Leadership, Management & Governance (LMG) for Midwifery Managers

Participant Workbook | Course Handouts & Reporting Forms
Dear Participant,

Congratulations on being nominated to the Leadership, Management & Governance for Midwifery Managers certificate course! It is our sincere hope that this course will empower you to address significant workplace challenges and to emerge as confident leader and manager of midwifery service delivery. The purpose of this workbook is to provide a central location for you to access the course handouts which you will reference throughout your training (Part I of this workbook), as well as the required reporting forms to graduate from the course (Part II of this workbook). This workbook was designed to make it easier to reflect on course concepts and record data from your clinic during your 6-month quality improvement project.

Please remember that each reporting form in Part II must be completed by the end of your five-day training and photo copied or hand copied for your trainer to submit to Amref and MSH headquarters. If you have any questions on how to fill out the reporting forms, you can reference your course handouts or ask for assistance from your trainer.

We look forward to reading about your successes in utilizing L+M+G skills to affect change in your communities!

Sincerely,
The Leadership, Management & Governance for Midwifery Managers Team

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Part I: Course Handouts
Module 1, Unit 1: Leadership and Management Practices

The concepts of leadership and governance encompass strategic direction, plans and policies, effective oversight, regulation, motivation, and partnerships that integrate all health systems building blocks to achieve results.

Millions of people still die every year from infectious diseases and other preventable causes, no matter how much money we put into improving health services, health systems, educational campaigns, health worker training, equipment, and facilities. Medically, we know what to do to save these lives and significantly reduce illness. Scaling up these high-impact interventions and proven best practices is the key to preventing avoidable deaths and achieving major improvements in health. Scale-up is also essential to get on track to meet the Millennium Development Goals for health. However, scale-up does not happen without inspired leadership and skilled management.

However, you do not have to be like Mother Teresa, Mohandas Gandhi, or Nelson Mandela to make a difference in the lives of others. Unlike each of these heroes, you do not have to make enormous personal sacrifices. You can be like the many health care managers and providers who have quietly - and without great personal sacrifice - made critical changes in their organizations that brought good services and good health to their clients. We believe that you can join these people by becoming a manager who leads.

Leadership involves strategically developing and implementing plans and policies with accountability and transparency. Good leadership requires the ability to face challenges to achieve results in complex conditions, can and should be practiced at all levels.

According to The Health Systems Assessment Approach: A How-To Manual (Islam 2007), good governance in the health sector is characterized by competently directing health system resources, performance, and stakeholder participation toward the goal of saving lives and doing so in ways that are open, transparent, accountable, equitable, and responsive to the needs of the people. For health care interventions to work, countries need effective policymaking, transparent rules, open information, and active participation by all stakeholders in the health sector. The concept of good governance has gained prominence as interest in improved economic performance and poverty reduction in developing countries has risen. Several other factors also highlight the need for good governance in the health sector:

- the growth of large new multi-sectoral bodies with responsibility for the oversight of complex partnerships;
- an unprecedented level of funding for health in developing countries;
- the trend towards decentralizing health systems and transferring governance functions to lower levels of government;
- The urgent need to support and stabilize countries coming out of conflict.
Governments and national and international nongovernmental organizations (NGOs) are feeling the pressure to be accountable for and transparent in the use of development funds and to work in the public interest.

As a manager of a health program or health services, you can—and should—exercise leadership at your level, whether you are the coordinator of a community health program or the Minister of Health, you are responsible for the performance of the entire health system. This notion of leadership at all levels often surprises people, because they confuse leadership with authority. Authority is a role that people assume because of their position, but it is not synonymous with leadership. Leadership is about enabling people to identify and face challenges and achieve results. Facing a challenge means bringing about positive change in the way things are done.

