programs for the governance leaders, training of trainers, or for any help in using these materials.

Governance Learning Continuum

The five guides can also be used as self-study resources by the governance leaders or governing bodies to learn about the governing practices and apply them. However, learning will be more effective if a structured training program is organized using the training handbook, following the learning continuum. The learning continuum comprises a carefully designed learning experience consisting of: general orientation of new governing body members; readings, reflection, and collective self-assessment by the governing body; a three-day Governance Academy through which the knowledge on how to apply the five effective governing practices can best be mastered; implementation of a governance enhancement plan and an action plan to improve selected measures of the organization's performance; and presentation of lessons learned and results in a regional conference; all of this is supported by continuous governance education using the resources available on the LMG website (www.lmgforhealth.org/expertise/governing).

Governance Learning Continuum



The figure below depicts how governance education will help the health leaders learn and apply the five effective governing practices and achieve better health performance of their health systems.

Learning Plan

The table below illustrates a learning plan which follows the governance learning continuum described above.

Orientation of new members appointed to the governing body			Before the Governance Academy	Ongoing Governance Education Using Governance Reference Library and Governance Web Portal
Select readings on governance and effective governing practices				
Collective self-assessment of governing body performance in a special meeting				
Reflection on the current state of governance Participants apply the Challenge Model to governance in their own setting				
Governance Academy			3-day Governance Academy through which the knowledge on how to apply the five effective governing practices can best be mastered	
Day 1	Day 2	Day 3		
Accessing Governance Resource Suite	Engaging with stakeholders	Competency-based governance		
Participants apply the Challenge Model to governance in their own setting	Setting a shared strategic direction	Infrastructure for effective governance		
Roles and responsibilities of a governing body	Stewarding resources	Planning governance enhancement		
Cultivating accountability	Assessing and enhancing governance	Evaluating the learning experience		
Consistent application of the five governing practices and implementation of a governance enhancement action plan over six to twelve months to influence two to three strategic measures of organizational performance				After the Governance Academy
Regular monitoring of the implementation of the action plan in the governing body meetings				
Presentation of the results and lessons learned in the Regional Conference				
Ongoing periodic assessment of governance at all levels (governing body as a whole, its committees, and individual members)				
Chair and governance committee take responsibility for continuous governance enhancement				
Governing body renews itself from time to time with recruitment of new members and governance education cycle continues			Continuous application	

What is in it for me?

Benefits for the facilitators

This is a challenging professional assignment for facilitators. Facilitators will gain an in-depth knowledge of governance and of effective governing practices. They will have the opportunity to engage with very high-level leaders in the health system and health sector. These are busy people with very important responsibilities. To work with them and help them achieve measurable results will be the ultimate test of facilitation skills; the challenge for the facilitator is to help the participants adopt the five effective governing practices in their governing behavior. There will be increasing demand for their facilitation services as health systems governance increasingly becomes recognized as a prominent health systems building block in need of capacity development.

Benefits for the participants

Improving governance is one of the essential elements of realizing the dream of a strong health system achieving greater health impact. Good governance enables the effective use of medicines, information, human resources, and finances to deliver better health service performance and better health outcomes. There is an emerging body of evidence that shows that effective governance improves health outcomes. Poor governance, on the contrary, has been found to undermine the vitality of the health system, making it less effective, less efficient, less equitable, and less responsive to the people it is intended to serve.

Through this training, participants have an opportunity to learn, adapt, adopt, and apply five evidence-based practices of governance. The program will also help them periodically assess and continuously improve their governance. All five practices, when put into operation in a health system, enable improved health system performance and better protection, promotion, and restoration of health. Most importantly, the five practices help the leaders who govern achieve and demonstrate better organizational performance and better results to their stakeholders.

Leaders who govern do so in close partnership with health managers, health providers, health workers, community leaders, patients, and governance leaders in other sectors. They facilitate the work of managers who in turn facilitate the work of clinicians and health workers. This course, when jointly taken by governing body members, senior managers, and clinician leaders will have a positive synergistic effect on the performance of the organization.

After taking this course, leaders who govern will be able to make important 21st century governance shifts.

Governance Shifts

#	Shift from ...	Shift to ...
1	Labor-intensive 20 th century governance	Technology-supported 21 st century governance processes
2	Governance as usual	Pursuit of efficiency and sustainability in health systems
3	Input-oriented governance	Results-orientation, i.e., culture of measuring and reporting results
4	Arbitrary decision-making processes	Transparent decision-making processes
5	Intuition- and opinion-based governance	Evidence-based governance
6	Authoritarian decision making	Stakeholder engagement in governance decision making
7	Management-driven strategic planning	Stakeholder needs-driven strategic planning
8	Appointments to governing positions based on personal relationships	Competency-based appointments to governing positions
9	Static governance process	Continuous governance enhancement
10	Male-dominated governance	Women holding governance positions
11	Silo-like health ministry	Whole-of-society and whole-of-government governance
12	Central Ministry of Health control	Decentralized provincial and district health governing bodies

(Source: MSH. 2014. *Health Systems in Action: An eHandbook for Leaders and Managers*. Medford, MA.)

Instructions for Facilitators

General instructions

Familiarize yourself with the learning domains relevant to governance education. These domains include cognitive, affective, and interpersonal dimensions.

Cognitive Domain

The cognitive domain focuses on intellectual skills (knowledge, comprehension, application, analysis, synthesis, and evaluation) and encompasses the increasing complexity of intellectual skills as students or participants advance their knowledge of content. This domain is the core learning domain. Collaborative assignments, such as group work included in the individual sessions in the Governance Academy, help participants gain advanced intellectual skills, such as application, analysis, and synthesis. The academy sessions are so designed that the participants get to know the five effective governing practices, apply them to their context and evaluate themselves/ their governing body on these practices.

Affective Domain

The affective domain is critical for learning. This is the domain that deals with attitudes, motivation, willingness to participate, valuing what is being learned, and ultimately, incorporating the values of a discipline into a way of life. Elements in this domain are:

- Receiving (willing to listen)
- Responding (willing to participate)
- Valuing (willing to be involved)
- Organizing (willing to be an advocate)
- Characterization (willing to change one's attitude, behavior, practice, or way of life)

The facilitators should note that the following factors enhance affective learning: informing the participants of the value of the course; having alumni who are using the knowledge from the course in their governing roles explain the value of the course; giving an overview of the resources and resource persons available to help participants; allowing participants time to raise questions and give feedback; and encouraging participants to set goals for themselves that are reasonable.

Interpersonal Domain

The interpersonal domain focuses on people interacting with others. The skills in this domain include the following:

- Seeking/giving information
- Proposing (putting forward an idea)
- Building and supporting (helping another person's idea move forward)
- Bringing in (involving another)
- Disagreeing (appropriately offering a difference of opinion)
- Summarizing (restating in a compact form a discussion or collection of ideas)
- Others, such as negotiating, compromising, facilitating, and leading
- Participants will use several of these interpersonal skills in the group work included in the individual sessions. Facilitators should encourage the groups to use positive interpersonal skills.

The handbooks and sessions have design features that encourage learning in all the three domains. They include: critical questioning; reflection; giving feedback on the processes of team and group dynamics; creating governance enhancement plans; discussion; peer involvement; problem-based learning; group analysis and synthesis of governing practices; and sharing perspectives. Facilitators should use and encourage the use of these features.

Using the Five Guides and this Training Handbook

We have developed guides to help the governing body members and leaders who govern operationalize each of the five effective governing practices in a health sector organization. These practices are:

1. Cultivating accountability
2. Engaging stakeholders
3. Setting a shared strategic direction
4. Stewarding resources
5. Assessing and enhancing governance

This training handbook is an accompaniment to the five guides. It may be used as a facilitation resource for trainers/facilitators to build the capacity of both governance leaders (leaders who govern) of a district health office and health system as well as district health office and health system management leaders who support good governance practices. An important component of the governance learning plan is the 3-day workshop that we refer to as Governance Academy. The handbook gives detailed guidance on setting up and conducting Governance Academies through which the knowledge and skills in applying the five governing practices can best be mastered.

Before the Governance Academy

A sample invitation letter is provided at the end of this chapter. A suitable adaptation of this sample letter of invitation should be sent to participants well in advance, preferably three months in advance of the Governance Academy. Participants will use this lead time to do essential reading, reflection, and the collective governance self-assessment, which serves as the basis for applying the Challenge Model to their governance.

The learning plan, learning continuum, schedule of the three-day academy, compulsory reading materials, and instructions on applying the Challenge Model should accompany the invitation letter.

Prior reading and specific pre-work related to the readings:

It is essential that the participants read the following three publications in advance:

1. The eManager issue on “How to Govern Health Sector and Its Institutions Effectively” available at www.lmgforhealth.org/expertise/governing.
2. Chapter 3 of Health Systems in Action: An eHandbook for Leaders and Managers available at www.msh.org/resources/health-systems-in-action-an-ehandbook-for-leaders-and-managers. New 2014 version of the eHandbook is also available on LMG website (www.lmgforhealth.org).
3. The five guides (cultivating accountability, engaging stakeholders, setting a shared strategic direction, stewarding resources, and continuous governance assessment). These guides may be accessed at www.lmgforhealth.org/expertise/governing.

The preferred order for the readings is the eManager followed by the eHandbook chapter on governance followed by the guides. The guides offer participants opportunities for deep reflection on the new behaviors that need to be adopted and how to apply the effective governing practices in their own settings. The readings also set the stage for pre-work related to the self-assessments.

Pre-work related to the self-assessments and the Challenge Model

In the run up to the three-day Governance Academy, the governing body as a whole should conduct a collective self-assessment on how well they are performing their role and responsibilities. They may adapt and use one of the many formats given in the Appendices in the Guide for Continuous Governance Enhancement, or the assessment tool contained in Appendix 1 of this Handbook. This self-assessment will be shared with the facilitator to enable appropriate preparation for the learning experience.

In addition, the governing body as a whole will apply the Challenge Model to their governance. (A review of the use of the Challenge Model is contained in the Guide for Setting a Shared Strategic Direction and is more fully described in the MSH publication, *Managers Who Lead: A Handbook for Improving Health Services* available at www.msh.org/resource-center/managers-who-lead.cfm.) Using the Challenge Model, the governing body members will define their vision of good governance in light of their organization’s mission. They will then apply the Challenge Model to governance in their own setting. Based on their experience, they will assess their current governance situation, identify obstacles and root causes that come in the way of their governing well, define their key governance challenges, identify two or three strategic measures of organizational performance that their governing body wants to influence through the use of good governance, and pinpoint key priority actions they will undertake to overcome the obstacles.

When applying the Challenge Model, the members will reflect on what frustrates and what facilitates good governance in their setting and also how to overcome the obstacles. They will also reflect on their governance capacity building needs.

Facilitators need to prepare well for the Governance Academy experience. They should familiarize

themselves with the use of the “Challenge Model” and “Root Cause Analysis” techniques. (These are well described in *Managers Who Lead: A Handbook for Improving Health Services* available at www.msh.org/resource-center/managers-who-lead.cfm. Root cause analysis is also covered in the Appendix to the Guide for Setting a Shared Strategic Direction.) If participants are able to successfully and effectively apply these techniques to their governance, they are likely to better appreciate the value of improving their governance and the value of this learning experience in helping them improve their governance as an essential enabler for the work of the organization as it pursues its mission.

Facilitators will also need to learn about facilitating a SWOT (strengths, weaknesses, opportunities and threats) analysis. Opportunities are external factors in the environment that may improve performance and threats are external elements in the environment that could cause trouble, whereas strengths and weaknesses (strong points and weak spots) are internal attributes of the governing body. University of Kansas has a free online resource on its community toolbox site on how to conduct SWOT analysis ctb.ku.edu/en/table-of-contents/assessment/assessing-community-needs-and-resources/swot-analysis/main.

Reading materials and handouts

Facilitators should review the session outlines, collect all the reading materials from the LMG Project (available at www.lmgforhealth.org/expertise/governing), and print/make sufficient copies for participants. They should judge what works best in their context, i.e., giving a soft copy of all materials on a flash drive, or giving hard copies or both. Participants will need to have the relevant guide available during a session on a particular governing practice as a reference material. Handouts to be given during the session are clearly described or exhibited in this training handbook.

During the Governance Academy

The Governance Academy is an intense three-day learning experience that requires the full time and attention of all participants. Participants should understand and commit to setting time aside for this three-day program to strengthen their governance capacity. Successful completion of the Academy will help them have a concrete governance enhancement plan and an action plan to influence two to three strategic measures of their organizational performance. They will implement these plans over next six to twelve months and obtain measurable results for their stakeholders.

Facilitators should allow the participants time to raise questions and provide their feedback during the three-day academy. This will increase their willingness to listen, willingness to participate, willingness to be involved, and willingness to adopt the five effective governing practices.

Sessions

The facilitator will be expected to plan and conduct 12 sessions in the Governance Academy. The academy has been designed to help district health office and health system governance leaders and senior staff members understand, master, and feel more comfortable, confident, and competent in applying the five effective governing practices in their own setting. The sessions will also enhance the governing competencies of governance leaders and staff. The sessions broadly follow the outline below.

Focus: Theme or topic is mentioned in the title of each session.

Content: One session on each of the five effective governing practices as well as other preparatory and supportive sessions.

Duration: Session durations vary, some are hour-long, those on governance practices are of two hours, and the one on governance enhancement planning needs three hours.

Goals and objectives: Specific trainer goals and learning objectives are described in the session description.

Participants: The session participants are district health office and health system governance leaders and staff.

Outline: The session outline specifies a set of participant activities (how participants will accomplish the curriculum objectives) and essential questions (what central questions participants will answer as the session unfolds).

Resources: Background reading and session handouts describe resources the facilitator should use to help participants accomplish the curriculum.

Assessment activities: Session handouts and assessment activities are suggested. Grading is done by the facilitator on group presentations. A grading tool is given to help the facilitator grade the presentation and determine if participants: a) have achieved the objectives of the session, and b) can answer the essential questions central to the topic of the session. The facilitator may use scores from the grading of groups' performance at the conclusion of each session in a variety of ways. The facilitator may use the scores to motivate the groups and individual members to contribute, pay attention, do the work, etc.

The Governance Academy should be conducted in a three full-day workshop format. About eight hours of activities should be planned in a training day. In addition to the training sessions, time should be provided for recap of the earlier day, inter-session breaks, and closing discussions. All learning is expected to take place in a highly interactive mode, with extensive small and large group discussions and exchange of ideas. During each session:

- The participants will be divided into small learning groups.
- Each group will have five to six participants.
- Two to four groups will participate in a break-out session facilitated by one facilitator. The total number of facilitators needed will depend on the number of participants invited to the academy.
 - ♦ If there are 10–24 participants participating in the academy, one facilitator will be needed to deliver the training effectively. If more than 24 participants and up to 40 participants are attending, two facilitators will be needed. If more than 40 participants are participating, three facilitators will be needed.
 - ♦ Each break-out session will need a separate room or space. For example, one, two, or three rooms/spaces will be needed for group work if there are 15, 30, or 45 participants, respectively. A big hall will be needed for the plenary discussion.

In general, the basic design of a session is two to four groups of five to six participants from the same setting identify their governance challenges and design solutions. For example, participants could be from many different districts but they should be from district health office and health systems. The participants will discuss the same set of central questions in a session, and each group will make a presentation to the other groups on what they propose to do to implement the specific effective governing practice discussed in the session.

All sessions are practice-oriented, based on an experiential learning methodology, and do not deal with theoretical aspects during the academy.

Theoretical concepts and applications in practice are covered in the reference texts: the five guides on five effective governing practices, eManager on “How to Govern Health Sector and Its Institutions Effectively,” and Chapter 3 on governance in the 2014 MSH publication, *Health Systems in Action: An eHandbook for Leaders and Managers*.

As described above, we recommend that these reference texts be sent with the invitation letter for the Governance Academy. The participants should use the time available to them during their busy schedules to read and reflect on these reference texts. In this way, they will gain a theoretical and practical understanding and be more prepared for the experiential learning during the academy.

The desired outcomes of the training are defined in detail in this handbook. To achieve the outcomes in an effective and efficient way, the academy sponsors and organizers should consider:

- Learning context (what constraints do you anticipate?)
- Content expertise (what content experts are available to help?)
- Training expertise (what training experts are available to deliver the training?)
- Logistical requirements (based on size and number of participants)
- Language preference of the participants

Based on these criteria, appropriate modifications may need to be made to the suggested design of the Governance Academy.

After the Governance Academy

On successful completion of the Governance Academy, participants will have two plans in hand: a "Plan for Governance Enhancement," and an action plan for applying the five governing practices to improve two to three strategic measures of their organization's performance. Over the next six to twelve months, participants will be expected to consistently apply the five governing practices and implement their governance enhancement plan and action plan. They will monitor the implementation of these plans in their governing body meetings. The governing body will present the results and lessons learned in a Regional Conference to be scheduled by key leaders in the area.

As an outcome of the learning process, participants learn to conduct periodic assessments of their governance by the governing body as a whole, its committees, and at the individual member level. As discussed earlier, they will use the results of these assessments to further improve their governance and their organization's performance. The Chair and governance committee should take responsibility for the continuing governance education and continuous governance enhancement of the governing body. The governing body renews itself from time to time with recruitment of new members. New members should receive orientation on their role and responsibilities and the state of their health system. The Chair and the governance committee should consider providing mentorship opportunities to the new members.

Governance enhancement plan consists of periodically assessing governing practices and continuously trying to improve these practices. Continuous governance enhancement is accomplished through regular governance assessments, governance orientation and education, building diversity in the governing body, cultivating essential governance competencies, conducting productive meetings, establishing governance policies, and using governance technologies like dashboard.

The primary purpose of enhancing governance is to improve the organizational performance. For this reason, governance leaders working with the senior management and with key stakeholders develop an action plan to improve two to three strategic measures of the organization's performance. This involves practical use of the governance competencies and capacity of the governing body and also consistent application of the effective governing practices they learned in course of the governance enhancement education. When the governance leaders see their governance decisions translating into higher organizational performance, they may be inclined to consistently apply the effective governing practices. A virtuous cycle is set into motion, improved governance leading to better organizational performance, which in turn motivates the governance leaders to continuously enhance their governance.

Sample invitation letter

(This is a sample invitation letter from the facilitator to the members of the governing body and senior management to participate in the governance learning experience. The facilitator should make appropriate modifications to the letter based on the context and the local situation.)

Welcome to Your Governing Body Role,

We congratulate you for being invited to serve on the governing body and to perform a governing role. This invitation indicates that you have been recognized as a wise leader in your community or region, and that you are believed to have a keen interest in helping support the mission of your organization.

As a new governing body member, you are beginning a period of service that brings with it prestige, credibility, influence, and personal satisfaction. You bring a lot of time, effort, and a sincere desire to improve the health of your community and to guide the plans and vitality of your organization.

What are the five most important roles of your governing body for this health service organization?

1. Bring needs of beneficiaries in to the plans and work of the organization.
2. Advocate for the needs of the organization to stakeholders.
3. Support management to develop service quality.
4. Support management to develop the economic vitality of the organization.
5. Help management to protect and achieve the mission of the organization.

While the legal status of each governing body has slightly different authorities in each country and for each type of health service organization or health facility, the legally-constituted governing body is expected to be a careful steward of the organization's mission and its many resources by the people and the government on behalf of the people.

In the eyes of the law of most countries, governing body members have an ethical obligation that should not be divested through delegation to committees or to management. As a member of this governing body, you are held to a very high standard of conduct. You, and others serving on this governing body, are charged with safeguarding the mission of the organization, protecting and enhancing the assets of the organization, protecting patients or other beneficiaries from harm, and not getting any personal gain from your relationship with this organization, other than a sense of pride that your time and talents are being used wisely and well to serve the people.

Governing Body Leadership

You have been selected as a governing body member because you bring important knowledge, skills, and experience to the organization's policy making and oversight duties. This probably results from your demonstrated abilities to lead and support others.

Leadership in the setting of a health sector governing body has specific attributes. We want you to feel comfortable that, after reading certain reference documents and/or attending your organization's orientation program, you will have added a few new leadership attributes to your own. For this reason, we suggest that you will want to discuss the following draft governing body roles and responsibilities as you prepare for your work on this governing body.

You will have an opportunity to learn more about the role of this organization to protect, promote, and restore health for the people of this region. You will also be able to participate in the "Governance Academy" that supports the continued enhancement of your capabilities to be a high performing member of your governing body. We hope you will be proud of your governing body service and appreciate the opportunity to work with other respected colleagues on this body in the years ahead.

Governing Body Leadership Responsibilities

As you plan for your service on this governing body, we hope that you will conduct yourself in a way that helps the staff and external stakeholders develop confidence:

- In the quality and safety of the organization's health services.
- That resources are invested in a way that delivers optimal health outcomes to the people the organization exists to serve.
- In the accessibility and responsiveness of the organization's health staff and health services.
- That beneficiaries, patients, and the public can engage to help to shape health services that meet their needs.
- That the public's money is spent in a way that is fair, efficient, effective, and economic.

To succeed in accomplishing these responsibilities, you will want to learn how you can best understand and implement four essential practices:

1. Help establish a culture in the governing body and in your organization that expects transparent decision making and reporting of results from the work of the organization's staff and partners. You are expected to **help the organization be accountable for its decisions and behaviors** in the governing body, the management, the health care workers, and you yourself as a high performing member.
2. You listen carefully to the needs, fears, pains, and expectations of all stakeholders engaged in the work of the organization. **You are to be effective at stakeholder engagement.**
3. One of the most important practices is to work with other members of the governing body and the organization's management to establish a "strategic road map" for the organization to achieve superior performance and health care outcomes. **You are to be effective at setting strategic direction for the organization.**
4. You do not own this organization, rather, you hold it in trust for the people the organization exists to serve. You are expected to **be a good steward of the organization's scarce resources**—human, technological, and financial.

The resources you will be able to access in your journey for continuous governance improvement include the guides on applying the give effective governing practices.

Attached to this letter are the learning plan, learning continuum, schedule of the three-day Governance Academy, materials for reading to be done prior to the Academy, and instructions on applying the Challenge Model to your governance. As your facilitator, I will further assist you in accessing useful governance resources during the Academy.

Prior reading and specific pre-work related to the readings

It is essential that you read the following three publications in advance and reflect on what they say.

1. The eManager issue on "How to Govern Health Sector and Its Institutions Effectively" available at www.lmgforhealth.org/expertise/governing
2. Chapter 3 of Health Systems in Action: An eHandbook for Leaders and Managers available at www.msh.org/resources/health-systems-in-action-an-e-handbook-for-leaders-and-managers.
3. The five guides (one each on cultivating accountability, engaging stakeholders, setting a shared strategic direction, stewarding resources, and continuous governance enhancement). These guides may be accessed at www.lmgforhealth.org/expertise/governing.

The guides will help you reflect on new behaviors that need to be adopted and how to apply the effective governing practices in your own setting.

Pre-work related to the self-assessments and the Challenge Model

In the run up to the three-day Governance Academy, your governing body as a whole should conduct a collective self-assessment on how well the governing body is performing its role and discharging its responsibilities. You may adapt and use one of the many formats given in the Appendices of the Guide for Continuous Governance Enhancement for this purpose, or the assessment tool contained in Appendix 1 of this Handbook. In addition, the governing body as a whole will apply the Challenge Model to its governance, and reflect on what frustrates and what facilitates good governance in its setting and also how to overcome the obstacles. The governing body will have an opportunity to review the results of the Challenge Model during the academy.

You may always ask questions about your governance work and this orientation program by contacting us here:

Facilitator will give his or her contact details here.

(Letter ends here.)

The facilitator may use the following illustrative schedule and adapt it appropriately while designing her or his schedule suitable for the local circumstances.

Illustrative schedule of the three-day Governance Academy

Time	Activity	Type of activity
Day 1		
8:00 - 8:30	Registration and refreshments	
8:30 - 8:45	Recitation of Prayer	Recitation
	Introductory speeches <ul style="list-style-type: none"> ▪ Speech 1 ▪ Speech 2 	Speeches in Plenary Session
8:45 - 9:45	Introductory session	Group work
9:45 - 10:00	<i>Tea Break</i>	Group work
10:00 - 11:00	Session 1: Accessing Governance Resource Suite	Group work
11:00 - 12:00	Session 2: Participants apply the Challenge Model to governance in their own setting	Group work
12:00 - 1:00	<i>Lunch</i>	
1:00 - 2:00	Session 3: Roles and responsibilities of a governing body	Group work
2:00 - 2:15	<i>Tea Break</i>	
2:15 - 4:15	Session 4: Cultivating accountability	Group work
4:15 - 4:30	End of the day evaluation (evaluation of sessions 1 to 4)	Evaluation
Day 2		
8:00 - 8:15	Recap of the earlier day	Plenary Session
8:15 - 10:15	Session 5: Engaging with stakeholders	Group work
10:15 - 10:30	<i>Tea Break</i>	
10:30 - 12:30	Session 6: Setting a shared strategic direction	Group work
12:30 - 1:30	<i>Lunch</i>	
1:30 - 3:30	Session 7: Stewarding resources	Group work
3:30 - 3:45	<i>Tea Break</i>	
3:45 - 5:45	Session 8: Assessing and enhancing governance	Group work
5:45 - 6:00	End of the day evaluation (evaluation of sessions 5 to 8)	Evaluation
Day 3		
8:30 - 8:45	Recap of the earlier day	Plenary Session
8:45 - 9:45	Session 9: Competency-based governance	Group work
9:45 - 10:00	<i>Tea Break</i>	
10:00 - 11:00	Session 10: Infrastructure for effective governance	Group work
11:00 - 12:00	Session 11: Compilation of governance enhancement plan	Group work
12:00 - 1:00	<i>Lunch</i>	
1:00 - 3:00	Session 11: Compilation of governance enhancement plan (Continued)	Group work
3:00 - 3:30	<i>Tea Break</i>	
3:30 - 4:30	Session 12: Evaluating the learning experience Conclusion of the academy with discussion in Plenary Session on what participants learned and next steps to be taken in the coming six to twelve months	Closing of the workshop in Plenary Session

Learning objectives

Introductory session

1. Get to know each other better.
2. Each participant records the baseline level of knowledge about effective governance using an instrument for self-assessment.
3. Better appreciate the importance of good governance as an enabler of enhanced health system performance.
4. Express training needs and expectations from the academy.
5. Better understand the role of fellow participants in learning.

Session 1

Accessing Governance Resource Suite

1. Get to know the Governance Resource Suite and what is available in the suite.
2. Get to know how to access it and use it, when it becomes available.
3. Express any needs for other resource materials that will facilitate learning.

Session 2

Participants apply the Challenge Model to governance in their own setting

1. Discuss, define, and describe governance and good governance.
2. Discuss what is working, what is not working in your governance, and what could be done to improve it.
3. Apply the MSH Challenge Model to governance in your own setting, discuss your current governance situation, identify obstacles and root causes that come in the way of governing well, define your key governance challenge, identify two to three strategic measures of organizational performance that your governing body wants to influence through the use of good governance, and pinpoint key priority actions you will take to overcome the obstacles.
4. Articulate your governance capacity building needs.

Session 3

Roles and responsibilities of a governing body

1. Get to know twelve key roles and responsibilities of a governing body.
2. Compare your own roles and responsibilities with the twelve key roles and responsibilities.
3. Identify, discuss, describe, and internalize key governance responsibilities.
4. Articulate your governance capacity building needs.

Session 4

Cultivating accountability

1. Define and describe this effective governing practice.
2. Recall and discuss the enablers and the foundational principles of this practice.
3. Brainstorm and clarify how to cultivate accountability in your district health office and health system, i.e., what specific actions should be taken?
4. Review an individual self-assessment of this practice.

Session 5

Engaging stakeholders

1. Define and describe this effective governing practice.
2. Recall and discuss the enablers and the foundational principles of this practice.
3. Brainstorm and clarify how to engage with stakeholders of your district health office and health system, i.e., what specific actions should be taken?
4. Review an individual self-assessment of this practice.

Session 6

Setting a shared strategic direction

1. Define and describe this effective governing practice.
2. Recall and discuss the enablers and the foundational principles of this practice.
3. Brainstorm and clarify how to set a shared strategic direction in your district health office and health system, i.e., what specific actions should be taken?
4. Review an individual self-assessment of this practice.

Session 7

Stewarding resources

1. Define and describe this effective governing practice.
2. Recall and discuss the enablers and the foundational principles of this practice.
3. Brainstorm and clarify how to steward resources of your district health office and health system, i.e., what specific actions should be taken to put it into practice?
4. Review an individual self-assessment of this practice.

Session 8

Assessing and enhancing governance

1. Describe this effective governing practice.
2. Recall and discuss the foundational principles of this practice.
3. Understand the benefits of good self-assessments, and the risks of poor or infrequent self-assessments.
4. Brainstorm and clarify how to periodically assess and continuously enhance governance of your district health office and health system, i.e., what specific actions should be taken to put it into practice?
5. Review various governance assessments and self-assessments.
6. Brainstorm and adapt governance assessments you will use in your district health office and health system.

Session 9

Competency-based governance

1. Get to know twenty key competencies of a governing body.
2. Compare the skills profile of your governing body and discuss how it compares with the competency matrix of twenty core competencies.
3. Identify, discuss, and describe key governing competencies required to govern well in your own setting.
4. Articulate your governance capacity building needs.

Session 10

Infrastructure for effective governance

1. Get to know key elements of governance infrastructure a governing body needs for effective governance.
2. Compare your own governance infrastructure with these key elements.
3. Identify, discuss, and describe governance infrastructure required to govern well and infrastructure gaps that exist in your setting.
4. Articulate your governance capacity building needs.

Session 11

Governance enhancement planning

1. Brainstorm and outline a governance enhancement plan for your governing body based on the discussions during the academy.
2. Identify two to three strategic measures of organizational performance that your governing body wants to influence through the use of good governance.
3. Outline an action plan comprising specific and concrete action steps that the governing body will take for consistent application of the five effective governing practices over six to twelve months to influence the two to three strategic measures of organizational performance.
4. Present the governance enhancement plan and governance action plan.

Session 12

Evaluating the learning experience

1. Evaluate the learning experience.
2. Make suggestions for its improvement for future participants.
3. Discuss next steps your governing body will take in the coming six to twelve months.

Introduction to Governance

Governance is a group process of making decisions to ensure the continuous vitality and performance of organizations or health systems providing services that protect, promote, or restore the health of the people. Governing bodies champion and enable an organization to fulfill its mission.

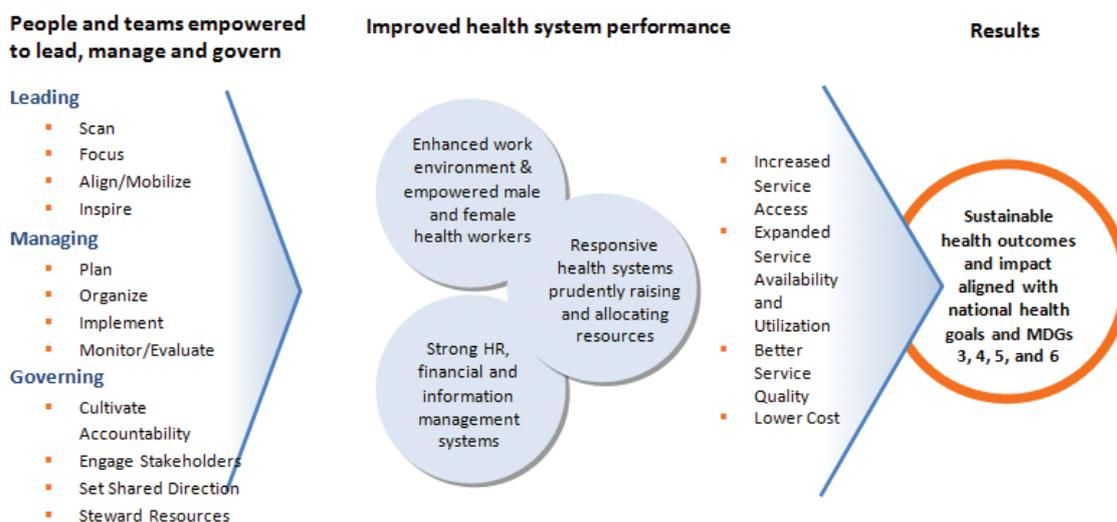
Governance is (1) setting strategic direction and objectives; (2) making policies, laws, rules, regulations, or decisions, and raising and deploying resources to accomplish the strategic goals and objectives; and (3) overseeing and making sure that the strategic goals and objectives are accomplished.

Governance for health is done with the objective of protecting and promoting the health of the people served by a public or private organization.

Governance is robust when (1) the decisions are based on accurate information, rigorous evidence, and shared values; (2) the governing process is transparent, inclusive, and responsive to the needs of the people that the ministry or the organization serves; (3) those who make and those who implement decisions are accountable; (4) the strategic objectives are effectively, efficiently, ethically, transparently, and equitably met; and (5) the vitality of the ministry or the organization is maintained and enhanced in its journey to accomplish its mission.

MSH's Leading, Managing and Governing for Results Conceptual Model below depicts how good leadership, management, and governing practices can enhance the performance of health systems to save lives and achieve significant and sustainable gains in the health status of populations.

Figure: Conceptual Model of Leading, Managing and Governing for health



(Adapted from: MSH. 2005. *Health Systems in Action: An eHandbook for Leaders and Managers*. Cambridge, MA.)

Governance in the context of health has come into sharper focus over the past decade. It has become one of the essential factors in the pursuit of stronger health systems, greater health impact, and enhanced country ownership. There is an emerging body of evidence demonstrating that effective governance improves health outcomes. Conversely, poor governance overall, and especially in the health sector, has contributed to poor health outcomes. It undermines the vitality of a health system, and makes it less effective, less efficient, less equitable, and less responsive to people it is intended to serve.

A compelling piece of evidence comes from the research conducted by Björkman and Svensson in 50 rural communities of Uganda. This work documents that community monitoring of health care providers improved health outcomes. Moreover, communities with a good governance intervention saw a significant increase in the weight of infants, and as much as a 33 percent reduction in mortality rates of children under five years of age because of the intervention.¹

Effective Governing Practices and Their Key Enablers

To fully understand governance and what makes it effective in the context of health, in 2012, the LMG Project carried out a web-based survey of 477 respondents in 80 countries, complemented by 25 key informant interviews in 16 countries. Survey respondents were people who hold leadership, governance, or management positions in health ministries and health institutions in low- and middle-income countries and who are members of the two LMG-supported online communities of practice of health leaders and health managers.

About 90 percent of the respondents defined governing in terms of inclusion, participation, and collaboration. In addition, they identified factors that enabled effective governing in the context of health, such as the use of performance data and scientific evidence, sound management, adequate financial resources for governing, openness and transparency, accountability to citizens and clients, and integrity. The survey and interview findings were then distilled into five governing practices. Thus, the review of the literature and the surveys and interviews of health leaders in the field defined the following five governing practices as essential to effective governance:

1. Cultivating accountability
2. Engaging stakeholders
3. Setting a shared strategic direction
4. Stewarding resources
5. Assessing and enhancing governance

Table 1 below lists the key enablers and principles that underpin these five practices.

¹ Björkman, M., Svensson, J. 2009. "Power to the People: Evidence from a Randomized Field Experiment on Community-Based Monitoring in Uganda." *The Quarterly Journal of Economics*, 124(2): 735-769.

Table 1: Enablers and principles that underpin the five effective governing practices

Practice	Foundational Principles	Enablers	Resource
Cultivating accountability	Accountability, transparency, ethical and moral integrity, social justice, and oversight	<ul style="list-style-type: none"> ▪ Openness and transparency 	Guide for Cultivating Accountability
Engaging stakeholders	Participation, representation, inclusion, diversity, gender equity, and conflict resolution	<ul style="list-style-type: none"> ▪ Inclusion and participation ▪ Gender-responsiveness ▪ Intersectoral collaboration 	Guide for Engaging Stakeholders
Setting a shared direction	Stakeholder alignment, leadership, management, and advocacy	<ul style="list-style-type: none"> ▪ Effective leadership and management 	Guide for Setting a Shared Strategic Direction
Stewarding resources	Financial accountability, social responsibility, ethical and moral integrity, resourcefulness, efficiency, and effectiveness	<ul style="list-style-type: none"> ▪ Ethical and moral integrity ▪ Pursuit of efficiency and sustainability ▪ Measurement of performance ▪ Use of information and evidence ▪ Use of technology in governing 	Guide for Stewarding Resources
Assessing and enhancing governance	Performance measurement	<ul style="list-style-type: none"> ▪ Measurement of performance ▪ Use of information and evidence ▪ Use of technology in governing 	Guide for Continuously Enhancing Governance

Introductory Session: Establishing rapport and understanding

During this session, participants—whether they already know each other or not—will get to know each other in various ways. Participants will be divided into groups of five to six individuals each. Introductions will help establish individual as well as group identity and give everyone a chance to define their training needs and expectations regarding governance capacity building.

Trainer goals

1. Help participants get to know each other and develop trust.
2. Identify what participants want to get out of the training.
3. Introduce the workshop objectives to the participants.
4. Record their baseline level of knowledge about effective governance.

Participant goals

1. Get to know each other better.
2. Assess your baseline level of knowledge about effective governance using an instrument.
3. Better appreciate the importance of good governance as an enabler of enhanced health system performance.
4. Express your training needs and expectations from the academy.
5. Better understand the role of fellow participants and the facilitator in your learning.

Session participants

Two to four groups of five to six participants

Session Outline

Time	Activity	Focus
10 minutes	1. Introduction by the facilitator	1. Introduction of the training program 2. Introduction of the training materials
10 minutes	2. Participant introductions	Introductions and getting to know each other
30 minutes	3. Group discussion on the importance of good governance as an enabler of enhanced health system performance.	<ul style="list-style-type: none"> • Why is governance important? • What are the benefits of good governance? • What are examples you have seen of good governance? • What are the risks and the threats if governance is not performed well? • What are examples of poor governance?
5 minutes	4. Group work	Facilitated discussion on what participants would like to learn during the training.
5 minutes	5. Baseline governance knowledge assessment	Using the Governance Knowledge Assessment Instrument (provided in session 12 of this handbook), participants assess their governance knowledge before the workshop.