Leadership helps an organization be successful and create its desired future.
Module 1, Unit 3: Gender Integration Continuum

Figure 1: Gender integration continuum/scale

Table 1: Summary of gender integration continuum/scale

<table>
<thead>
<tr>
<th>Gender Blind</th>
<th>Gender Aware</th>
<th>Gender Exploitative</th>
<th>Gender Accommodating</th>
<th>Gender Transformative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Refers to the absence of any proactive consideration of the larger gender environment and specific gender roles affecting program/policy beneficiaries.</td>
<td>Refers to the explicit recognition of local gender differences, norms, and relations and their importance to health outcomes in program/policy design, implementation and evaluation.</td>
<td>Refers to approaches to program/policy design, implementation, and evaluation that take advantage of existing gender inequalities, behaviors, and stereotypes in pursuit of health and demographic outcomes. The approach reinforces unequal power in the relations between women and men, and potentially deepens existing inequalities.</td>
<td>Refers to approaches to project design, implementation, and evaluation that adjust to or compensate for gender differences, norms, and inequalities. They do not deliberately challenge unequal relations of power or address underlying structures that perpetuate gender inequalities.</td>
<td>Refers to approaches that explicitly engage women and men to examine, question, and change institutions and norms that reinforce gender inequalities, and as a result achieve both health and gender equality objectives.</td>
</tr>
</tbody>
</table>

Awareness of the gender context is often a result of a pre-program/policy gender analysis. Gender aware contexts allow program staff to consciously address gender constraints and opportunities, and plan their gender objectives. Hence, program/policy planners and managers should follow two gender integration principles in pursuit of health outcomes:

- Under no circumstances should programs/policies adopt an exploitative approach since one of the fundamental principles of development is to — do no harm.

The overall objective of gender integration is to move toward gender transformative programs/policies, thus gradually challenging existing gender inequities and promoting positive changes in gender roles, norms, and power dynamics.
Challenge Model

Mission

Vision

Measurable result:

Priority actions

Obstacles and root causes

Current situation:

Challenge:

(How will we achieve our desired result in light of the obstacles we need to overcome?)
Module 2, Unit 4:
SMART Results

When creating a Desired Measurable Result, it is crucial to craft a statement that is **SMART**:

**Specific (S):** What does the Desired Measurable Result seek to accomplish? Is it clear enough that anyone would understand what the result is that you have described?

**Measurable (M):** Is the Desired Measurable Result framed in a way that is truly measurable in terms of frequency and numbers of items, etc.? Could indicators be developed to measure whether or not the desired result is achieved? Sometimes the measurement is that something didn’t exist before, but will exist at the completion of the implementation of your action plan. Other times there is a clear quantitative baseline indicator that you can establish and monitor to demonstrate improvement.

**Appropriate (A):** Is the Desired Measurable Result appropriate to the goals and organizational level of the team, and to the mission of the organization? Is this result within your team’s control?

**Realistic (R):** Can the Desired Measurable Result be realistically achieved within the allotted timeframe, and with the financial and human resources that are currently available?

**Time-Bound (T):** This is the specific time period during which the desired result will be achieved (a day, month and year when you will start; and a day, month and year by which you will finish).

**Examples of SMART Desired Measurable Results**

1. **By October 15, 20xx (6 months from now), we will have increased the percentage of deliveries by skilled birth attendants in our catchment area from 23% to 50%.

   Note that in this example, this team already has a baseline measurement that indicates that 23% of deliveries in the clinic’s catchment area are made by a skilled birth attendant. It is also important to notice that this team is using percentages instead of whole numbers as a measurement, because the overall number of deliveries can vary month by month. By using a percentage, the team is guaranteed to have comparable Measurable data across months even if the total number of overall births changes.

2. **By December 30, 20xx (6 months from now), we will have developed an ANC Partner Involvement Strategy that will encourage male accompaniment of their partners to antenatal care. This strategy will include key roles and responsibilities of staff members, a comprehensive advocacy plan with indicated deliverables and target dates, as well as a Partner Involvement form that staff will fill out and file monthly to track the percentage of ANC users who are accompanied to their appointments.