Session outputs

1. Participants and the facilitator get to know each other.
2. Training needs of the participants clarified.
3. Clear understanding of the expectations of the participants from the workshop.
4. Explicit understanding of the value of good governance and the risks of poor governance.
5. Baseline governance knowledge assessment of the participants.

Governance Academy Sessions

1. Accessing the Governance Resource Suite
2. Applying the Challenge Model
3. Reviewing roles and responsibilities of a governing body
4. Cultivating accountability
5. Engaging with stakeholders
6. Setting a shared strategic direction
7. Stewarding resources
8. Assessing and enhancing governance
9. Promoting competency-based governance
10. Establishing infrastructure for effective governance
11. Planning for governance enhancement
12. Evaluating the learning experience

Session 1: Accessing the Governance Resource Suite

Session Design

During this session, participants will be introduced to LMG's Governance Resource Suite and how to access it. The Governance Resource Suite currently includes:

1. Governance Training Handbooks specifically designed for different settings (i.e., ministries of health, provincial and district health systems, hospitals, and health centers).
2. Five guides on how to apply the effective governing practices.

The suite is available at www.lmgforhealth.org/expertise/governing. The participants will be able to download and customize any of the tools and templates available in the suite.

In the future, LMG plans to further develop this suite of resource materials by adding (1) a learning lab kit, with a variety of tools, templates, and worksheets that facilitators can use to engage learners, and (2) case studies, scenarios, and tools for team and experiential learning, including selected readings and video-taped insights for those less literate.

We hope the resource suite will stimulate governing body leaders of civil society organizations, ministry of health bodies (at national, provincial, district, and community levels), public hospitals, and of family planning, HIV and AIDS, malaria and TB project-focused governing bodies to consider enhancements to the structures, style, systems, and effectiveness of their governance models and governance work.

Trainer Goals

1. Introduce the Governance Resource Suite to the participants.
2. Guide participants on how to access it and use it, when it becomes available.

Participant Goals

1. Get to know the Governance Resource Suite and what is available in the suite.
2. Get to know how to access it and use it when it becomes available
3. Express any needs for other resource materials that will facilitate learning.

Session participants

Two to four groups of five to six participants

Session Outline

Time	Activity	Focus	Relevant materials for reference
15 minutes	1. Presentation by the facilitator	1. Learning objectives 2. Introduction of the topic 3. Introduction of the handouts /materials/ guide 4. Presentation on the topic	Governance Resources Suite
15 minutes	2. Small group work session	Each group discusses what components of the suite they find useful in the Governance Resource Suite, how they intend to use the materials, and what other materials will be helpful to them in enhancing their governance effectiveness.	As above
25 minutes	3. Plenary discussion	A group makes a presentation to the other groups on what components of the suite they find useful in the Governance Resource Suite, how they intend to use the materials, and what other materials will be helpful to them in enhancing their governance effectiveness. Questions and answers follow. The remaining groups go through the same sequence of activities.	As above
5 minutes	4. Facilitator's assessment at the conclusion	Facilitator makes his or her assessment of the groups and makes written notes on whether participants have reached the learning objectives.	As above

Required Reading

1. Guide for Continuous Governance Enhancement
(Available at www.imgforhealth.org/expertise/governing)

Background Reading

1. Competency-Based Governance: A Foundation for Board and Organizational Effectiveness by the Center for Healthcare Governance and Health Research & Educational Trust
(Available at www.americangovernance.com/resources/reports/brp/2009/brp-2009.pdf)

Session Handouts

1. Contents of the Governance Resource Suite
2. Governance Resource Suite Utilization Planning Tool

Session outputs

1. Presentations by the groups on what components of the suite they find useful in the Governance Resource Suite, how they intend to use the materials, and what other materials will be helpful to them in enhancing their governance effectiveness.
2. Facilitator's notes on his or her assessment of the groups and whether the participants have achieved the learning objectives.

Contents of the Governance Resource Suite

Five guides:

1. Guide for Cultivating Accountability
2. Guide for Engaging Stakeholders
3. Guide for Setting a Shared Strategic Direction
4. Guide for Stewarding Resources
5. Guide for Continuous Governance Enhancement

Facilitator Handbooks:

Training handbooks facilitate the delivery of the contents of these guides to the leaders or twhe governing bodies who govern the ministries of health, public hospitals, provincial and district health systems, and health centers.

Reference Library (To be customized to the learning needs of the participants)

Governing Practices:

1. MSH eManager issue on “How to Govern Health Sector and Its Institutions Effectively” (available at www.lmgforhealth.org/expertise/governing)
2. Chapter 3 of MSH’s *Health Systems in Action: An eHandbook for Leaders and Managers*
3. Targeted literature review on governance (available at www.lmgforhealth.org/expertise/governing)
4. Synthesis of the findings of the LMG survey and interviews on governing practices (available at www.lmgforhealth.org/expertise/governing)
5. Five strategies to govern decentralized health systems

Evidence of impact on governance*:

1. Björkman and Svensson, 2009
2. Olafsdottir et al., 2011
3. Rajkumar and Swaroop, 2008
4. Maureen Lewis, 2006
5. Results of the LMG’s Pilot Study in 3 Provinces and 11 Districts of Afghanistan

Governance frameworks**:

1. Governance for Health in 21st Century (WHO European Region)
2. 2. Veillard et al., 2011 (Stewardship in health)
3. 3. Siddiqi et al., 2009
4. 4. Mikkelsen-Lopez et al., 2011 (Governance from a health systems perspective)
5. 5. Brinkerhoff and Bossert, 2008
6. IPPF Code of Good Governance
7. NHS Code and Guide for Good Governance

Gender in Governance:

1. Gender in leadership, management, and governance
2. UN Publications on Gender in Governance

Governance of Medicines***:

1. WHO Model GGM Framework 2012
2. WHO Medicines Transparency Assessment Instrument
3. Pharmaceutical Governance (Strengthening Pharmaceutical Systems)

Learning Toolkit with a variety of tools, worksheets and templates:

1. Sample Charter
2. Ideal Competency Profile
3. Role and Responsibilities of Chairperson of Governing Body
4. Roles and Responsibilities of Chairpersons of Key Committees on Planning, Finance, Quality and Governance Enhancement
5. Roles and Responsibilities of Members
6. Sample Meeting Agendas
7. Sample Calendar of Meetings
8. Sample Self-Assessments
9. Sample Meeting Book
10. Tools on Stakeholder Engagement
11. Tools to Help Set the Strategic Direction

* Björkman M, Svensson J. 2009. Power to the People: Evidence from a Randomized Field Experiment on Community-Based Monitoring in Uganda. *The Quarterly Journal of Economics*, 124(2), pp. 735-769.

*Olafsdottir A, Reidpath D, Pokhrel S, Allotey P. 2011. Health systems performance in sub-Saharan Africa: governance, outcome and equity. *BMC Public Health*, 11(1), pp. 237.

*Rajkumar AS, Swaroop V. 2008. Public spending and outcomes: Does governance matter? *Journal of Development Economics*, 86(1), pp. 96-111.

** Veillard JHM, Brown AD, Barış E, Permanand G, Klazinga NS. 2011. Health system stewardship of National Health Ministries in the WHO European region: Concepts, functions and assessment framework. *Health Policy*, 103(2-3), pp. 191-199.

**Siddiqi S, Masud TI, Nishtar S et al. 2009. Framework for assessing governance of the health system in developing countries: Gateway to good governance. *Health Policy*, 90(1), pp. 13-25.

**Mikkelsen-Lopez I, Wyss K, De Savigny D. 2011. An approach to addressing governance from a health system framework perspective. *BMC International Health and Human Rights*, 11(1), pp. 13.

**Brinkerhoff DW, Bossert TJ. 2008. Health Governance: Concepts, Experience and Programming Options. Submitted to the U.S. Agency for International Development. Washington, DC: Health Systems 20/20.

*** Anello E. 2008. Elements of a framework for good governance in the public pharmaceutical sector. In: *A framework for good governance in the pharmaceutical sector. GGM model framework. Working draft for field testing and revision*. Geneva: World Health Organization Department of Essential Medicines and Pharmaceutical Policies, pp. 19-30. Online at: www.who.int/medicines/areas/policy/goodgovernance/GGMframework09.pdf, accessed 13 June 2012.

***Strengthening Pharmaceutical Systems (SPS). 2011. Pharmaceuticals and the Public Interest: The Importance of Good Governance. Submitted to the U.S. Agency for International Development by the SPS Program. Arlington, VA: Management Sciences for Health, pp. 7-16.

Governance Resource Suite Utilization Planning Tool

	Usefulness rating					How the participants intend to use the resource
	1	2	3	4	5	
Governance Training Handbooks						
For MOH Governance Leaders and Governing Bodies						
For Provincial Health System Leaders and Governing Bodies						
For District Health System Leaders and Governing Bodies						
For Hospital Governing Bodies						
For Health Center Governing Bodies						
Governance Guides						
On Cultivating Accountability						
On Engaging Stakeholders						
On Setting a Shared Strategic Direction						
On Stewarding Resources						
On Continuous Governance Enhancement						
Case studies and scenarios for team and experiential learning (to be developed)						
Reference Library that is continuously updated on trends and evidence of the value of effective governance						
Learning Toolkit with a variety of tools, worksheets, and templates that facilitators can use to engage learners, and participants can use in their governance work (to be developed)						
Sample Charter						
Ideal Competency Profile						
Role and Responsibilities of Chairperson of Governing Body						
Roles and Responsibilities of Chairpersons of Key Committees on Planning, Finance, Quality and Governance Enhancement						
Roles and Responsibilities of Members						
Sample Meeting Agendas						
Sample Calendar of Meetings						
Sample Self-Assessments						
Sample Meeting Book						

	Usefulness rating					How the participants intend to use the resource
Tools on Stakeholder Engagement						
Tools to help Set The Strategic Direction						
Other Tools						
Contact details of language and culture-sensitive mentors available to help mentor the participants						
Any other tools, worksheets, or templates that you suggest will be useful						
1.						
2.						
3.						
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9.						
10.						

Session 2: Applying the Challenge Model

Good governance creates the conditions within which health managers are more likely to strengthen their health systems and organizational performance and therefore health providers and health workers are more likely to provide better health services and achieve greater health outcomes.

Session Design

During this session, participants will be introduced to definitions for governance and good governance, and the five practices of governance (cultivating accountability, engaging with stakeholders, setting a shared strategic direction, stewarding resources, and assessing and improving governance). They will outline their vision of good governance in light of their own organization's mission. They will then apply the Challenge Model to governance in their own setting. Based on their experience, they will assess their current governance situation, identify obstacles and root causes that come in the way of their governing well, define their key governance challenge, identify two to three strategic measures of organizational performance that their governing body wants to influence, and key priority actions they will undertake to overcome the obstacles.

Participants will increase their understanding of what frustrates and what facilitates good governance in their setting and also how to overcome the obstacles that come in the way of their governing well. They will be able to articulate their governance capacity building needs.

Trainer Goals

1. Help participants discuss, define and describe governance and good governance.
2. Introduce the five governing practices.
3. Help participants apply the Challenge Model to governance in their own setting, discuss their current governance situation, identify obstacles and root causes that come in the way of their governing well, define their key governance challenge, identify two to three strategic measures of organizational performance that their governing body wants to influence through the use of good governance, and pinpoint key priority actions they will take to overcome the obstacles.

Participant Goals

1. Discuss, define, and describe governance and good governance.
2. Discuss what is working, what is not working in your governance, and what could be done to improve it.
3. Apply the Challenge Model to governance in your own setting, discuss your current governance situation, identify obstacles and root causes that come in the way of your governing well, define your key governance challenge, identify two to three strategic measures of organizational performance that your governing body wants to influence through the use of good governance, and pinpoint key priority actions you will take to overcome the obstacles.
4. Articulate your governance capacity building needs.

Session participants

Two to four groups of five to six participants

Session Outline

Time	Activity	Focus	Relevant materials for reference
15 minutes	1. Presentation by the facilitator	<ol style="list-style-type: none"> 1. Learning objectives 2. Introduction of the topic 3. Introduction of the handouts/ materials/ guide 4. Presentation on the topic 	<ul style="list-style-type: none"> • Pages 1-4 of the eManager on “How to Govern Health Sector and Its Institutions Effectively” • Governance Chapter of <i>Health Systems in Action: An eHandbook for Leaders and Managers</i> • Challenge Model contained in the Guide for Setting a Shared Strategic Direction
20 minutes	2. Small group work session	Prior to the Governance Academy, each group has applied the Challenge Model to governance in their own setting, discussed their current governance situation, identified obstacles and root causes that come in the way of their governing well, defined their key governance challenge, identified two to three strategic measures of organizational performance that their governing body wants to influence, and identified key priority actions they will take to overcome the obstacles. The groups recap the results of this exercise and prepare their group presentation.	As above
20 minutes	3. Plenary discussion	A group makes a presentation to the other group on their current governance situation, obstacles and root causes of less than the best possible governance of their organization, their key governance challenge, two to three strategic measures of organizational performance that their governing body wants to influence, and key priority actions they will take to overcome the obstacles. Questions and answers follow. The remaining groups go through the same sequence of activities.	As above
5 minutes	4. Facilitator’s assessment at the conclusion	Facilitator makes his or her assessment of the groups and makes written notes on whether participants have achieved the learning objectives.	As above

Required Reading

1. Challenge Model contained in the Guide for Setting a Shared Strategic Direction
2. Pages 1-4 of the eManager on “How to Govern Health Sector and Its Institutions Effectively”

Background Reading

1. Governance Chapter of *Health Systems in Action: An eHandbook for Leaders and Managers*

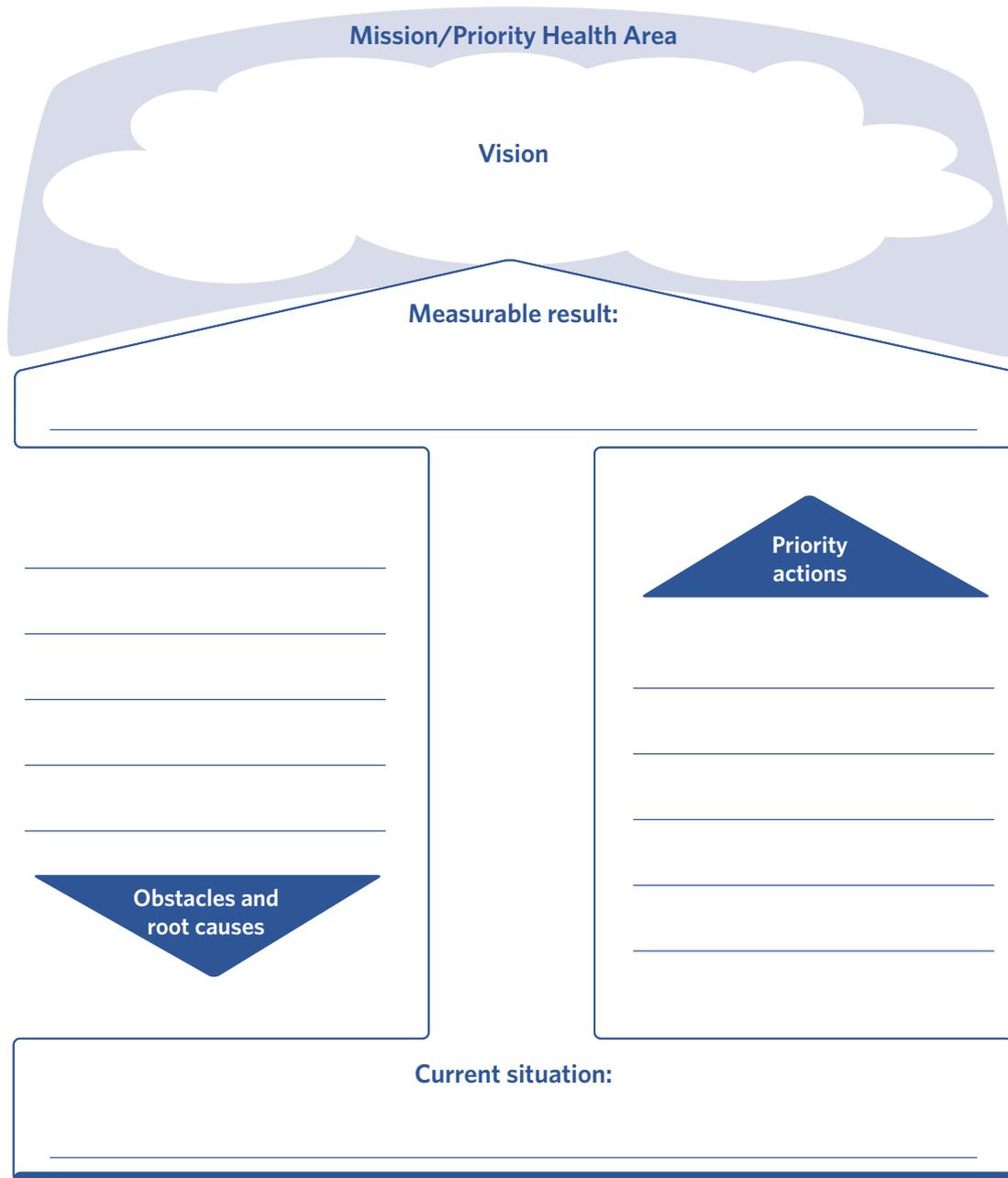
Session Handouts

1. Relevant sections of the eManager
2. Section on the Challenge Model contained in the Guide for Setting a Shared Strategic Direction
3. Facilitator’s Evaluation Notes and Grading Rubric

Session outputs

1. Presentations by the groups on their governance challenges and key priority actions.
2. Facilitator’s notes on his or her assessment of the groups and whether the participants have achieved the learning objectives.

Applying Challenge Model to Governance Challenges



(How will we achieve our desired result in light of the obstacles we need to overcome?)

Facilitator's Evaluation Notes and Grading Rules

Name of the group:

Names of all the members of the group:

Names of the group members who made presentations or answered questions:

Grading rubric/rules

#	Item	Total marks	Marks obtained
1.	Whether the group has achieved the learning objectives	40	
2.	Presentation: Confident, clarity of message, stimulated interest in the audience	20	
3.	Mastery of material Ability to answer questions	20	
4.	Whether the group generated new ideas	20	
	Total	100	

Evaluation Notes

Facilitator's Name

Place

Date

Facilitator's Signature

Session 3: Reviewing roles and responsibilities of a governing body

Session Design

The participants will remember the five responsibilities of the governing body that were mentioned in their invitation letter.

1. Bring needs of beneficiaries in to the plans and work of the organization.
2. Advocate for the needs of the organization to resource stakeholders.
3. Support management to develop service quality.
4. Support management to develop the economic vitality of the organization.
5. Help management to protect and achieve the mission of the organization.

During this session, participants will be introduced to the expanded set of twelve key governing body responsibilities.