   Note here that the content of the strategy is quite specific and isn’t just “develop a partner involvement strategy.” The team has gone on to say what areas will be covered in the strategy. Also, there is no number to measure against. The measurement here is that the team sees that in order to move toward their vision they need to develop 1 clear strategy for how they will engage men in antenatal care.
Module 2, Unit 4:
SMART Knowledge Quiz

Your trainees have the following quiz in their Trainee Workbook. It is a useful exercise to help them practice their “SMART” knowledge by identifying which of the following SMART components each Desired Measurable Result follows.

1. We will improve the knowledge about the benefits of antenatal care among pregnant mothers who visit our clinic by October 15, 20xx (six months from now).
   - Specific: __  Measurable:__  Appropriate:__  Realistic:__  Time-bound:__

2. Our clinic will increase the percentage of women who are tested for HIV prior to delivery from 36% to 75%.
   - Specific:__  Measurable:__  Appropriate:__  Realistic:__  Time-bound:__

3. By April 1, 20xx (one month from now), our clinic will do a baseline assessment to measure the percentage of women who attend their fourth antenatal care visit, and will increase that value overall by 10% by October 1, 20xx (seven months from now).
   - Specific:__  Measurable:__  Appropriate:__  Realistic:__  Time-bound:__

Answer: In DMR #1, “improving knowledge” is not clear enough to meet the Specific criteria of SMART. It is also not Measurable due to its lack of specificity. Therefore, DMR #1 must be edited in order to be acceptable. DMR #2 includes a Measurable and Specific goal, including clear baseline and target data, but it is not Time-bound. To make this DMR acceptable, an end date must be included. Example #3 is the only DMR that meets all of the SMART criteria:

Specific: The DMR clearly states that the focus of the activity is to increase the percentage of women attending their fourth antenatal care visit.

Measurable: Although baseline data is not currently available for this DMR, a plan to collect the baseline percentage and increase it by 10% overall is clearly in place. If the baseline percentage ends up being higher than 90%, the target increase can be adjusted at the end of the first month with the help of the TOT.

Appropriate: It is likely that improving antenatal care attendance is within the team’s control and is a relevant goal for the overall clinic.

Realistic: Improving fourth antenatal care visits by 10% is most likely a reasonable goal to achieve in 6 months.

Time-bound: This DMR clearly delineates the timeline for establishing baseline data (1 month), and for achieving the target increase of 10% (six months after the baseline is established).
Module 2, Unit 5:
The Five “Why’s”

Current Obstacle: High staff turnover

Why is it happening? Because...

1. Staff dissatisfied with their jobs
   Why is that?

2. Poor work climate at the health facilities
   Why is that?

3. Inequitable salaries, lack of promotional opportunities
   Why is that?

4. Poor HR policies and HRM systems and processes
   Why is that?

5. Lack of trained HRM professionals
   Why is that?

Your turn! Using the challenges identified in your action plan, conduct your own root cause analysis using the Five Why’s Method.
A situation analysis is an assessment of the current health situation and is fundamental to designing and updating national policies, strategies, and plans.

A strong situation analysis is not just a collection of facts describing the epidemiology, demography, and health status of the population. Instead, it should be comprehensive, encompassing the full range of current and potential future health issues and their determinants. It should also assess the current situation as compared to the expectations and needs of the country.

Such a situation analysis can then serve as the basis for setting priorities to be addressed in the policy, strategy, or plan through the process of a broad, inclusive policy dialogue.