1. Determine the organization's mission and purpose
2. Select the executive director
3. Support the executive and evaluate the executive director's performance
4. Set a strategic direction and ensure effective organizational planning
5. Ensure adequate resources and sustainability of the services the organization provides
6. Manage resources effectively and provide financial oversight
7. Strengthen and oversee the organization's programs and services
8. Enhance the organization's public image
9. Nurture relationships with the communities and stakeholders
10. Establish a culture of openness and transparency, accountability, ethical and moral integrity, inclusiveness and participation, responsiveness, and patient safety in the organization
11. Establish a culture of measuring and reporting performance, and pursuit of efficiency and sustainability in the organization
12. Assess and enhance its own performance

Participants will refer to their own roles and responsibilities and discuss how they compare with these twelve roles and responsibilities. Participants will increase their understanding of the basic governance roles and responsibilities of a governing body.

Trainer Goals

1. Introduce twelve key roles and responsibilities of a governing body to the participants.
2. Help participants compare their own roles and responsibilities with these twelve roles and responsibilities.
3. Help participants identify, discuss, describe, and internalize key governance responsibilities.

Participant Goals

1. Get to know twelve key roles and responsibilities of a governing body.
2. Compare your own roles and responsibilities with these twelve roles and responsibilities.
3. Identify, discuss, describe, and internalize key governance responsibilities.
4. Articulate your governance capacity building needs.

Session participants

Two to four groups of five to six participants

Session Outline

Time	Activity	Focus	Relevant materials for reference
15 minutes	1. Presentation by the facilitator	<ol style="list-style-type: none"> 1. Learning objectives 2. Introduction of the topic 3. Introduction of the handouts/ materials/ guide 4. Presentation on the topic 	<ul style="list-style-type: none"> ▪ BoardSource: Ten Basic Responsibilities of Nonprofit Boards ▪ BoardSource: Board Fundamentals - Understanding Roles in Nonprofit Governance ▪ Terms of Reference (ToR) or roles and responsibilities of the governing bodies of which participants are the members
20 minutes	2. Small group work session	Each group refers to its own responsibilities and discusses how they compare with the twelve basic responsibilities. Each group also discusses the roles and responsibilities that are not expressly mentioned in their ToR but need to be fulfilled to achieve the organization's mission, keeping in view the list of twelve basic responsibilities.	As above
20 minutes	3. Plenary discussion	A group makes a presentation to the other groups on their current roles and responsibilities and those that are not expressly mentioned in their ToR but need to be fulfilled to achieve the organization's mission. Questions and answers follow. The other groups go through the same sequence of activities.	As above
5 minutes	4. Facilitator's assessment at the conclusion	Facilitator makes his or her assessment of the groups and makes written notes as to whether participants have achieved the learning objectives.	As above

Required Reading

1. BoardSource: Ten Basic Responsibilities of Nonprofit Boards

Background Reading

1. BoardSource: Board Fundamentals - Understanding Roles in Nonprofit Governance

Session Handouts

1. Roles and responsibilities of the governing bodies where participants are the members
(Note: The participants should bring along a copy of their governing role and responsibilities.)
2. Facilitator's Evaluation Notes and Grading Rubric

Session outputs

1. Presentations by the groups on their key governance roles and responsibilities.
2. Facilitator's notes on his or her assessment of the groups and whether participants have achieved the learning objectives.

Facilitator's Evaluation Notes and Grading Rules

Name of the group:

Names of all the members of the group:

Names of the group members who made presentations or answered questions:

Grading rubric/rules

#	Item	Total marks	Marks obtained
1.	Whether the group has achieved the learning objectives	40	
2.	Presentation: Confident, clarity of message, stimulated interest in the audience	20	
3.	Mastery of material Ability to answer questions	20	
4.	Whether the group generated new ideas	20	
	Total	100	

Evaluation Notes

Facilitator's Name

Place

Date

Facilitator's Signature

Session 4: Cultivating accountability

Session Design

During this session, participants will discuss, define, and describe the first effective governing practice, i.e., cultivating accountability. Based on their experience and from their review of the Guide for Cultivating Accountability, they will recall the definition, enablers, and principles of this governing practice. Participants will get an opportunity to brainstorm and clarify how best to cultivate accountability, i.e., what specific actions should be taken to put this practice into operation in their own setting. They will increase their understanding of how to assess themselves in respect to this governing practice.

Trainer Goals

1. Help participants discuss, define, and describe the first effective governing practice, i.e., cultivating accountability, and its enablers and foundational principles.
2. Help participants brainstorm and clarify how best to cultivate accountability in their district health office and health system.
3. Increase participants' understanding of how to do a self-assessment in respect to this governing practice.

Participant Goals

1. Define and describe this effective governing practice.
2. Recall and discuss the enablers and foundational principles of this practice.
3. Brainstorm and clarify how to cultivate accountability, i.e., what specific actions should be taken?
4. Review an individual self-assessment of this practice.

Session participants

Two to four groups of five to six participants

Session Outline

Time	Activity	Focus	Relevant materials for reference
10 minutes	1. Presentation by the facilitator	<ol style="list-style-type: none"> 1. Learning objectives 2. Introduction of the topic 3. Introduction of the handouts/ materials/guide 4. Explanation of why this practice is important to good governance 	<ul style="list-style-type: none"> ▪ Pages 1-7 of the eManager on "How to Govern Health Sector and Its Institutions Effectively" ▪ Governance Chapter of <i>Health Systems in Action: An eHandbook for Leaders and Managers</i> ▪ Guide for Cultivating Accountability
10 minutes	2. Individual self-assessment	Each participant reviews and completes the self-assessment form.	As above
10 minutes	3. Small group work session	Each group discusses the first effective governing practice, i.e., cultivating accountability, and its enablers and foundational principles. Participants also discuss benefits of this practice and the risks if they do not practice it.	As above

Time	Activity	Focus	Relevant materials for reference
40 minutes	4. Small group work session	Each group brainstorms and clarifies actions and behaviors they believe will cultivate accountability in their district health office and health system, i.e., what specific actions should be taken by them as the district health system governing body and district health system management. Participants also discuss what actions and behaviors they should avoid.	Participants should have the <i>Guide for Cultivating Accountability</i> handy for reference during the session. They should discuss which of the generic actions described in the guide will be most helpful in their own setting and also the pros and cons of taking these actions in their setting.
45 minutes	5. Plenary discussion	A group makes a presentation to the other group on what specific actions they will take as a district health system governing body and as senior management to cultivate accountability in their district health office and health system. Questions and answers and discussion follow. The other groups go through the same sequence of activities.	As above
5 minutes	6. Facilitator's assessment at the conclusion	Facilitator makes his or her assessment of the groups and makes written notes as to whether participants a) have achieved the learning objectives identified above, and b) can answer the three central questions: <ol style="list-style-type: none"> 1. What is cultivating accountability? 2. What are its enablers and foundational principles? 3. What will you do to cultivate accountability? 	As above

Required Reading

1. Guide for cultivating accountability (Available at www.lmgforhealth.org/expertise/governing)

Background Reading

1. Pages 1-7 of the eManager on "How to Govern Health Sector and Its Institutions Effectively"

Session Handouts

1. Pages 1-7 in the eManager
2. Guide for Cultivating Accountability
3. Simplified performance self-assessment form for a governing body or staff member on how he or she is performing on cultivating accountability
4. Facilitator's Evaluation Notes and Grading Rubric

Session outputs

1. Presentations by the groups on how to cultivate accountability.
2. Facilitator's notes on his or her assessment of the groups and whether the participants a) have achieved the learning objectives identified above, and b) can answer the central questions.

Facilitator's Evaluation Notes and Grading Rules

Name of the group:

Names of all the members of the group:

Names of the group members who made presentations or answered questions:

Grading rubric/rules

#	Item	Total marks	Marks obtained
1.	Whether the group has achieved the learning objectives a) has achieved the learning objectives, and b) can answer the central questions?	40	
2.	Presentation: Confident, clarity of message, stimulated interest in the audience	20	
3.	Mastery of material Ability to answer questions	20	
4.	Whether the group generated new ideas	20	
	Total	100	

Evaluation Notes

Facilitator's Name

Place

Date

Facilitator's Signature

Simplified performance self-assessment form for a governing body or staff member on how he or she is performing on cultivating accountability

Instruction for facilitator: While good governance is a group or collective process, the participants in the governance process should possess certain attributes and competencies and should be applying effective governing practices. Using this instrument, the participants will assess how well they are cultivating personal accountability, which is a first step in improving internal and external accountability of the organization. This short form allows the participants to think about and assess the degree to which they are applying key elements of this governing practice.

Instruction for participants: You may take the test below and assess yourself on openness, transparency, and accountability. You should periodically measure your practice of cultivating personal accountability.

Please read the following measurement scale and circle the number that you think best expresses your attitudes and behavior. Please circle only one number per statement.

1. I demonstrate consistency in my public and private behavior.

Never ----- Always

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

2. I openly listen when people offer perspectives that are different from my own.

Never ----- Always

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

3. I explain the reasons for my decisions, for example, I explain to stakeholders why a particular action was or was not taken.

Never ----- Always

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

4. I interact openly and candidly with stakeholders and I answer questions from stakeholders.

Never ----- Always

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

5. I make records accessible to stakeholders.

Never ----- Always

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

6. I demonstrate a sense of obligation to stakeholders when making decisions.

Never ----- Always

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

7. I avoid blaming others for mistakes, and I openly admit my mistakes to stakeholders.

Never ----- Always

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

8. I am willing to face the truth, even when it goes against me or what I think.

Never ----- Always

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

9. I accept responsibility for the future direction and accomplishments of my district health office and health system.

Never ----- Always

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

10. I accept ownership for the results of my decisions and actions.

Never ----- Always

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

11. I look at myself first when my district health system's results are disappointing.

Never ----- Always

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

12. I welcome constructive feedback of my actions.

Never ----- Always

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

Scoring

The maximum score that can be earned is 120.

- **Score of 108 and above:** indicates outstanding open, transparent, and accountable attitude and behaviors.
- **Score of 61-107:** indicates that you meet most requirements.
- **Score of 24-60:** indicates that you need to improve.
- **Score below 24:** indicates unsatisfactory openness, transparency, and accountability.

The participants should try to adopt open, transparent, and accountable behaviors and use this instrument every quarter or every six months to test whether they are improving their personal accountability scores.

End-of-the-First-Day Evaluation of Sessions

The participants will evaluate the four sessions conducted during the day using a short questionnaire. In addition to the written feedback, the facilitator will give participants an opportunity to provide oral feedback.

Sessions 1 through 4 Evaluation Form

(Participants should not hesitate to give positive feedback and should not withhold negative feedback. Feedback on what will be important for improving these sessions for future audiences is especially welcome.)

Did sessions 1 to 4 meet the learning objectives and did they meet your needs? Please explain.

What did you find was the most valuable part of these four sessions? What part was not of much use? Please explain why. We appreciate any other specific comments on the content of the four sessions.

Please provide specific comments on the structure of the sessions, mode of delivery of the sessions, their pace, structure of group exercises, reference and reading materials /handouts/guides/handbooks, etc.

Session 5: Engaging stakeholders

Session Design

During this session, participants will discuss, define, and describe the second effective governing practice, i.e., engaging stakeholders. Based on their experience and their review of the eManager and the Guide for Engaging Stakeholders, they will be able to recall the definition, enablers, and principles of this governing practice. Participants will get an opportunity to brainstorm and clarify how best to engage with stakeholders in order to collaborate and coordinate with them, i.e., what specific actions should be taken to put this practice into operation. They will also increase their understanding of how to assess themselves in respect of this governing practice.

Trainer Goals

1. Help participants discuss, define, and describe the second effective governing practice, i.e., engaging stakeholders, and its enablers and foundational principles.
2. Help participants brainstorm and clarify how best to engage with stakeholders and coordinate and collaborate with them.
3. Increase participants' understanding of how to do a self-assessment in respect to this governing practice.

Participant Goals

1. Define and describe this effective governing practice.
2. Recall and discuss the enablers and foundational principles of this practice.
3. Brainstorm and clarify how to engage with stakeholders of your district health office and health system and collaborate with them, i.e., what specific actions should be taken?
4. Review an individual self-assessment of this practice.

Session participants

Two to four groups of five to six participants

Session Outline

Time	Activity	Focus	Relevant materials for reference
10 minutes	1. Presentation by the facilitator	<ol style="list-style-type: none"> 1. Learning objectives 2. Introduction of the topic 3. Introduction of the handouts/ materials/guide 4. Explanation of why this practice is important to good governance. 	<ul style="list-style-type: none"> • Pages 7-12 of the eManager on “How to Govern Health Sector and Its Institutions Effectively” • Governance Chapter of <i>Health Systems in Action: An eHandbook for Leaders and Managers</i> • Guide for Engaging Stakeholders • Pages 195-197 of the MSH publication, <i>Managers Who Lead: A Handbook for Improving Health Services on strategies for successful stakeholder engagement</i>
10 minutes	2. Individual self-assessment	Each participant reviews and completes the self-assessment form.	As above
10 minutes	3. Small group work session	Each group discusses the second effective governing practice, i.e., engaging with stakeholders, and its enablers and foundational principles. Participants also discuss the benefits of this practice and the risks if they do not practice it.	As above
40 minutes	4. Small group work session	Each group brainstorms and clarifies who are the stakeholders of their district health office and health system and actions and behaviors they will adopt to engage with them, i.e., what specific actions they will take as a district health system governing body and senior management to coordinate and collaborate with them. Participants also discuss what actions and behaviors they should avoid.	Participants should have the Guide for Engaging Stakeholders handy for reference during the session. They should discuss which of the generic actions described in the guide will be most helpful in their own setting and also pros and cons of taking these actions in their setting.
45 minutes	5. Plenary discussion	A group makes a presentation to the other groups on what specific actions should be taken by them as a district health system governing body and senior management to engage with stakeholders of the district health system. Questions and answers and discussion follow. The other groups go through the same sequence of activities.	As above

Time	Activity	Focus	Relevant materials for reference
5 minutes	6. Facilitator's assessment at the conclusion	Facilitator makes his or her assessment of the groups and makes written notes as to whether the participants a) have achieved the learning objectives identified above, and b) can answer the three central questions: 1. What is engaging with stakeholders? 2. What are its enablers and foundational principles? 3. What will you do to engage with stakeholders?	As above

Required Reading

1. Guide for Engaging Stakeholders (Available at www.lmgforhealth.org/expertise/governing)

Background Reading

1. Pages 7-12 of the eManager on "How to Govern Health Sector and Its Institutions Effectively"

Session Handouts

1. Pages 7-12 in the eManager
2. Guide for Engaging Stakeholders
3. Relevant sections (Chapters 1 and 2, and pages 195-197) of the MSH publication, *Managers Who Lead: A Handbook for Improving Health Services* on strategies for successful stakeholder engagement
4. Simplified performance self-assessment form for a district health system governing body member or a district health office staff member on how he or she is performing on engaging with stakeholders
5. Facilitator's Evaluation Notes and Grading Rubric

Session outputs

1. Presentations by the groups on how to engage with stakeholders.
2. Facilitator's notes on his or her assessment of the groups and whether the participants a) have achieved the learning objectives identified above, and b) can answer the central questions.

Facilitator's Evaluation Notes and Grading Rules

Name of the group:

Names of all the members of the group:

Names of the group members who made presentations or answered questions:

Grading rubric/rules

#	Item	Total marks	Marks obtained
1.	Whether the group has achieved the learning objectives a) has achieved the learning objectives, and b) can answer the central questions?	40	
2.	Presentation: Confident, clarity of message, stimulated interest in the audience	20	
3.	Mastery of material Ability to answer questions	20	
4.	Whether the group generated new ideas	20	
	Total	100	

Evaluation Notes

Facilitator's Name

Place

Date

Facilitator's Signature

Simplified performance self-assessment form for a district health system governing body member or a district health office staff member on how he or she is performing on engaging with stakeholders

Instruction for facilitator: While good governance is a group or collective process, the participants in the governance process should possess certain attributes and competencies and should be applying effective governing practices. Using this instrument, the participants will assess how well they are engaging with stakeholders of the organization. This short form allows the participants to think about and assess the degree to which they are applying key elements of this governing practice.

Instruction for participants: You may take the test below and assess yourself on stakeholder engagement. You should periodically measure your practice of stakeholder engagement.

Please read the following instrument and using a number out of 1 to 3 (or using 1, 2 or 3 smiley faces), indicate the number that you think best expresses your attitudes and behavior.

Performing well = 3, Average performance = 2, Needs improvement = 1 or
Performing well = 😊😊😊, Average performance = 😊😊, Needs improvement = 😊

#	Effective governing action	Performance
1.	I include those who are affected by my decision or their representatives in my decision-making process.	
2.	I consider the concerns of the poor and vulnerable people when making a decision.	
3.	I collaborate with people from sectors outside health to achieve better health outcomes for the people I serve.	
4.	I collaborate with private sector organizations to achieve better health outcomes for the people I serve.	
5.	I collaborate with civil society organizations and nongovernment organizations to achieve better health outcomes for the people.	
6.	I collaborate with different levels of decision-making structures—national, provincial, district and community—to achieve better health outcomes for the people.	
7.	I encourage the sharing of ideas to achieve better health outcomes for the people.	
8.	I ensure participation of key stakeholders in decision making.	
9.	I give youth or their representatives a place in formal decision-making structures.	
10.	I give women or their representatives a place in formal decision-making structures.	
11.	I consider the different needs of men and women before making my decisions.	
12.	The decisions I make on average are responsive to different needs of men and women.	
13.	I consider the implications of a decision on women as users of health services before I make the decision.	
14.	I consider the implications of a decision on women health workers before I make the decision.	

#	Effective governing action	Performance
15.	I consult women in senior management and governance positions and women health workers before making a decision.	
16.	I consider gender-disaggregated evidence before making a decision.	
17.	My decisions do not adversely affect women or their health.	
18.	My decisions give autonomy to women to make a decision concerning themselves, their health, or their fertility.	
19.	My decisions on average reduce gender inequalities.	
20.	My decisions on average are fair to women and promote gender equity.	

Scoring

The maximum score that can be earned is 60.

- **Score of 54** and above: indicates outstanding stakeholder engagement attitude and behaviors.
- **Score of 31-53:** indicates you meet most requirements.
- **Score of 12-30:** indicates you need to improve.
- **Score below 12:** indicates unsatisfactory stakeholder engagement attitude and behaviors.

The participants should try to adopt stakeholder engagement behaviors and use this instrument every quarter or every six months to test whether they are improving their personal stakeholder engagement scores.

Session 6: Setting a shared strategic direction

Session Design

During this session, participants will discuss, define, and describe the third effective governing practice, i.e., setting a shared strategic direction. Based on their experience, and from their review of the eManager and the Guide for Setting a Shared Strategic Direction, they will be able to recall the definition, enablers, and principles of this governing practice. Participants will get an opportunity to brainstorm and clarify how to set a shared strategic direction, i.e., what specific actions should be taken to put this practice into operation in their own setting. They will also increase their understanding of how to assess themselves in respect to this governing practice.