A robust situation analysis might include an assessment of:

- Social determinants of health and health needs, including current and projected disease burdens and health challenges
- Expectations, including current and projected demand for services, as well as social expectations
- Health system performance and of performance gaps in responding to needs and expectations
- Capacity of the health sector to respond and anticipate current and future challenges
- Health system resources (human, physical, financial, informational) and of resource gaps in responding to needs and expectations
- Stakeholder positions (including, where appropriate, of external partners).
Sample Priority Matrix

<table>
<thead>
<tr>
<th>Criteria (Rank from 1 to 3)</th>
<th>Train counselors</th>
<th>Conduct community education seminars</th>
<th>Renovate clinic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time to implement</td>
<td>2</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>1 = most time</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 = least time</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cost to implement</td>
<td>2</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>1 = highest cost</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 = lowest cost</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Long-term potential for quality improvement</td>
<td>3</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>1 = least potential</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 = most potential</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Availability of resources</td>
<td>1</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>1 = least available</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 = most available</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td><strong>8</strong></td>
<td><strong>10</strong></td>
<td><strong>5</strong></td>
</tr>
</tbody>
</table>

**Step 1:** List 3 priority actions at the top of the matrix

**Step 2:** Rank each priority action according to the measures on the left

**Step 3:** Calculate the total points for each action. The higher the score, the higher the priority the action should be.
Interpersonal skills

Interpersonal skills are the life skills we use every day to communicate and interact with other people, both individually and in groups. People who have worked on developing strong interpersonal skills are usually more successful in both their professional and personal lives.

Key interpersonal skills

- **Verbal Communication** - What we say and how we say it.
- **Non-Verbal Communication** - What we communicate without words, body language is an example.
- **Listening Skills** - How we interpret both the verbal and non-verbal messages sent by others.
- **Negotiation** - Working with others to find a mutually agreeable outcome.
- **Problem Solving** - Working with others to identify, define, and solve problems.
- **Decision Making** – Exploring and analyzing options to make sound decisions.
- **Assertiveness** – Communicating our values, ideas, beliefs, opinions, needs, and wants freely.
Module 3, Unit 2:
Assertive Communication and Conflict Styles

Assertive communication can strengthen your relationships, reducing stress from conflict and providing you with social support when facing difficult times. A polite but assertive ‘no’ to excessive requests from others will enable you to avoid overloading your schedule and promote balance in your life. Assertive communication can also help you handle difficult family, friends, and co-workers more easily, reducing drama and stress.

- When approaching someone about behavior you’d like to see changed, stick to factual descriptions of what they’ve done that has upset you, rather than labels or judgments.
  Here’s an example:
  Situation:
  Your friend, who habitually arrives late for your plans, has shown up twenty minutes late for a lunch date.
  Inappropriate: "You’re so rude! You’re always late."
  Assertive Communication: "We were supposed to meet at 11:30, but it’s now 11:50."

- The same should be done if describing the effects of their behavior. Don’t exaggerate, label, or judge; just describe:
  Inappropriate: “Now lunch is ruined.”
  Assertive Communication: “Now I have less time to spend eating because I still need to be back to work by 1pm.”

- Use “I Messages”. Simply put, if you start a sentence off with “You”, it comes off as more of a judgment or attack, and puts people on the defensive. If you start with “I”, the focus is more on how you are feeling and how you are affected by their behavior. Also, it shows more ownership of your reactions and less blame.
  For example:
  ‘You Message’: “You need to stop that!”
  ‘I Message’: “I’d like it if you’d stop that.”

- Here’s a great formula that puts it all together:
  “When you [their behavior], I feel [your feelings].”
  When used with factual statements, rather than judgments or labels, this formula provides a direct, non-attacking, more responsible way of letting people know how their behavior affects you.
  For example:
  “When you yell, I feel attacked.”

- A more advanced variation of this formula includes the results of their behavior (again, put into factual terms), and looks like this:
  “When you [their behavior], then [results of their behavior], and I feel [how you feel].”
  Here are some examples:
  “When you arrive late, I have to wait, and I feel frustrated.”
“When you tell the kids they can do something that I’ve already forbidden, some of my authority as a parent is taken away, and I feel undermined.”

Tips:

- Make sure your body reflects confidence: stand up straight, look people in the eye, and relax.
- Use a firm, but pleasant tone.
- Don’t assume you know what the other person’s motives are, especially if you think they’re negative.
- When in a discussion, don’t forget to listen and ask questions. It’s important to understand the other person’s point of view as well.
- Try to think win-win: see if you can find a compromise or a way for you both to get your needs met.

Conflict resolution

The dual concern model of conflict resolution is a conceptual perspective that assumes individuals’ preferred method of dealing with conflict, which is based on two underlying themes or dimensions:

- A concern for self (i.e. assertiveness), and
- A concern for others (i.e. empathy).

According to the model, group members balance their concern for satisfying personal needs and interests with their concern for satisfying the needs and interests of others in different ways. The intersection point between these two dimensions ultimately lead individuals towards exhibiting different styles of conflict resolution (Goldfien & Robbennolt, 2007). The dual model identifies five conflict resolution styles/strategies that individuals may use depending on their dispositions toward pro-self or pro-social goals.

1. Avoidance conflict style

   Characterized by inaction and passivity, avoidance conflict style is typically used when an individual has reduced concern for their own outcomes, as well as the outcomes of others. During conflict, these avoiders adopt a “wait and see” attitude, often allowing conflict to phase out on its own without any personal involvement (Bayazit & Mannix, 2003). Unfortunately, by neglecting to address high-conflict situations, avoiders risk allowing problems to fester out of control.

2. Yielding conflict style

   In contrast, yielding or “accommodating” conflict styles are characterized by a high concern for others while having a low concern for one’s own self. This passive pro-social approach emerges when individuals derive personal satisfaction from meeting the needs of others and have a general concern for maintaining stable, positive social relationships. When faced with conflict, individuals with a yielding conflict style tend to give into others’ demands out of respect for the social relationship.

3. Competitive conflict style
Competitive or “fighting” conflict style maximizes individual assertiveness (i.e., concern for self) and minimizes empathy (i.e., concern for others). Groups consisting of competitive members generally enjoy seeking domination over others, and typically see conflict as a “win or lose” predicament. Fighters tend to force others to accept their personal views by employing competitive, power tactics (e.g., argue; insult; accuse; violence) that foster feelings of intimidation (Morrill, 1995).

4. Cooperation conflict style

Characterized by an active concern for both pro-social and pro-self behavior, cooperation conflict style is typically used when an individual has elevated interests in their own outcomes as well as in the outcomes of others. During conflict, cooperators collaborate with others in an effort to find an amicable solution that satisfies all parties involved in the conflict. Individuals with this type of conflict style tend to be highly assertive and highly empathetic at the same time. By seeing conflict as a creative opportunity, collaborators willingly invest time and resources into finding a “win-win” solution. According to the literature on conflict resolution, a cooperative conflict resolution style is recommended above all others (Sternberg & Dobson, 1987; Jarboe & Witteman, 1996).

5. Conciliation conflict style

Conciliation or “compromising” conflict style is typical of individuals who possess an intermediate-level of concern for both personal and others’ outcomes. Compromisers value fairness and, in doing so, anticipate mutual give-and-take interactions. By accepting some demands put forth by others, compromisers believe this agreeableness will encourage others to meet half-way, thus promoting conflict resolution (van de Vliert & Euwema, 1994). This conflict style can be considered an extension of both “yielding” and “cooperative” strategies.
Module 3, Unit 3:
Team Motivation Strategies

Effective communication and teamwork is essential for the delivery of high quality, safe patient care. Communication failures are an extremely common cause of inadvertent patient harm. The complexity of medical care, coupled with the inherent limitations of human performance, make it critically important that clinicians have standard communication tools, create an environment in which individuals can speak up and express concerns, and share common "critical language" to alert team members to unsafe situations. All too frequently, effective communication is situation or personality dependent. Other high reliability domains, such as commercial aviation, have shown that the adoption of standardized tools and behaviors is a very effective strategy in enhancing teamwork and reducing risk. Additionally, lessons learned to be effective techniques in achieving cultural change, evidence of improving the quality of the work environment, practice transfer strategies, critical success factors, and the evolving methods of demonstrating the benefit of such work are described.