Trainer Goals

1. Help participants discuss, define, and describe the third effective governing practice, i.e., setting a shared strategic direction, and its enablers and foundational principles.
2. Help participants brainstorm and clarify how best to set a shared strategic direction.
3. Increase participants' understanding of how to do a self-assessment in respect to this governing practice.

Participant Goals

1. Define and describe this effective governing practice.
2. Recall and discuss the enablers and foundational principles of this practice.
3. Brainstorm and clarify how to set a shared strategic direction in your district health office and health system, i.e., what specific actions should be taken?
4. Review an individual self-assessment of this practice.

Session participants

Two to four groups of five to six participants

Session Outline

Time	Activity	Focus	Relevant materials for reference
10 minutes	1. Presentation by the facilitator	<ol style="list-style-type: none"> 1. Learning objectives 2. Introduction of the topic 3. Introduction of the handouts/ materials/guide 4. Explanation of why this practice is important to good governance. 	<ul style="list-style-type: none"> ▪ Pages 13-14 of the eManager on "How to Govern Health Sector and Its Institutions Effectively" ▪ Governance Chapter of <i>Health Systems in Action: An eHandbook for Leaders and Managers</i> ▪ Guide for Setting a Shared Strategic Direction
10 minutes	2. Individual self-assessment	Each participant reviews and completes the self-assessment form.	As above

Time	Activity	Focus	Relevant materials for reference
10 minutes	3. Small group work session	Each group discusses the third effective governing practice, i.e., setting a shared strategic direction, and its enablers and foundational principles. Participants also discuss the benefits of this practice and the risks if they do not practice it.	As above
40 minutes	4. Small group work session	Each group brainstorms and clarifies actions and behaviors they believe will set a shared strategic direction in their district health office and health system, i.e., what specific actions should be taken by them as a district health system governing body and district health office staff. Participants also discuss what actions and behaviors they should avoid.	Participants should have the Guide for Setting a Strategic Direction handy for reference during the session. They should discuss which of the generic actions described in the guide will be most helpful in their own setting and also pros and cons of taking these actions in their setting.
45 minutes	5. Plenary discussion	A group makes a presentation to the other groups on what specific actions they will take as a district health system governing body and district health office staff to set a shared strategic direction in their district health system. Questions and answers and discussion follow. The other groups go through the same sequence of activities.	As above
5 minutes	6. Facilitator's assessment at the conclusion	Facilitator makes his or her assessment of the groups and makes written notes as to whether the participants a) have achieved the learning objectives identified above, and b) can answer the three central questions: <ol style="list-style-type: none"> 1. What is setting a shared strategic direction? 2. What are its enablers and foundational principles? 3. What will you do to set a shared strategic direction? 	As above

Required Reading

1. Guide for Setting a Shared Strategic Direction (Available at www.lmgforhealth.org/expertise/governing)

Background Reading

1. Pages 13-14 of the eManager on “How to Govern Health Sector and Its Institutions Effectively”

Session Handouts

1. Pages 13-14 in the eManager
2. Guide for Setting a Shared Strategic Direction
3. Relevant sections (Chapters 1, 2 and 3) of the MSH publication, *Managers Who Lead: A Handbook for Improving Health Services*
4. Simplified performance self-assessment form for a district health system governing body member or a district health office staff member on how he or she is performing on setting a shared strategic direction
5. Facilitator’s Evaluation Notes and Grading Rubric

Session outputs

1. Presentations by the groups on how to set a shared strategic direction.
2. Facilitator’s notes on his or her assessment of the groups and whether the participants a) have achieved the learning objectives, and b) can answer the central questions.

Facilitator's Evaluation Notes and Grading Rules

Name of the group:

Names of all the members of the group:

Names of the group members who made presentations or answered questions:

Grading rubric/rules

#	Item	Total marks	Marks obtained
1.	Whether the group has achieved the learning objectives a) has achieved the learning objectives, and b) can answer the central questions?	40	
2.	Presentation: Confident, clarity of message, stimulated interest in the audience	20	
3.	Mastery of material Ability to answer questions	20	
4.	Whether the group generated new ideas	20	
	Total	100	

Evaluation Notes

Facilitator's Name

Place

Date

Facilitator's Signature

Simplified performance self-assessment form for a district health system governing body member or a district health office staff member on how he or she is performing on setting a shared strategic direction

Instruction for facilitator: While good governance is a group or collective process, the participants in the governance process should possess certain attributes and competencies and should be applying effective governing practices. Using this instrument, the participants will assess how well they are setting a shared strategic direction for the organization. This short form allows the participants to think about and assess the degree to which they are applying key elements of this governing practice.

Instruction for participants: You may take the test below and assess yourself on strategic direction setting. You should periodically measure your practice of setting a shared strategic direction.

Please read the following instrument and using a number out of 1 to 3 (or using 1, 2 or 3 smiley faces), indicate the number that you think best expresses your attitudes and behavior.

Performing well = 3, Average performance = 2, Needs improvement = 1 or
Performing well = 😊😊😊, Average performance = 😊😊, Needs improvement = 😊

#	Effective governing action	Performance
1.	I scan the internal and external environment for strengths, weaknesses, opportunities, and threats to the health of the people I serve.	
2.	I focus my work and the work of my governing body on achieving better health outcomes for people I serve.	
3.	I mobilize human, material and financial resources and align them to achieve better health outcomes for people I serve.	
4.	I inspire my governing body to work for better health outcomes for people I serve.	
5.	I have contributed in developing a mission and purpose statement for my governing body, working with other members.	
6.	To determine the future strategic direction, I have contributed in developing the vision of my governing body.	
7.	I have considered the people's needs and concerns in defining this vision or strategic direction.	
8.	I have contributed in documenting and widely disseminating this collective vision.	
9.	I have contributed in developing an action plan with measurable goals for realizing this vision.	
10.	I have contributed in setting up accountability mechanism for achieving the goals in order to reach this vision or strategic direction.	
11.	I motivate my governing body colleagues to work to achieve our collective vision.	
12.	I motivate other stakeholders to work to achieve the collective vision.	
13.	I advocate for our collective vision at different levels of governance, in sectors outside of health, and in other venues.	
14.	I observe, check, and keep a continuous record of what is going on in terms of implementation of the action plan for realizing the collective vision.	
15.	I contributed in monitoring and reflecting on progress against the action plan.	

#	Effective governing action	Performance
16.	I provide feedback to my stakeholders on progress made in the implementation of this action plan.	
17.	I involve stakeholders in the measurement of results.	
18.	I, working with my governing body members, assess the results, what worked and what went wrong, and identify changes needed to be made.	
19.	I use information and evidence while doing much of what is stated above.	
20.	I use modern technology to facilitate much of what is stated above.	

Scoring

The maximum score that can be earned is 60.

- **Score of 54 and above:** indicates outstanding strategic direction setting behaviors.
- **Score of 31-53:** indicates that you meet most requirements.
- **Score of 12-30:** indicates that you need to improve.
- **Score below 12:** indicates unsatisfactory strategic direction setting behaviors.

The participants should try to adopt strategic direction setting behaviors and use this instrument every quarter or every six months to test whether they are improving their strategic direction setting scores.

Session 7: Stewarding resources

Session Design

During this session, participants will discuss, define, and describe the fourth effective governing practice, i.e., stewarding resources. Based on their experience, and their review of the eManager and the Guide for Stewarding Resources, they will recall the definition, enablers, and principles of this governing practice. Participants will get an opportunity to brainstorm and clarify how to steward resources, i.e., what specific actions should be taken to put this practice into operation in their own setting. They will also increase their understanding of how to assess themselves in respect to this governing practice.

Trainer Goals

1. Help participants discuss, define, and describe the fourth effective governing practice, i.e., stewarding resources, and its enablers and foundational principles.
2. Help participants brainstorm and clarify how best to steward resources.
3. Increase participants' understanding of how to do a self-assessment in respect to this governing practice.

Participant Goals

1. Define and describe this effective governing practice.
2. Recall and discuss the enablers and foundational principles of this practice.
3. Brainstorm and clarify how to steward resources in your district health office and health system, i.e., what specific actions should be taken?
4. Review an individual self-assessment of this practice.

Session participants

Two to four groups of five to six participants

Session Outline

Time	Activity	Focus	Relevant materials for reference
10 minutes	1. Presentation by the facilitator	<ol style="list-style-type: none"> 1. Learning objectives 2. Introduction of the topic 3. Introduction of the handouts/ materials/guide 4. Explanation of why this practice is important to good governance. 	<ul style="list-style-type: none"> ▪ Pages 15-21 of the eManager on "How to Govern Health Sector and Its Institutions Effectively" ▪ Governance Chapter of <i>Health Systems in Action: An eHandbook for Leaders and Managers</i> ▪ Guide for Stewarding Resources
10 minutes	2. Individual self-assessment	Each participant reviews and completes self-assessment form.	As above
10 minutes	3. Small group work session	Each group discusses the fourth effective governing practice, i.e., stewarding resources, and its enablers and foundational principles. Participants also discuss the benefits of this practice and the risks if they do not practice it.	As above

Time	Activity	Focus	Relevant materials for reference
40 minutes	4. Small group work session	Each group brainstorms and clarifies actions and behaviors they believe will steward resources in their district health office and health system, i.e., what specific actions they should take as a district health system governing body and district health office staff. Participants also discuss what actions and behaviors they should avoid.	Participants should have the Guide for Stewarding Resources handy for reference during the session. They should discuss which of the generic actions described in the guide will be most helpful in their own setting and also pros and cons of taking these actions in their setting.
45 minutes	5. Plenary discussion	A group makes a presentation to the other groups on what specific actions they will take as the district health system governing body and the district health office staff to steward resources in their district health office and health system. Question and answer and discussion follow. The remaining groups go through the same sequence of activities.	As above
5 minutes	6. Facilitator's assessment at the conclusion	Facilitator makes his or her assessment of the groups and makes written notes as to whether the participants a) have achieved the learning objectives identified above, and b) can answer the three central questions: <ol style="list-style-type: none"> 1. What is stewarding resources? 2. What are its enablers and foundational principles? 3. What will you do to steward resources? 	As above

Required Reading

1. Guide for Stewarding Resources (Available at www.lmgforhealth.org/expertise/governing)

Background Reading

1. Pages 15-21 of the eManager on "How to Govern Health Sector and Its Institutions Effectively"

Session Handouts

1. Pages 15-21 in the eManager
2. Guide for Stewarding Resources
3. Simplified performance self-assessment form for a district health system governing body member or a district health office staff member on how he or she is performing on stewarding resources
4. Facilitator's Evaluation Notes and Grading Rubric

Session outputs

1. Presentations by the groups on how to steward resources.
2. Facilitator's notes on his or her assessment of the groups and whether the participants a) have achieved the learning objectives identified above, and b) can answer the central questions.

Facilitator's Evaluation Notes and Grading Rules

Name of the group:

Names of all the members of the group:

Names of the group members who made presentations or answered questions:

Grading rubric/rules

#	Item	Total marks	Marks obtained
1.	Whether the group has achieved the learning objectives a) has achieved the learning objectives, and b) can answer the central questions?	40	
2.	Presentation: Confident, clarity of message, stimulated interest in the audience	20	
3.	Mastery of material Ability to answer questions	20	
4.	Whether the group generated new ideas	20	
	Total	100	

Evaluation Notes

Facilitator's Name

Place

Date

Facilitator's Signature

Simplified performance self-assessment form for a district health system governing body member or a district health office staff member on how he or she is performing on stewarding resources

Instruction for facilitator: While good governance is a group or collective process, the participants in the governance process should possess certain attributes and competencies and should be applying effective governing practices. Using this instrument, the participants will assess how well they are stewarding the resources of the organization. This short form allows the participants to think about and assess the degree to which they are applying key elements of this governing practice.

Instruction for participants: You may take the test below and assess yourself on resource stewardship. You should periodically measure your practice of stewardship.

Please read the following measurement scale and circle the number that you think best expresses your attitudes and behavior. Please circle only one number per question.

1. I make sure that my actions are always ethical.

Never ----- Always

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

2. I can be trusted to serve the interests of the public rather than my own personal interests.

Never ----- Always

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

3. I do what I say.

Never ----- Always

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

4. I can be believed and relied upon to keep my word.

Never ----- Always

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

5. I allow people affected by my decisions to exercise influence on these decisions.

Never ----- Always

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

6. I am willing to reconsider my decisions on the basis of recommendations by those who are affected by my decisions.

Never ----- Always

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

7. I allow others to participate in decision making.

Never ----- Always

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

8. I use my time well.

Never											Always
0	1	2	3	4	5	6	7	8	9	10	

9. I use others' time well.

Never											Always
0	1	2	3	4	5	6	7	8	9	10	

10. I try to produce a specific result effectively with a minimum of waste.

Never											Always
0	1	2	3	4	5	6	7	8	9	10	

11. I try to produce results or create systems that will endure and be sustained in the future.

Never											Always
0	1	2	3	4	5	6	7	8	9	10	

12. I periodically measure my own performance.

Never											Always
0	1	2	3	4	5	6	7	8	9	10	

13. I periodically measure the performance of my governing body.

Never											Always
0	1	2	3	4	5	6	7	8	9	10	

14. I use data and information to arrive at my decisions.

Never											Always
0	1	2	3	4	5	6	7	8	9	10	

15. I use evidence to arrive at my decisions.

Never											Always
0	1	2	3	4	5	6	7	8	9	10	

16. I use technology to facilitate my decisions.

Never											Always
0	1	2	3	4	5	6	7	8	9	10	

Scoring

The maximum score that can be earned is 160.

- **Score of 144 and above:** indicates outstanding stewardship attitude and behaviors.
- **Score of 81-143:** indicates that you meet most requirements.
- **Score of 32-80:** indicates that you need to improve.
- **Score below 32:** indicates unsatisfactory stewardship attitude and behaviors.

The participants should try to adopt stewardship behaviors and use this instrument every quarter or every six months to test whether they are improving their stewardship scores.

Session 8: Assessing and enhancing governance

Governance needs to be dynamic because the context for the organization is dynamic. A good governing body develops an intentional and purposeful design for its structure and decision-making processes. Effective governing bodies continuously challenge themselves to assess their work and continuously improve their structures, systems, processes, style, and competencies.

Session Design

During this session, participants will discuss the fifth and final effective governing practice, i.e., assessing and enhancing governance. Based on their experience, and their review of the Guide for Continuous Governance Enhancement, they will be able to recall the principles and techniques of this governing practice. Participants will get an opportunity to brainstorm and clarify how to assess and enhance governance, i.e., what specific actions should be taken to put this practice into operation in their own setting. Sample governance assessment tools are provided.

Trainer Goals

1. Help participants discuss and describe the final effective governing practice—the value of assessing and enhancing governance in a manner that encourages continuous governance process improvement.
2. Help participants brainstorm and clarify how best to assess and enhance governance.
3. Increase participants' understanding of the various governance assessments and self-assessment tools and processes.

Participant Goals

1. Describe this effective governing practice.
2. Recall and discuss the foundational principles of this practice.
3. Understand the benefits of good self-assessments, and the risks of poor or infrequent self-assessments.
4. Brainstorm and clarify how to periodically assess and continuously enhance governance of your district health office and health system, i.e., what specific actions should be taken to put it into practice?
5. Review a collective self-assessment of this practice.
6. Review various governance assessments and self-assessment tools and processes.
7. Brainstorm and adapt governance assessments your governing body will use in your district health office and health system.

Session participants

Two to four groups of five to six participants

Session Outline

Time	Activity	Focus	Relevant materials for reference
10 minutes	1. Presentation by the facilitator	1. Learning objectives 2. Introduction of the topic 3. Introduction of the handouts/ materials/guide 4. Explanation of why this practice is important to good governance.	Guide for Continuous Governance Enhancement
10 minutes	2. Individual self-assessment	Each participant reviews and completes the simplified governance self-assessment.	As above
10 minutes	3. Small group work session	Each group discusses the fifth effective governing practice, i.e., assessing and enhancing governance, and its foundational principles. Participants also discuss the benefits of this practice and the risks if they do not practice it.	As above
40 minutes	4. Small group work session	Each group brainstorms and clarifies how to assess and enhance governance in their district health office and health system, i.e., what specific actions they should take as the district health system governing body and the district health office staff. Participants also discuss what actions and behaviors they should avoid.	Participants should have the Guide for Continuous Governance Enhancement handy for reference during the session. They should discuss which of the generic actions described in the guide will be most helpful in their own setting and also pros and cons of taking these actions in their setting.
45 minutes	5. Plenary discussion	A group makes a presentation to the other groups on what specific actions should be taken by them as a district health system governing body and the district health office staff to assess and enhance governance in their district health office and health system. Question and answer and discussion follow. The remaining groups go through the same sequence of activities.	As above

Time	Activity	Focus	Relevant materials for reference
5 minutes	6. Facilitator's assessment at the conclusion	Facilitator makes his or her assessment of the groups and makes written notes as to whether the participants a) have achieved the learning objectives identified above, and b) can answer the three central questions: <ol style="list-style-type: none"> 1. What is meant by assessing and continuously improving governance? 2. What are foundational principles of this governing practice? 3. What will you do to periodically assess and continuously improve governance in your institution? 	As above

Required Reading

1. Guide for Continuous Governance Enhancement (Available at www.lmgforhealth.org/expertise/governing)

Session Handouts

1. Guide for Continuous Governance Enhancement
2. Different governance assessments and self-assessments
3. Facilitator's Evaluation Notes and Grading Rubric

Session outputs

1. Presentations by the groups on how to assess and enhance governance.
2. Facilitator's notes on his or her assessment of the groups and whether the participants a) have achieved the learning objectives, and b) can answer the central questions.

Facilitator's Evaluation Notes and Grading Rules

Name of the group:

Names of all the members of the group:

Names of the group members who made presentations or answered questions:

Grading rubric/rules

#	Item	Total marks	Marks obtained
1.	Whether the group has achieved the learning objectives a) has achieved the learning objectives, and b) can answer the central questions?	40	
2.	Presentation: Confident, clarity of message, stimulated interest in the audience	20	
3.	Mastery of material Ability to answer questions	20	
4.	Whether the group generated new ideas	20	
	Total	100	

Evaluation Notes

Facilitator's Name

Place

Date

Facilitator's Signature

Simplified performance self-assessment form for a district health system governing body member or a district health office staff member on how their governing body is assessing and enhancing governance

Instruction for facilitator: Using this instrument, the participants will assess how well their governing body is periodically assessing and continuously improving governance of the organization. This short form allows the participants to think about and assess the degree to which their governing body is applying key elements of this governing practice.

Instruction for participants: You may take the test below and assess yourself on continuous governance enhancement. You should periodically measure your practice of continuous governance enhancement.

Please read the following instrument and using a number out of 1 to 3 (or using 1, 2 or 3 smiley faces), indicate the number that you think best expresses your attitudes and behavior.