Motivation Strategies

Acknowledge Accomplishments

- Nobody wants to feel unappreciated, particularly after helping the company achieve important goals. Yet fewer than half of recently surveyed employees (43%) said they receive adequate nonmonetary recognition for their accomplishments at work.
- Remember that recognizing a job well done with an Employee of the Month designation, a gift certificate, or simply a mention at a staff meeting demonstrates that you value your employees.
- The way people feel about their work environment can also have a major influence on the way they approach their jobs. Consider acknowledging the company's accomplishments by making improvements to the workplace from time to time. There are plenty of ways to celebrate shared business success without breaking the bank, such as installing a decent coffee/tea machine for everybody to enjoy, replacing old office equipment, or putting a decent couch in the break room.

Provide Growth Opportunities

- Most workers don't feel their development needs are being met by their employers: Only 44% of those recently surveyed said they are satisfied with the growth and development opportunities offered at work. A similar number (43%) said a lack of those opportunities is a "somewhat" or "very" significant stress factor.
- Mentoring younger employees, giving experienced workers new responsibilities, and making skill training available to staff members will show that you value their careers and contributions. That, in turn, should make them more likely to stick around and remain productive -- especially if they believe there will be more opportunities for growth in the future.

Explain Strategies and Roles

- Clearly explaining what you want the business to accomplish -- and how each employee can make that happen -- creates an atmosphere of teamwork and positive engagement. It can also head off
problems before they arise. Coworkers who understand each other’s roles are less likely to experience conflicts about overlapping responsibilities and expectations.

- Each time your company gets a new client or contract, speak with your employees as a group to identify specific worker assignments and reporting structures.

**Be Flexible on Work Arrangements**

- Allowing employees to adapt their work schedules to the demands of personal and family commitments means you care about them as people -- not just business resources.

- Examples of flexible work arrangements include nontraditional start and end times, compressed workweeks, and flexibility in the amount of hours worked. Allowing employees to work at home may also help boost their motivation and loyalty.

- At some point, you will probably need to formalize your flexibility policies. A single employee who needs to arrive an hour late one day a week shouldn’t present a problem. But managing several workers who all expect to be granted their own flexibility could present logistical challenges and raise questions of fairness.

**Enhance Benefit Offerings**

- If your company is growing and enjoying success, consider “sharing the wealth” by enhancing benefit offerings that will help employees address important financial goals in their lives, such as retirement planning and insurance coverage.

- The long-term reward of upgrading benefits may offset some of the additional up-front expenses. For example, losing a key employee to a company offering better benefits could result in lost productivity and new costs associated with recruiting and training a replacement.

**Maintain Open Communication**

- Employees don’t just want to hear your feedback; they want you to welcome theirs. Even if you don’t act on every recommendation, listening to input and suggestions will go a long way toward showing that each employee’s contributions are important.

Put a suggestion box in the office and read some of the submissions during company meetings. Before doing so, however, screen the comments and formulate a response for those you choose to discuss. You don’t want to address an employee’s comment without having first given it thought and prepared your answer.
Module 3, Unit 4: 
Keys to Mentoring

The following are four keys to establishing successful mentor-mentee relationships.

Key #1: Develop a Relationship of Trust
Develop a relationship of trust. Relationships need to be built before any effective mentoring can take place. An environment of trust and mutuality must be established. It is important for the mentor and mentee to become acquainted with each other.

Begin each relationship with a getting-to-know-you session.

- The mentor should greet the mentee warmly and help the mentee identify his or her professional needs and goals.
- The mentor should learn about the mentee's educational background and experience, and share information about his or her own background and experience.
- The mentor can then continue to build upon the mentee's strengths, needs, and goals throughout the mentoring period.

Key #2: Define Roles and Responsibilities
Clearly define the roles and responsibilities of both the mentor and the mentee. Typically, a mentee is more receptive to feedback if he or she feels like an active participant in the relationship.

- What will the role of the mentor be?
- What types of mentoring will be most effective?
- What are the responsibilities of the mentee and mentor? For example, the mentee may be required to attend specific training given by the mentor or complete a certain number of mutually determined goals during the mentoring period.

Key #3: Establish Short and Long Term Goals
Establish short- and long-term goals. Mentors and mentees should work together to develop mutually agreed upon goals. These goals become the basis for the mentoring activities. For example, a mentor and mentee might determine they want to improve math and science experiences within the preschool classroom. A short-term goal could be to create new interest centers within the classroom featuring items such as sea shells, pine cones, rocks, and magnifying glasses. A long-term goal could be to facilitate ongoing classroom activities using the materials in a variety of experiences. The mentor would then support the mentee in reaching these goals.
Key #4: Collaborate to Solve Problems

Be collaborative in solving problems. Mentors need to allow mentees the opportunity to identify concerns and potential solutions. Mentors should encourage mentees to take risks and do things differently by implementing creative solutions. Mentors can improve the outcome of their mentoring by doing the following together:

- Identify the specific concern.
- Brainstorm possible solutions. The mentor can offer ideas, but the mentee should be allowed to choose which plan to put into action.
- Select a plan to try, and discuss desired outcomes.
- Implement the plan. The mentor should be supportive and encouraging, and reinforce successful completion of the plan.
- Assess the outcome together. The mentor and mentee should be reflective and discuss the effectiveness of the activity and make adjustments as needed.
- Try another solution, if needed. It is important for mentors to remember that there are many different ways to address an issue and that the mentor's way may not be the most effective solution for the mentee.

Celebrate successful results.
Martha and Mary Mentoring Case Study

Martha calls her mentor Mary with an urgent problem she is facing. When Martha calls, the mentor tells her very abruptly that she is on another line and cannot talk to her. She asks her to hold the line and after about ten minutes Mary gets back on the line.

Ten minutes later, Mary finishes her conversation on the phone and asks Martha to explain what was so urgent. While Martha is talking, the phone rings on Mary’s phone three times and each time, Mary interrupts Martha’s conversation for at least two minutes while she talks to the caller on the telephone.

While Mary is on the phone, Martha is visibly frustrated and thinks “Mary is not interested in the urgent need that I have. She is not even trying to give me the time to tell her my problem.” After the third interruption, Mary says to Martha “I am very busy right now, please just call me later and perhaps we can discuss.” Martha hangs up the phone.

In the corridor, Martha runs into a friend who knew that Martha was reaching out to Mary for help and asks her;

“How did it go?”

Martha answers

“Terrible! Mary told me many times to call her if I had an urgent problem. When I called her right now she did not even bother to take time and talk to me. I even told her that it was urgent. Can you imagine, she doesn’t even bother to at least give me five minutes of attention? I was holding the phone while she took other calls and I felt like an absolute idiot. Now I realize she has never respected me. This is not the first time. I have talked to her many times about the different challenges I have and the solutions I have come up with and she does not even acknowledge that. It’s not worth making an effort. Next time she volunteers to help me with a problem, I will just ignore it and will not call her. I will deal with the problem myself.”

What interpretations does Martha make based on what she observed?

Martha says Mary considers her an inferior person that she has decided to ignore; she says that she has always been treated by Mary that way, that she has many times discussed situations where she presented situations and that she has never gotten an acknowledgement from Mary. She concludes that it is not worth reaching out to Mary in the future and that she is not happy with having to work with her.
People tend to confuse what they observe with reality; people consider their interpretations of any given situation as the actual facts. The problem, however, does not reside in our interpretations themselves, because all of us interpret information since this is the way we make decisions. The real problem is that we swiftly move from a few observable facts to one or more interpretations. We then tend to consider our interpretations, which are subjective and biased, as the absolute facts.

Is it a fact that Mary sees Martha as an inferior person and does not value her perspective?