Performing well = 3, Average performance = 2, Needs improvement = 1 or
Performing well = 😊😊😊, Average performance = 😊😊, Needs improvement = 😊

#	Action	Performance
1.	Specific governing competencies are identified and documented for our governing body members and senior managers.	
2.	We have a diversity statement for our governing body and management to follow.	
3.	Our organization is committed to achieving diversity in governance and management leadership.	
4.	Our organization has a formal program for ongoing education of governing body members.	
5.	Our governing body uses competency-based criteria when selecting new members.	
6.	New governing body members receive a thorough orientation before they join the governing body.	
7.	Our governing body does periodic assessments of its performance.	
8.	Our governing body uses the results from the self-assessment process to establish its performance improvement goals.	
9.	Our governing body assesses performance of the chief executive on a regular basis.	
10.	Our governing body meetings are productive.	
11.	Time and talent of our governing body members are effectively used.	
12.	Our governing body holds a retreat once a year to reflect on its past performance and plan for improvements in future performance.	
13.	Our governing body has bylaws and governance policies.	
14.	We have a conflict of interest policy for the governing body and the staff.	
15.	We have a code of ethics and conduct for the governing body and the staff.	
16.	We do district health office and health system workforce satisfaction survey on a regular basis.	

#	Action	Performance
17.	We do patient or health service user satisfaction assessment on a regular basis. In any case, we regularly assess the satisfaction of the internal or external clients who use our services.	
18.	Our governing body is responsive to concerns of health service users.	
19.	Our governing body is responsive to concerns of staff and health workers.	
20.	Our governing body uses information, evidence, and technology for enhancing its governance performance.	

Scoring

The maximum score that can be earned is 60.

- **Score of 54 and above:** indicates outstanding governance enhancement behaviors.
- **Score of 31-53:** indicates that your governing body meets most requirements.
- **Score of 12-30:** indicates that your governing body needs to improve.
- **Score below 12:** indicates unsatisfactory governance enhancement attitude and behaviors.

The participants should try to adopt continuous governance enhancement behaviors and use this instrument every quarter or every six months to test whether they are improving their governance enhancement scores.

Health governance self-assessment tool for district health system governing body: Sample 1

This self-assessment tool is a sample tool for use by a governing body that oversees a department, based on its roles and responsibilities.

The governing body assesses its own performance on a scale of 0 to 10, where 0 represents the worst performance and 10 represents the best performance on a given responsibility of the governing body. Opportunities are external factors in the environment that may improve performance and threats are external elements in the environment that could cause trouble, whereas strengths and weaknesses are internal to the governing body.

#	Governance Responsibility	Internal		External		Performance on a scale of 0 to 10
		Strengths	Weaknesses	Opportunities	Threats	
1.	Establish a culture of openness and transparency, accountability, ethical and moral integrity, inclusiveness and participation, responsiveness, and patient safety in the organization.					
2.	Establish a culture of measuring and reporting performance, and pursuit of efficiency and sustainability in the organization.					
3.	Setting strategic direction for three to five years and strategic planning based on the strategic direction.					
4.	Determine the organization's mission and purpose.					
5.	Support the achievement of health outcomes, responsiveness and patient satisfaction, and patient safety.					
6.	Nurture relationships with the communities and the people served.					
7.	Stewardship of scarce resources a. Ethical and the best use of available resources for the achievement of health outcomes for the people served.					
	b. Providing vision and direction for the district health office and health system.					

#	Governance Responsibility	Internal		External		Performance on a scale of 0 to 10
		Strengths	Weaknesses	Opportunities	Threats	
	c. Exert influence across different sectors for achieving the best health outcomes for the population.					
	d. Collecting and using information and evidence on district health office and health system performance in order to ensure accountability and transparency.					
8.	Ensure adequate financial resources.					
9.	Provide financial oversight.					
10.	Performance monitoring and supporting high performance.					
11.	Strengthen and oversee the organization's programs and services.					
12.	Continuous improvement of the functioning of the governing body.					
13.	Build a competent governing body.					
14.	Select the executive director.					
15.	Support the executive and evaluate the executive director's performance.					
16.	Enhance the organization's public image.					
17.	Any other responsibility the governing body fulfills.					

Scoring criteria

Maximum score that can be earned is 200.

- **Score of 150 and above:** outstanding governance.
- **Score of 100-149:** meets most requirements.
- **Score of 50-99:** needs improvement.
- **Score below 50:** unsatisfactory governance.

Health governance self-assessment tool for district health system governing body: Sample 2

This is another self-assessment sample for use by a district health system governing body, based on governance standards.

Scoring guide

No activity		0% or absolutely no activity.
Minimal activity		Greater than zero, but no more than 25% of the activity described in the standard is met.
Moderate activity		Greater than 25%, but no more than 50% of the activity described in the standard is met.
Significant activity		Greater than 50%, but no more than 75% of the activity described in the standard is met.
Optimal activity		Greater than 75% of the activity described in the standard is met.

#	Governance Standard	0%	1-25%	26-50%	51-75%	76-100%
A.	Oversight for health situation and trend assessment					
1.	Facilitates access to appropriate resources for community health status monitoring, and mobilizes resources and support for the surveys.					
2.	Promotes broad-based participation and coordination among all entities active in collecting, analyzing, and disseminating community health status data.					
3.	Provides oversight and support for community health status monitoring efforts.					
4.	Guides improvements in the health status monitoring efforts.					
B.	Oversight of monitoring and evaluation of health services					
1.	Facilitates access to the necessary resources to conduct periodic monitoring and evaluations.					
2.	The governing body itself evaluates the health services.					
3.	Makes sure that regular supportive supervision, monitoring and evaluation of health services takes place.					
4.	Encourages all relevant stakeholders to provide input into monitoring and evaluation processes.					
5.	Reviews evaluation results and utilizes these results to improve health service performance.					
C.	Oversight for data and information management					
1.	Facilitates access to appropriate resources for data and information management.					
2.	Promotes broad-based participation and coordination among all entities active in data and information management tasks.					

#	Governance Standard	0%	1-25%	26-50%	51-75%	76-100%
3.	Reviews data and information management on a quarterly basis, and provides oversight and support for data and information management efforts.					
4.	Guides improvements in the overall data and information management.					
D. Oversight for health service delivery						
1.	Aligns the public and nongovernment organizations and the private sector responsible for delivery of health services.					
2.	Allows community monitoring of the delivery of health services.					
3.	Facilitates community input in problem identification and problem solving.					
4.	Conducts periodic reviews of health service delivery with special attention to services for vulnerable populations.					
E. Oversight of coordination, communication and inter-sectoral collaboration activities						
1.	Facilitates access to resources for coordination, communication, and inter-sectoral collaboration activities.					
2.	Establishes and oversees the implementation of policies to support activities to inform, educate, and empower people about health issues, and reviews these activities in light of community needs.					
3.	Makes sure that all population subgroups have an opportunity to provide input on health issues and health services.					
4.	Exerts influence across sectors to protect and promote the health of the community.					
F. Supporting health service delivery						
1.	Ensures that the organization is providing quality health services through joint visits, assessment of the quality of service, and assistance in staff recruitment and training.					
2.	Encourages staff and health workers to articulate their issues in a timely manner.					
3.	Mobilizes community support for the organization.					
4.	Supports delivery of quality services to vulnerable populations.					
G. Oversight of health resource management						
1.	Establishes policies designed to assure efficient and effective use of physical, financial, and human resources and medicines and supplies, and oversees their implementation.					
2.	Establishes and oversees the implementation of policies designed to assure improvements in workforce, management, and leadership quality.					
3.	Facilitates access to resources for workforce training, leadership development, and continuing education.					

#	Governance Standard	0%	1-25%	26-50%	51-75%	76-100%
4.	Provides for the training and continuing education of the governing body.					
5.	Assists in mobilizing resources for the health system and for health services.					
H.	Oversight of preventive and clinical services, environmental health services, and forensic medicine services					
1.	Oversees and supports the delivery of preventive and clinical services, environmental health services, and forensic medicine services.					
2.	Facilitates community monitoring of the delivery of these services.					
3.	Encourages community input into the delivery of these services.					
4.	Ensures transparency, accountability, and ethical and moral integrity in the provision of these services.					
I.	Oversight of strategic and annual planning					
1.	Maintains and annually reviews documentation of the mission statement.					
2.	Assesses and advocates for adequate resources for planning.					
3.	Supports planning for improvement in health of the population and works to strategically align with the community.					
4.	Oversees the implementation of the strategic and annual plans.					
J.	Oversight of management of health emergencies					
1.	Supports planning for emergency response and works to strategically align community resources for this purpose.					
2.	Facilitates access to appropriate resources for management of health emergencies.					
3.	Promotes broad-based participation and coordination among all entities active in the management of health emergencies.					
4.	Provides oversight and support for the management of health emergencies.					
K.	Nurturing community relationships and involvement					
1.	Ascertains people's preferences, needs, problems, challenges, and issues in health service delivery.					
2.	Mobilizes community input in the planning and implementation of health services.					
3.	Mobilizes community input in monitoring, evaluation, and ensuring accountability in health service delivery.					
4.	Provides relevant feedback to its internal and external stakeholders and the communities the department serves.					

End-of-the-Second-Day Evaluation of Sessions

The participants will evaluate the four sessions conducted during the day using a short questionnaire. In addition to the written feedback, the facilitator will give participants an opportunity to provide oral feedback.

Sessions 5 through 8 Evaluation Form

(Participants should not hesitate to give positive feedback and should not withhold negative feedback. Feedback on what will be important for improving these sessions for future audiences is especially welcome.)

Did sessions 5 to 8 meet the learning objectives and did they meet your needs? Please explain.

What did you find was the most valuable part of these four sessions? What part was not of much use? Please explain why. We appreciate any other specific comments on the content of the four sessions.

Please provide specific comments on the structure of the sessions, mode of delivery of the sessions, their pace, structure of group exercises, reference and reading materials/handouts/guides/handbooks, etc.

Session 9: Promoting competency-based governance

Session Design

During this session, participants will be introduced to key governing competencies, i.e., the capabilities, knowledge, and skills required to effectively discharge governance roles and responsibilities.

Personal capabilities	Knowledge and skills
<ol style="list-style-type: none"> 1. Accountability 2. Achievement orientation 3. Leading change 4. Collaboration 5. Community orientation 6. Impact and influence 7. Information seeking 8. Innovative thinking 9. Managing complexity 10. Organizational awareness 11. Professionalism 12. Relationship building 13. Strategic orientation 14. Talent development 15. Team leadership 	<ol style="list-style-type: none"> 1. Health care service delivery and performance 2. Health professional education, training, and practice 3. Business and finance 4. Human resources 5. Senior management experience

(Source: Center for Healthcare Governance. 2010. *Competency-Based Governance: A Foundation for Board and Organizational Effectiveness*. American Hospital Association, Health Research & Educational Trust, and Hospira. Chicago, IL.)

These core competencies constitute a mix of skills that a governing body requires its members to collectively possess. This mix of competencies is often referred to as a “competency matrix.” Ideally, an individual possesses at least one of these core competencies to be considered for appointment as a governing body member. These competencies can be developed through member training and professional development.

Effective governance by a governing body depends on the membership having an appropriate combination of competencies (skills and experience) and personal attributes (behavior and attitude) to support the organization’s mission, and ability to work together as a highly motivated team.

During this session, participants will refer to the skills profile of their own governing body and discuss how it compares with the matrix above of twenty core governance competencies. Participants will increase their understanding of the basic governing competencies needed in a governing body to govern well.

Trainer Goals

1. Introduce the twenty key governing competencies to the participants.
2. Help participants review the skills profile of their own governing body and discuss how it compares with the competency matrix of twenty core governing competencies.
3. Help participants identify, discuss, and describe key governing competencies required to govern well in their own setting.

Participant Goals

1. Get to know the twenty key competencies of a governing body.
2. Compare the skills profile of your governing body and discuss how it compares with the competency matrix of twenty core competencies.
3. Identify, discuss, and describe key governing competencies required to govern well in your own setting.
4. Articulate your governance capacity building needs.

Session participants

Two to four groups of five to six participants

Session Outline

Time	Activity	Focus	Relevant materials for reference
15 minutes	1. Presentation by the facilitator	<ol style="list-style-type: none"> 1. Learning objectives 2. Introduction of the topic 3. Introduction of the handouts/materials/guide 4. Presentation on the topic 	<ul style="list-style-type: none"> ▪ Guide for Continuous Governance Enhancement ▪ Competency-Based Governance: A Foundation for Board and Organizational Effectiveness by the Center for Healthcare Governance and Health Research & Educational Trust
15 minutes	2. Small group work session	Each group reviews the skills profile of their own governing body and discusses how it compares with the competency matrix of twenty core competencies. The group discusses competency gaps and other competencies needed to govern well and fulfill the organization's mission.	As above
20 minutes	3. Plenary discussion	A group makes a presentation to the other groups on their governing competencies, competency gaps, and other competencies needed to govern well and fulfill the organization's mission. Questions and answers follow. The remaining groups go through the same sequence of activities.	As above
5 minutes	4. Facilitator's assessment at the conclusion	Facilitator makes his or her assessment of the groups and makes written notes as to whether the participants have achieved the learning objectives identified above.	As above

Facilitator's Evaluation Notes and Grading Rules

Name of the group:

Names of all the members of the group:

Names of the group members who made presentations or answered questions:

Grading rubric/rules

#	Item	Total marks	Marks obtained
1.	Whether the group has achieved the learning objectives	40	
2.	Presentation: Confident, clarity of message, stimulated interest in the audience	20	
3.	Mastery of material Ability to answer questions	20	
4.	Whether the group generated new ideas	20	
	Total	100	

Evaluation Notes

Facilitator's Name

Place

Date

Facilitator's Signature

Session 10: Establishing infrastructure for effective governance

Governance infrastructure consists of people who govern, governance structures (governing body, committees, etc.), governance policies, governing body meetings, governance relationships, governance information system and the technologies that support them. The table below gives examples.

Governance Infrastructure					
People	Structures	Policies	Effective meetings	Relationships	Governance technologies
Members of the governing body with governing competencies needed to fulfill the organization's mission	Governing body, its committees, advisory bodies, and task forces	e. g., oversight, ethics, and conflict of interest; clear roles and responsibilities; term limits; orientation and education of members; governing body self-assessments	<ul style="list-style-type: none"> ▪ Calendar of themed meetings ▪ Meeting agendas ▪ Meeting venues 	<ul style="list-style-type: none"> ▪ With management ▪ With health providers and health workers ▪ With patients and communities ▪ With other stakeholders 	<ul style="list-style-type: none"> ▪ Governing body information system ▪ Governing body web portal

Session Design

During this session, participants will be introduced to twenty elements of governance infrastructure that a governing body needs for effective governance.

1. Governing body of optimum size
2. Clear roles and responsibilities of the governing body
3. Competencies of members
4. Term limits
5. Committees structure of the governing body
6. Governing body meetings
7. Calendar of themed meetings
8. Meeting agendas
9. Meeting venues
10. Chief executive officer oversight
11. Ethics and conflict of interest
12. Orientation and education of members
13. Governing body self-assessments
14. Relationship with the Ministry of Health
15. Relationship with other providers
16. Relationship with physicians
17. Relationship with advisory councils
18. Relationship with the media
19. Governing body information system
20. Governing body web portal

Participants will review their own governance infrastructure and discuss how their governance infrastructure compares with the twenty key elements listed above. Participants will increase their understanding of the basic governance infrastructure a governing body needs for effective governance.

Trainer Goals

1. Introduce the twenty key elements of infrastructure a governing body needs for effective governance.
2. Help participants compare their own governance infrastructure with these twenty elements.
3. Help participants identify, discuss, and describe the governance infrastructure elements required to govern well and the infrastructure gaps that exist in their own setting.

Participant Goals

1. Get to know the key elements of infrastructure a governing body needs for effective governance.
2. Compare your own governance infrastructure with these key elements.
3. Identify, discuss, and describe the governance infrastructure required to govern well and the infrastructure gaps that exist in your setting.
4. Articulate your governance capacity building needs.

Session participants

Two to four groups of five to six participants

Session Outline

Time	Activity	Focus	Relevant materials for reference
15 minutes	1. Presentation by the facilitator	<ol style="list-style-type: none"> 1. Learning objectives 2. Introduction of the topic 3. Introduction of the handouts/ materials/guide 4. Presentation on the topic 	<ul style="list-style-type: none"> • Guide to Good Governance for Hospital Boards by the Center for Healthcare Governance of the American Hospital Association
15 minutes	2. Small group work session	<p>The group work is focused on practical ways to improve the infrastructure available to support enhanced governance decision making in the settings where participants govern. Each group reviews its own governance infrastructure against the twenty key elements of infrastructure a governing body needs for effective governance and discusses how they compare. Each group also discusses the key infrastructure gaps that come in the way of governing well and fulfilling the organization's mission. Each group recommends a series of governance infrastructure investments that have the potential to improve the effectiveness of their governing body.</p>	As above
20 minutes	3. Plenary discussion	<p>A group makes a presentation to the other groups on their current governance infrastructure and key gaps. Questions and answers follow. The remaining groups go through the same sequence of activities.</p>	As above

Time	Activity	Focus	Relevant materials for reference
5 minutes	4. Facilitator's assessment at the conclusion	Facilitator makes his or her assessment of the two groups and makes written notes as to whether participants have achieved the learning objectives identified above.	As above

Required Reading

1. Guide to Good Governance for Hospital Boards by the Center for Healthcare Governance of the American Hospital Association

Session Handouts

1. Governance Infrastructure Mapping Tool
2. Facilitator's Evaluation Notes and Grading Rubric

Session outputs

1. Presentations by the groups on their key governance infrastructure and infrastructure gaps.
2. Facilitator's notes on his or her assessment of the groups and whether participants have achieved the learning objectives identified above.

Governance Infrastructure Mapping Tool

Instructions for the participants: Answer yes/no on whether the element is critical to your organization's mission, and rate the current infrastructure available to your governing body on a scale of 1 to 5 where 1 is the lowest score and 5 is the highest score, and in the last column, note actions for the infrastructure items which you consider are feasible and useful in your situation, etc.

Element of Governance Infrastructure	Whether critical to fulfill the organization's mission	Rating of the extant infrastructure					What should be done to establish this infrastructure?
		1	2	3	4	5	
Governing body of optimum size							
Clear roles and responsibilities of the governing body							
Competencies of members							
Term limits of the members							
Committees structure of the governing body							
Governing body meetings							
Calendar of themed meetings							
Meeting agendas							
Meeting venues							
Chief Executive Officer oversight							

Facilitator's Evaluation Notes and Grading Rules

Name of the group:

Names of all the members of the group:

Names of the group members who made presentations or answered questions:

Grading rubric/rules

#	Item	Total marks	Marks obtained
1.	Whether the group has achieved the learning objectives	40	
2.	Presentation: Confident, clarity of message, stimulated interest in the audience	20	
3.	Mastery of material Ability to answer questions	20	
4.	Whether the group generated new ideas	20	
	Total	100	

Evaluation Notes

Facilitator's Name

Place

Date

Facilitator's Signature

Session 11: Governance enhancement planning

Session Design

During this session, participants will develop a “Governance Enhancement Plan” for their own governing body and an action plan to improve two to three strategic measures of their district health system’s performance. Based on the five guides and discussions in the earlier Governance Academy sessions, they will prepare the governance enhancement plan and action plan, and define how best to ensure their implementation and periodic refinement.

Trainer Goal

Help participants develop a governance enhancement plan for their own governing body and an action plan based on the five effective governing practices to improve two to three strategic measures of their district health system’s performance, and also appreciate the value of implementing these plans.

Learning Objectives

1. Brainstorm and outline a governance enhancement plan for your governing body based on the discussions during the academy.
2. Identify two to three strategic measures of organizational performance that your governing body wants to influence through the use of good governance.
3. Outline an action plan comprising specific and concrete action steps that the governing body will take for consistent application of the five effective governing practices over six to twelve months to influence the two to three strategic measures of organizational performance.
4. Present the governance enhancement plan and governance action plan.

By the end of Session 11, participants will have developed a governance enhancement plan for their own governing body and an action plan based on the five effective governing practices to improve two to three strategic measures of their district health system’s performance.

Session participants

Two to four groups of five to six participants

Session Outline

Time	Activity	Focus	Relevant materials for reference
20 minutes	1. Presentation by the facilitator	1. Learning objectives 2. Introduction of the topic 3. Introduction of the handouts/ materials/guide	<ul style="list-style-type: none"> ▪ Guide for Continuous Governance Enhancement and the other four guides
30 minutes	2. Small group work session	Each group reviews the illustrative formats for governance enhancement planning and adapts one for their purpose and context.	As above

Time	Activity	Focus	Relevant materials for reference
60 minutes	3. Small group work session	Each group brainstorms and develops a governance enhancement plan for their own governing body and an action plan based on the five effective governing practices to improve two to three strategic measures of their district health system's performance.	As above
10 minutes	4. Individual review	Each participant reviews the governance enhancement plan and the action plan.	As above
55 minutes	5. Plenary discussion	A group makes a presentation to the other groups on their governance enhancement plan and action plan. Question and answer and discussion follow. The remaining groups go through the same sequence of activities.	As above
5 minutes	6. Facilitator's assessment at the conclusion	Facilitator makes his or her assessment of the groups and makes written notes on whether the participants have a robust and practical plan for enhancing governance and organizational performance through governance in their setting.	As above

Required Reading

1. Guide for Continuous Governance Enhancement
2. Guide for Cultivating Accountability
3. Guide for Engaging Stakeholders
4. Guide for Setting a Shared Strategic Direction
5. Guide for Stewarding Resources
6. Appendix 1 and 2 of this handbook for samples of governance development plans

Session Handouts

1. Guide for Continuous Governance Enhancement
2. Illustrative format for governance enhancement planning
3. Facilitator's Evaluation Notes and Grading Rubric

Session outputs

1. Presentations by the groups of their governance enhancement plans and action plans.
2. Facilitator's notes on his or her assessment of the groups and whether participants have achieved the learning objectives identified above.

Facilitator's Evaluation Notes and Grading Rules

Name of the group:

Names of all the members of the group:

Names of the group members who made presentations or answered questions:

Grading rubric/rules

#	Item	Total marks	Marks obtained
1.	Whether the group has achieved the learning objectives	40	
2.	Presentation: Confident, clarity of message, stimulated interest in the audience	20	
3.	Mastery of material Ability to answer questions	20	
4.	Whether the group generated new ideas	20	
	Total	100	

Evaluation Notes

Facilitator's Name

Place

Date

Facilitator's Signature

Session 12: Evaluating the learning experience

Learning Objectives

1. Evaluate the learning experience.
2. Make suggestions for its improvement for future participants.
3. Discuss next steps the governing body will take in the coming six to twelve months.

During the concluding one-hour session, using Governance Knowledge Assessment Instrument, participants will evaluate their learning experience during the training. This instrument is administered in the introductory session to record the baseline, i.e., before the Governance Academy training begins and once again in the concluding evaluation session to record the level of governance knowledge at the end of the academy.

Pre- and Post-Governance Academy Governance Knowledge Assessment Instrument

1. I know how to enhance my personal accountability.

Not at all	1	2	3	4	5	6	7	8	9	10	Fully
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2. I know what actions governance leaders can take to enhance the accountability of the health organization to its external stakeholders.

Not at all	1	2	3	4	5	6	7	8	9	10	Fully
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3. I know what essential steps governance leaders should take to cultivate internal accountability in their organization/health system.

Not at all	1	2	3	4	5	6	7	8	9	10	Fully
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4. I know how governance leaders can enhance accountability among health workers, health providers, and health managers and make them more accountable.

Not at all	1	2	3	4	5	6	7	8	9	10	Fully
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5. I know what necessary steps governance leaders should take to make their organization become transparent and appear transparent in its decision making.

Not at all	1	2	3	4	5	6	7	8	9	10	Fully
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6. I know three concrete mechanisms for establishing social accountability.

Not at all	1	2	3	4	5	6	7	8	9	10	Fully
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7. I know at least two concrete ways to use technology for supporting accountability.

Not at all	1	2	3	4	5	6	7	8	9	10	Fully
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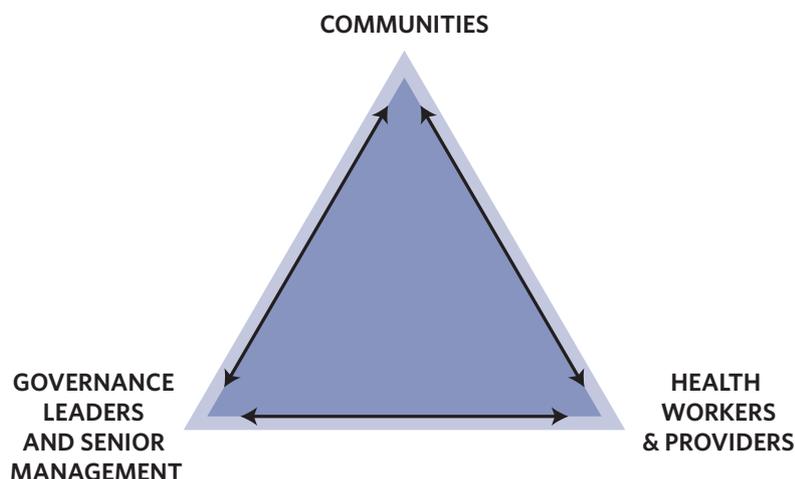
8. I know how governing body oversight differs from micro-management.

Not at all	1	2	3	4	5	6	7	8	9	10	Fully
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9. I know at least three different ways of engaging with stakeholders.

Not at all	1	2	3	4	5	6	7	8	9	10	Fully
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10. I know what governance leaders should do to establish trust in the inter-relationships among communities, health workers, health providers, senior management, and governance leadership.



Not at all	1	2	3	4	5	6	7	8	9	10	Fully
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11. I know what steps should be taken to achieve better collaboration among the many different sectors / organizations that impact health.

Not at all	1	2	3	4	5	6	7	8	9	10	Fully
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12. I know at least three different ways in which governance decision making can be made more gender-responsive.

Not at all	1	2	3	4	5	6	7	8	9	10	Fully
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13. I know what actions governance leaders should take to establish a shared strategic vision among key stakeholders.

Not at all	1	2	3	4	5	6	7	8	9	10	Fully
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14. I know how governance leaders create a shared strategic plan.

Not at all	1	2	3	4	5	6	7	8	9	10	Fully
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15. I know what governance leaders do to make implementation of their strategic plan a success.

Not at all	1	2	3	4	5	6	7	8	9	10	Fully
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16. I know what governance leaders do to practice ethical and moral integrity.

Not at all	1	2	3	4	5	6	7	8	9	10	Fully
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17. I know what senior management can do to increase efficiency and sustainability of the services the health service organization provides.

Not at all	1	2	3	4	5	6	7	8	9	10	Fully
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18. I know how governance leaders can use information, evidence, and technology for the ethical and efficient use of resources.

Not at all	1	2	3	4	5	6	7	8	9	10	Fully
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19. I know several different actions that governance leaders can take to reduce corruption in the health organization.

Not at all	1	2	3	4	5	6	7	8	9	10	Fully
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20. I know several different ways in which measurement of results can be used to improve the organization's/health system's performance.

Not at all	1	2	3	4	5	6	7	8	9	10	Fully
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21. I know what competencies are necessary for good governance.

Not at all	1	2	3	4	5	6	7	8	9	10	Fully
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22. I know what actions governance leaders should take to build diversity in their governing body.

Not at all	1	2	3	4	5	6	7	8	9	10	Fully
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23. I recognize the value of a good orientation for governing body members and their ongoing governance education.

Not at all	1	2	3	4	5	6	7	8	9	10	Fully
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24. I know different ways of conducting governing body self-assessments.

Not at all	1	2	3	4	5	6	7	8	9	10	Fully
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25. I know how the results of governance assessments can be used for governance enhancement.

Not at all	1	2	3	4	5	6	7	8	9	10	Fully
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26. I know a process that can be used for continuous governance enhancement planning.

Not at all	1	2	3	4	5	6	7	8	9	10	Fully
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27. I know what a chairperson should do to conduct effective governing body meetings.

Not at all	1	2	3	4	5	6	7	8	9	10	Fully
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28. I know several governance policies at least by name.

Not at all	1	2	3	4	5	6	7	8	9	10	Fully
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29. I know at least two governance technologies that governance leaders can use to make the governance process more efficient.

Not at all	1	2	3	4	5	6	7	8	9	10	Fully
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30. I know what governance leaders should do to govern well.

Not at all	1	2	3	4	5	6	7	8	9	10	Fully
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End-of-the-Third-Day Evaluation of Sessions

The participants will evaluate the four sessions conducted during the day using a short questionnaire. In addition to the written feedback, the facilitator will give participants an opportunity to provide oral feedback.

Sessions 9 through 12 Evaluation Form

(Participants should not hesitate to give positive feedback and should not withhold negative feedback. Feedback for the facilitators on what will be important for improving these sessions for future audiences is especially welcome.)

Did the sessions 9 to 12 meet the learning objectives and did they meet your needs? Please explain.

What did you find was the most valuable part of these four sessions? What part was not of much use? Please explain why. We appreciate any other specific comments on the content of the four sessions.

Please provide specific comments on the structure of the sessions, mode of delivery of the sessions, their pace, structure of group exercises, reference and reading materials/handouts/guides/handbooks, etc.

Appendix 1: District Health System Governing Body Governance Development Plan

I—Structure of the Governing Body

#	Item	We Do This Well Now	We Need to Focus on This	Plan for Improvement	
				Tasks	Timeline
	Governing Body Composition				
1.	The governing body has a formal recruitment program that emphasizes organizational needs and required competencies.				
2.	The governing body has a long-range plan to further strengthen its composition, especially people from other spheres who add skill sets and varied perspectives (knowledge-based, demographic, and geographic) that lack representation on the governing body.				
	Calendar of Meetings				
3.	The governing body has evaluated meeting frequency to determine the optimal number of meetings and meeting duration.				
4.	The governing body publishes and updates the calendar at the beginning of each year.				
5.	The governing body has a strategy review and development meeting / retreat annually.				
6.	The governing body has a calendar for committee meetings.				
7.	The governing body includes in its annual calendar at least one formal, special meeting with policy makers, and at least one special meeting with community leaders.				
	Governing Body Meeting Agendas				
8.	The governing body strives to spend 60 percent of meeting time in most meetings focused on strategic and future issues, rather than on management and committee reports.				

#	Item	We Do This Well Now	We Need to Focus on This	Plan for Improvement	
				Tasks	Timeline
9.	The governing body requires one-page executive summaries by management for all information items and action proposals.				
10.	The governing body requires management summaries to spell out management's conclusions, assessment of pros and cons, and clear recommended course of action.				
11.	Governing body meetings periodically have time set aside for member education on current issues in health policy, community concerns, organizational concerns, etc.				
	Information				
12.	The governing body requires less but higher-quality information.				
13.	The governing body insists on greater reliance on dashboard and graphic indicators.				
14.	The governing body makes use of the electronic exchange of information.				
	Self-Assessment				
15.	The governing body seeks to continuously improve its own performance by conducting an annual assessment of the governing body as a whole.				
16.	The governing body seeks to continuously improve its own performance by conducting an annual assessment of individual members.				
17.	The governing body commits to remain educated on priority issues and come well prepared for meetings and interactions.				
	Governing Body Committees				
18.	Governing body committees and task forces have specific charters and roles and responsibilities.				

#	Item	We Do This Well Now	We Need to Focus on This	Plan for Improvement	
				Tasks	Timeline
19.	Committees are comprised of well-qualified members, and the governing body has considered representation from outside the governing body.				
20.	Committees have efficient operating rules.				
21.	Committees have a strategic direction.				
22.	Committees have an annual action plan.				
	Governing Body Education				
23.	The governing body has a formal program for its own orientation and ongoing education.				
24.	The governing body has an annual education plan that is reflected in the organization’s budget for governing activities and support.				

II—Attributes of the Governing Body

#	Item	We Do This Well Now	We Need to Focus on This	Plan for Improvement	
				Tasks	Timeline
	Structure				
25.	The governing body is large enough to offer a diversity of views, yet small enough to be efficient.				
26.	Committees and task forces have specific charters, well-qualified members, and efficient operating rules.				
27.	The governing body redesigns governance based on opportunities to produce improved outcomes.				
	Leadership Effectiveness				
28.	The governing body behaves in a professional manner.				
29.	The governing body is not reluctant to challenge strategic thinking of management.				

#	Item	We Do This Well Now	We Need to Focus on This	Plan for Improvement	
				Tasks	Timeline
30.	The governing body understands the difference between management and governance, and strives to stay out of internal organizational operations and day-to-day management.				
31.	The governing body is team-oriented and comprised of team players.				
32.	The governing body uses excellent decision-making techniques.				
33.	The governing body understands health policy issues, challenges, and impacts.				
34.	Members are leaders who know how to encourage innovation and welcome organizational change.				
35.	The governing body confronts barriers to organizational transformation and innovation.				
36.	The governing body deals efficiently and effectively with unplanned change.				
37.	The governing body focuses on vision and outcomes versus programs and actions.				
38.	Governing body members are open to alternative views and challenge conventional wisdom.				
39.	Governing body members think in terms of the future and can envision various scenarios and their implications.				
	Governing Body Culture				
40.	The governing body has a shared governance vision.				
41.	The governing body has a culture that embraces change and has an orientation that embraces results.				
42.	The governing body views change as a creator of opportunities versus viewing change as a threat.				

#	Item	We Do This Well Now	We Need to Focus on This	Plan for Improvement	
				Tasks	Timeline
43.	The governing body capitalizes on the knowledge, insights, and experiences of its members.				
44.	The governing body successfully adapts to a complex, fast-paced environment.				
45.	The governing body makes rapid and informed decisions.				
46.	The governing body synthesizes important information into knowledge for strategic advantage.				
	Chief Executive Evaluation				
47.	The governing body has comprehensive, clear criteria for chief executive evaluation.				
48.	The governing body and chief executive agree on scope, purpose, and how evaluation is tied to the chief executive's compensation.				
49.	The evaluation has specific performance goals related to strategic success.				
50.	The evaluation process works effectively to attract/retain quality management leadership.				
	Governing Body Membership and Selection				
51.	The governing body has a competency-based selection process that is matched to its strategic needs.				
52.	Each member has an expertise profile.				
53.	The selection process ensures diverse, well-qualified, and dedicated people.				
54.	Recruitment is based on future governing body needs (at least three years in the future).				
55.	The governing body has evaluated whether term limits do or would work well for its overall performance.				

#	Item	We Do This Well Now	We Need to Focus on This	Plan for Improvement	
				Tasks	Timeline
	Governing Body Self-Assessment				
56.	The governing body conducts an annual self-assessment of the governing body as a whole.				
57.	The governing body conducts assessments of individual members, and uses the outcomes of these assessments in reappointment decisions.				
58.	The governing body uses the assessment process to identify specific governance improvement opportunities, and has included these in an annual plan for improvement.				
	Strategic Decision Making				
59.	Governing body meeting agendas match strategic issues and priorities.				
60.	The governing body devotes at least 60 percent of its time to strategic and policy issues; it generates key insights and wisdom versus simply gathering information.				
61.	Governing body discussion is future-oriented.				
62.	Management provides the governing body with well thought-out options and alternatives.				
63.	The governing body provides strategic guidance to management.				
64.	The governing body continually scans the environment for meaningful change that is critical to the organization.				
65.	The governing body anticipates health service user needs rather than reacts to them.				
66.	The governing body strategically invests in new core competencies.				
67.	The governing body can rapidly modify strategic direction as circumstances change.				

#	Item	We Do This Well Now	We Need to Focus on This	Plan for Improvement	
				Tasks	Timeline
	Stakeholder Relationships				
68.	The governing body understands key stakeholders' perceptions.				
69.	The governing body develops responses to community needs.				
70.	The governing body has clearly defined the organization's values, and has committed to exceeding expectations and enhancing stakeholder satisfaction.				
71.	The governing body knows how to build collaborative relationships.				
72.	The governing body understands and develops effective responses to the interests and needs of clients.				
73.	The governing body has an active advocacy program to ensure that civic, state, and national leaders understand key issues related to the health sector.				
74.	The governing body has defined what success will look like as a result of governance and organizational change.				
	Governing Body Education and Orientation				
75.	The governing body has a written policy and budget for education and development.				
76.	New members receive a thorough orientation.				
77.	The governing body has an active ongoing education program tied to strategic challenges.				
78.	The governing body has a peer-to-peer mentoring program.				
79.	Governing body meetings typically include an education component.				
80.	The governance development process includes governance issues, education, and self-assessment				

III—Governing Body Practices

#	Item	We Do This Well Now	We Need to Focus on This	Plan for Improvement	
				Tasks	Timeline
	Governing Body Composition				
	Duty of Care				
81.	The governing body requires that new members receive education on their fiduciary duties.				
82.	The governing body regularly reviews policies that specify its major oversight responsibilities at least every two years.				
83.	The governing body reviews the financial feasibility of projects before approving them.				
84.	The governing body considers whether new projects adhere to the organization's strategic plan before approving them.				
85.	The governing body receives important background materials at least one week in advance of meetings.				
86.	The governing body has specified minimum meeting attendance requirements in a written policy.				
87.	The governing body ensures effective committee structure by updating committee charters annually.				
88.	The governing body oversees but doesn't "repeat" its committees' work.				
89.	The governing body secures expert, professional advice before making major financial and/or strategic decisions.				
	Duty of Loyalty to the Organization				
90.	The governing body has adopted a conflict of interest policy.				
91.	The governing body's conflict of interest policy contains specific criteria for when a member's material conflict of interest is so great that the member should no longer serve on the governing body.				

#	Item	We Do This Well Now	We Need to Focus on This	Plan for Improvement	
				Tasks	Timeline
92.	Governing body members complete a conflict of interest disclosure statement annually.				
93.	The governing body assesses the adequacy of its conflict of interest statement at least every two years.				
94.	The governing body has adopted a specific code of ethics and conduct.				
95.	The governing body enforces a written policy on confidentiality that requires members to refrain from disclosing confidential governing body matters.				
96.	The governing body enforces a written policy that states that deliberate violations of conflict of interest constitute grounds for removal from the governing body.				
97.	The governing body's enforcement of the organization's conflict of interest policy is uniformly applied across all members of the governing body.				
98.	The governing body ensures that the tax filing meets the highest standards for completeness and accuracy.				
	Duty of Obedience to the Mission				
99.	The governing body oversees a formal assessment at least every two years to ensure fulfillment of the organization's mission.				
100.	The governing body ensures that the organization's written mission statement correctly articulates its fundamental purpose.				
101.	The governing body rejects proposals that put the organization's mission at risk.				
102.	The governing body has approved "code of conduct" policies/ procedures document that provides ethical requirements for governing body members, employees, and consultants.				

#	Item	We Do This Well Now	We Need to Focus on This	Plan for Improvement	
				Tasks	Timeline
103.	The governing body has approved a “whistleblower” policy that specifies the following: the manner by which the organization handles employee complaints and allows employees to report in confidence any suspected misappropriation of the organization’s assets.				
	Financial Oversight				
104.	The governing body approves the organization’s capital and financial plans.				
105.	The governing body reviews information at least quarterly on the organization’s financial performance against plans.				
106.	The governing body demands corrective actions in response to under-performance on capital and financial plans.				
107.	The governing body requires that the organization’s strategic and financial plans are aligned.				
108.	The governing body monitors the organization’s debt obligations and investment portfolio.				
109.	Governing body members responsible for audit oversight meet with external auditors, without management, at least annually.				
110.	The governing body has a written external audit policy that makes it responsible for approving the auditor as well as approving the process for audit oversight.				
111.	The governing body has created a separate audit committee (or another committee or subcommittee specific to audit oversight) to oversee the external and internal audit functions.				

#	Item	We Do This Well Now	We Need to Focus on This	Plan for Improvement	
				Tasks	Timeline
112.	The governing body has adopted a policy that specifies that the audit committee (or other committee/ subcommittee whose primary responsibility is audit oversight) must be composed entirely of independent persons.				
	Quality Oversight				
113.	The governing body reviews quality performance measures (using dashboards, balanced scorecards, or some other standard mechanism for governing body-level reporting) at least quarterly to identify needs for corrective action.				
114.	The governing body devotes a significant amount of time on its meeting agenda to quality issues/ discussion at most governing body meetings.				
115.	The governing body reviews the quality of its performance by comparing its current performance to its own historical performance.				
116.	The governing body has a standing quality committee.				
117.	The governing body reviews client satisfaction/client experience scores at least annually.				
118.	The governing body participates at least annually in education regarding issues related to its responsibility for quality of work in the organization.				
119.	The governing body has adopted a policy that requires the organization to report its quality performance to the general public.				
	Setting Strategic Direction				
120.	The full governing body actively participates in establishing the organization's strategic direction, such as creating a long-range vision, setting priorities, and developing/approving the strategic plan.				

#	Item	We Do This Well Now	We Need to Focus on This	Plan for Improvement	
				Tasks	Timeline
121.	The governing body is engaged in ongoing education about the critical strategic issues challenging the organization.				
123.	The governing body requires that all plans in the organization (e.g., financial, capital, operational, quality improvement) be aligned with the organization's overall strategic plan/direction.				
124.	The governing body evaluates proposed new programs or services using such factors as financial feasibility, market potential, impact on quality, and so forth.				
125.	The governing body discusses the needs of all key stakeholders when setting strategic direction for the organization (i.e., clients, employees, and the community).				
126.	The governing body considers how the organization's strategic plan addresses client needs before approving the plan.				
127.	The governing body requires that major strategic projects specify both measurable criteria for success and who is responsible for implementation.				
128.	The governing body sets annual goals for its and its committees' performance that support the organization's strategic plan/direction.				
129.	The governing body spends more than half of its meeting time during most meetings discussing strategic issues as opposed to hearing reports.				
130.	The governing body has adopted policies and procedures that define how strategic plans are developed and updated (e.g., who is to be involved, time frames and the role of the governing body, management, physicians, and staff).				

#	Item	We Do This Well Now	We Need to Focus on This	Plan for Improvement	
				Tasks	Timeline
131.	The governing body requires management to have an up-to-date staff development plan that identifies the organization's needs.				
132.	The governing body reviews an up-to-date client needs assessment at least every two years to understand issues among the clients served.				
	Self-Assessment and Development				
133.	The governing body engages in a formal process to evaluate its own performance at least every two years.				
134.	The governing body uses the results from the process to establish its performance improvement goals.				
135.	The governing body uses a formal orientation program for new members.				
136.	The governing body ensures that governing body members receive support for ongoing member education.				
137.	The governing body assesses the organization's bylaws/structures at least every three years.				
138.	The governing body uses competency-based criteria when selecting new members.				
139.	The governing body uses a formal process to evaluate the performance of individual members.				
140.	The governing body has established performance requirements for member reappointment.				
141.	The governing body has a mentoring program for new members.				

#	Item	We Do This Well Now	We Need to Focus on This	Plan for Improvement	
				Tasks	Timeline
142.	The governing body uses an explicit process of leadership succession planning to recruit, develop, and choose future governing body chair and committee chairs.				
	Management Oversight				
143.	The governing body follows a formal process for evaluating the chief executive's performance.				
144.	The governing body and chief executive mutually agree on the chief executive's written performance goals prior to the evaluation.				
145.	The governing body requires that the chief executive's compensation package is based, in part, on the chief executive performance evaluation.				
146.	The governing body convenes executive sessions periodically without the chief executive in attendance to discuss the chief executive's performance.				
	Advocacy				
147.	The governing body reviews a survey of client perceptions of the organization at least every three years.				
148.	The governing body has a written policy establishing its role in mobilizing resources.				
149.	The governing body expects individual members to engage in advocacy efforts with legislators and policymakers.				
150.	The governing body has adopted a policy regarding information transparency, explaining to the organization's clients in understandable terms its performance on measures of quality, pricing, and customer service.				

(Source: Adapted from The Governance Institute. 2010. *Elements of Governance. Governance Development Plan*. San Diego, CA.)

Appendix 2: Case study for reflection

Challenges in Implementing Health Sector Decentralization in Ghana

Sakyi, Awoonor-Williams and Adzei (2011) have used a case study of the Nkwanta district health management team (DHMT) to gain an empirical insight into the problems confronting the implementation of health sector decentralization reform at the district level in Ghana. The case study highlights what is level of understanding among district health staff of the objectives of decentralization and what are the major obstacles to its implementation from their perspective.

Overall, the majority of their respondents said that they were aware of the decentralization process in the district. Interviewees gave various reasons for decentralizing the administration of health care. These included: improvement in information flow, stakeholder participation in decision making, transfer of managerial authority, accountability and sharing of responsibility among stakeholders. The general opinion was that control of the DHMT over financial and personnel decisions, and stakeholder participation and support had improved in the district due to decentralization. Similarly, district health planning and decision-making had undergone positive change. It further emerged from the group interviews that the functions, roles and responsibilities being performed currently by DHMTs following decentralization had an impact on health delivery in the district.

Inadequate finance was cited as a major impediment to the smooth implementation of decentralization in the district. The majority of interviewees indicated that inadequate funding especially to district health directorate affected the process of implementation of decentralization in the district. Other problems enumerated included: staff behavior and attitudes toward work, health workforce relationship with service users and relevant stakeholders and structural/organizational issues.

To ascertain the forms in which decentralization was practiced at the district level, respondents were asked to mention some specific administrative and managerial activities and procedures they considered as being evidence of decentralization. Interviewees identified sets of five broad indicators as signaling decentralization:

1. changes in decision making;
2. increased autonomy in financial management;
3. human resource management;
4. information and communication; and
5. structural/functional and operational changes.

According to the findings, the evidence of administrative decentralization showed in the ability of the DHMT to assume responsibility of its own human resource management functions. Another significant number of respondents observed that the relative independence being granted DHMTs in respect of management and control of financial matters is also an indication of the decentralization. Decision-making regarding health planning, and design and execution of health programs are also perceived as signaling an improvement in decentralization. Increase in the free flow of information from the top-down and bottom-up and initiatives aimed at enhancing horizontal communication, internal audit, financial control and accountability mechanisms through Budget Management Centres and the degree of autonomy granted to the DHMT in the initiation and execution of health programmes at district, sub-district and community levels also indicate that administrative decentralization is being practiced.

In response to the question on the obstacles to decentralization of health administration programme in the district, an overwhelming majority cited inadequate funds, another majority cited lack of qualified personnel and inadequate logistics, material resources and equipment as obstacles to decentralization at the district level. Another lesser majority of interviewees pointed at human and behavioral factors

such as poor interpersonal relationships, lack of incentives and staff motivation, lack of free information flow and communication, lack of transparency, favoritism and a weak operational structure of the district health administration as obstacles to decentralization. A smaller number of respondents perceived political interference, poor road networks, high rate of illiteracy, poor attitude of health workforce and a fear of losing power especially by those in authority as obstacles to the decentralization process.

Respondents suggested the following remedial actions to improve the chances for effective implementation of health service decentralization in the district:

1. provide good infrastructure especially good roads;
2. encourage freer two-way flow of information from and to health staff;
3. improve working conditions and motivational packages for workers;
4. provide adequate logistics, resources and equipment;
5. recruit better qualified workforce;
6. encourage stakeholder participation in health planning and implementation;
7. provide DHMTs with adequate financial resources;
8. tackle disparity and discrimination in salary of health workforce;
9. initiate programs targeted at altering workforce attitudes and behavior; and
10. take steps to increase leadership, supervision and monitoring at district level.

[Adapted from Sakyi EK, Awoonor-Williams JK, Adzei FA. Barriers to implementing health sector administrative decentralisation in Ghana: A study of the Nkwanta district health management team. *J Health Organ Manag.* 2011; 25(4):400-19.]

Appendix 3: Want to learn more?

Govern4Health App

(Available on the Apple App Store and the Android Market)

This app is created to provide health leaders with basic information on the essential practices of good governance. The Govern4Health app aims to demystify health governance by providing practical guidance for the leaders who govern and leaders who manage the health sector and health systems. Unlike traditional methods of learning, the Govern4Health app provides a highly interactive way for users to learn about implementing good governance through different quizzes, discussion forums, and governing tips which can be accessed at any time. The app also offers evidence on why governance matters, along with a tool to assess gender responsiveness and tips on how to continually enhance governance.

LMG governance guides and handbooks

The guides contain best practices, tools and references, and resources for good governance. Training Facilitation Handbooks are designed to accompany the guides and are meant to be used by training facilitators to deliver the contents of the guides following a structured methodology. Separate handbooks are available for training governance leaders of (1) ministries of health, (2) provincial health departments or provincial health systems, (3) district health offices or district health systems, (4) hospitals, and (5) health centers. The LMG governance guides and handbooks are available at <http://www.lmgforhealth.org/expertise/governing>.

Guides

1. Guide for Cultivating Accountability
2. Guide for Engaging Stakeholders
3. Guide for Setting a Shared Strategic Direction
4. Guide for Stewarding Resources
5. Guide for Continuous Governance Enhancement

Handbooks

1. Training Facilitation Handbook for the Ministry of Health Governance Leaders and Staff
2. Training Facilitation Handbook for Provincial Health Office Governance Leaders and Staff
3. Training Facilitation Handbook for District Health Office Governance Leaders and Staff
4. Training Facilitation Handbook for Hospital Governance Leaders and Staff
5. Training Facilitation Handbook for Health Center Governance Leaders and Staff

LeaderNet

LeaderNet is a virtual community of health professionals, managers, facilitators, and technical experts who are interested in improving the leadership, management and governance of health services and programs. LeaderNet offers multilingual online seminars, tools and resources on leadership, management and governance, and networking opportunities for health professionals around the world. You may join LeaderNet community of practice at <http://leadernet.org>.

Governance guides and handbooks from other organizations

1. Healthy NHS Board
<http://www.leadershipacademy.nhs.uk/discover/the-healthy-nhs-board/>
2. Good Governance Institute
<http://www.good-governance.org.uk/publications/>
3. Healthcare Quality Improvement Partnership
<http://www.hqip.org.uk/assets/Guidance/GGI-HQIP-Good-Governance-Handbook-Jan-2012.pdf>
4. Institute of Healthcare Improvement
<http://www.ihl.org/resources/Pages/Tools/HowtoGuideGovernanceLeadership.aspx>
5. Governance Center of Excellence
<http://www.thegce.ca/Pages/default.aspx#5>
6. IPPF Code of Good Governance
<http://www.ippf.org/resource/IPPF-Code-Good-Governance>
7. IPPF Governance Handbook
<http://www.ippf.org/resource/Welcome-Board-governance-handbook>
8. Center for Healthcare Governance
<http://www.americangovernance.com/americangovernance/resources/blueribbon.html>
<http://www.americangovernance.com/resources/reports/guide-to-good-governance/>
9. CDC Local Public Health Governance Performance Assessment
<http://www.cdc.gov/nphpsp/documents/final-governance-ms.pdf>
http://www.cdc.gov/nphpsp/documents/governance/07_110300-gov-booklet.pdf
10. WHO
http://www.who.int/healthinfo/statistics/toolkit_hss/EN_PDF_Toolkit_HSS_Governance.pdf
11. MSH Pharmaceuticals and the Public Interest: The Importance of Good Governance
<https://www.msh.org/resources/pharmaceuticals-and-the-public-interest-the-importance-of-good-governance>
12. Effective Governance for Quality and Patient Safety in Canadian Healthcare Organizations
<http://www.patientsafetyinstitute.ca/English/research/PatientSafetyPartnershipProjects/governanceForQuality/Documents/Full%20Report.pdf>
13. Governance Guide for Primary Health Organizations
<http://www.nzdoctor.co.nz/media/265830/governanceguideforphosdraft07.pdf>
14. Good governance guide helping local governments govern better
<http://www.goodgovernanceguide.org.au/>
15. Good Governance Institute of Australia
<http://www.governanceinstitute.com.au/knowledge-resources/good-governance-guides/>
16. Good governance guide for public sector agencies
<http://www.publicsector.wa.gov.au/public-administration/public-sector-governance/good-governance-guide-public-sector-agencies>
17. Practical Guide to Collaborative Governance and Training Manual
http://www.policyconsensus.org/publications/practicalguide/collaborative_governance.html

18. ELDIS
http://www.eldis.org/go/topics/resource-guides/health-systems/governance-and-health#.U3mtp_YU-wl
19. DIY committee guide
<http://www.diycommitteeguide.org/resource/governance-health-check>
20. National Association of Local Boards of Health
<http://nalboh.org>
21. National Association of Public Hospitals and Health Systems
www.naph.org
22. National Center for Healthcare Leadership
<http://www.nchl.org/>
23. Great Boards
<http://www.greatboards.org/>
24. BoardSource
<https://www.boardsource.org/eweb/DynamicPage.aspx?Site=bds2012&WebKey=6d3c3e6f-9d8c-441b-946c-f5a41d1e4b86>
25. Assessing Governance to Achieve Health and Education Goals published by UNDP Oslo Governance Center

Continued governance education opportunities

Many continued governance education opportunities are currently available if you would like to continue learning. We have listed several such opportunities below.

e-Institute of the World Bank

1. e-courses
 - a. Introduction to Social Accountability
 - b. Social Accountability Tools for the Africa Region
 - c. ICT for Social Accountability
 - d. Gender Equality and Development
 - e. Health Outcomes and the Poor
 - f. Management in Health
 - g. Results Based Financing in Health
 - h. Strengthening the Essential Public Health Functions: Part I, II and III

Part I covers introductory module and basis and organization of health systems: (i) Health Situation Monitoring; (ii) Surveillance and Risk Control; (iii) Human Resource Development; (iv) Emergencies and Disasters.

Part II covers strategy and policy: (v) Policy Development; (vi) Regulation; (vii) Health Promotion; and (viii) Research.

Part III covers Track 3: Access and Quality: (ix) Quality of Services; (x) Equitable Access; (xi) Social Participation; and (xii) Inter-sectoral Action for Health.
2. Webinars
 - a. Introduction to Principles and Guidelines for Better Governance in Hospitals
<http://einstitute.worldbank.org/ei/webinar/themes/improving-governance-and-social-accountability-in-health-care-services-delivery>

- b. Improving Health Service Delivery in Uganda: A Multistakeholder Approach
<http://einstitute.worldbank.org/ei/webinar/improving-health-service-delivery-uganda-multistakeholder-approach>

3. eCommunities
<http://einstitute.worldbank.org/ei/community>

An e-community is a web site where people and practitioners from around the globe who share common concerns get together to exchange ideas, experiences, resources, challenges and possible solutions, and tools on a specific subject. You will find several online learning communities at the above site. Governance and Health Systems (Electronic Network of Procurement Practitioners (eNePP)) and Governance (Voices against Corruption Youth Network) are two examples. You may join the communities of practice of your interest.

Online courses from other institutions

1. Maastricht University
<http://mgsog.merit.unu.edu/education/onlinecourses.php?cat=governance>

Governance is a complex concept which is often used but not always correctly understood. It is an elusive notion, defined and measured in various ways. This course guides participants through theoretical debates surrounding the concept of governance while at the same time presenting a range of examples to illustrate how governance works in practice. The framework of the course covers: governance as an analytical term, governance and public administration, governance and globalization, governance as decision-making, governance and international organizations. The target group of this course is students, policy practitioners, NGO staff, and civil and international servants. The course is structured in 5 learning modules stretched across 10 weeks. The learning process consists of a series of online lectures, tutorial supervision, online movie screenings, and assignments.

2. Wisdom center
<http://www.wisdomnet.co.uk/courses/clinical-governance>

This short training course is for clinicians and health service managers. It provides a comprehensive introduction to clinical governance and risk management, and how they can be used to deliver excellence in clinical care. Training is delivered entirely online. You can start at any time and take as long as you wish to complete the training. Most participants prefer to study one topic a week (approximately two hours study time), spreading it over a ten-week period.

The course has been divided into 10 topics, covering the key elements of clinical governance and risk management, that include finding and using evidence, EBP and guidelines, patient and public involvement, accountability, performance and underperformance, risk management, audit, effectiveness and coding, patient safety and significant event audit, and data security and confidentiality.

3. UNESCO
 Online Course on Governance of Decentralized Sanitation
<http://www.unesco-ihe.org/online-course-governance-decentralized-sanitation>

The overall objective of this course is to provide participants with an understanding of policy and management challenges with reference to peri-urban sanitation services.

4. The Governance Institute

<http://www.governanceinstitute.com.au/learning/short-courses-certificates/>

Governance Institute's Certificate courses provide knowledge and skills for those in a governance role who are responsible for the corporate accountability functions of an organization and who require a broad understanding of their governance responsibilities and the skills required to carry them out. This can be in a public or proprietary company, a not-for-profit, public sector or other organization.

5. Online Health Governance Development Program

<http://www.cha.ca/online-health-governance-development-program-to-launch/>

The Canadian Healthcare Association (CHA) has launched the Governance Development Program (GDP) - a distance learning program designed to support the training of health sector boards of directors. The GDP is a series of online courses aimed at developing and strengthening key health governance competencies. This series of courses focuses on essential governance skills and knowledge. CHA has another course in the series: Governing for Quality and Safety.

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