No, the only thing that Martha can assert as fact is she was made to hold the phone and wait while Mary was being interrupted by other calls and that Mary was abrupt in her conversation. Based on these facts, there could be many interpretations. It is possible that Mary was under a lot of pressure at the time, which prevented her from paying more attention to Martha? Perhaps that is why she asked her to call back at another time, in order to discuss it with her when she was under less pressure. Martha cannot actually know the facts unless she initiates a conversation with Mary.

We see now that Martha created a story based on her interpretations. This story produced a series of emotions within her that angered her and made her conclude that it was not worth it to do her best, or to continue seeking Mary’s help in the future. When Martha considers her interpretations as facts, she does not take into account the need to verify her assumptions, or explore other possible interpretations with Mary herself. Much like Martha, we continuously interpret facts based on select information we observe from actual situations, and then we react emotionally to these interpretations, and consequently make decisions based on incomplete or inadequate information.

It is inevitable that we will have emotional reactions to actual facts in certain situations, and then make judgments and draw conclusions based on our interpretations. There are, however, ways we can improve our communication. We can:

• Become aware of the fact that our observations of reality are always limited and partial.

• Know that our previous experiences can color and distort our current perceptions of reality.

• Understand that our interpretations could be more accurate if we enrich them with the perceptions of other people.

• Recognize that we make better decisions when we initiate conversations with others. In doing so, we can clarify the facts, express emotions, better interpret things, and make decisions based on more accurate information.
Module 3, Unit 4:
The ORID Method

The ORID focused conversation method (Objective, Reactive, Interpretative and Decisional), included in the reading of this module, allows people to analyze the facts that actually occurred in a situation, express the emotions that these facts provoke, question the interpretations, and make decisions based on them.

The four steps of the ORID focused conversation are the same as the steps of critical thought: Objective, Reflective, Interpretive and Decisional. The process helps us make better and more informed judgments and adopt better decisions. Used by the coach, the focused conversation can help lead the coached person to a better analysis of how the results produced by his actions are the consequence of interpretations that are influenced by emotions.

<table>
<thead>
<tr>
<th>Steps</th>
<th>Questions</th>
</tr>
</thead>
</table>
| **Objective** | • What do you remember?  
             | • What happened?  
             | • What did you discover? |
| **Reflective** | • Describe your response.  
               | • How did you feel about that?  
               | • How do you think the others felt? |
| **Interpretive** |                                               |
| **Decisional** |                                               |
### Interpretive

Identifying what was significant or meaningful.

- What does this mean for your work? Learning? Practice?
- How was this important for you/others?
- How will this affect the project/leadership practice?

### Decisional

Identifying decisions and actions that will be taken as a result of the experience.

- How does this affect what you do immediately?
- What are you going to do now?
- What changes are needed?
- What will you do and when?
- How will you do things differently next time?
- What actions or action plan can you now establish?

Adapted from the group facilitation methods of the Institute of Cultural Affairs outlined in R Brian Stanfield (ed) The Art of Focused Conversation 1997
https://sites.google.com/site/leadershipttprmit/home/introduction/introduction-text/more/plans/how-to/more-again/mentoring

If the mentee does not come up with alternatives, the mentor can suggest some. She/he can offer examples of what s/he or others have done in similar circumstances. However, it would be more helpful to first ask the mentee if he or she has previously experienced similar situations and has resolved them successfully.

### Sample questions for the four steps of a mentoring conversation

<table>
<thead>
<tr>
<th>Objective:</th>
<th>What results would you like to attain? What are you committed to?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>What result are you actually getting?</td>
</tr>
<tr>
<td></td>
<td>What stands in your way?</td>
</tr>
<tr>
<td></td>
<td>Where are you staying on course and where are you derailing?</td>
</tr>
<tr>
<td>Reflective:</td>
<td>What feelings are generated by what has happened (or is happening)?</td>
</tr>
<tr>
<td></td>
<td>What does this situation remind you of (when has this happened before)?</td>
</tr>
<tr>
<td></td>
<td>How do you feel about the degree to which you are on or off course?</td>
</tr>
<tr>
<td>Interpretive:</td>
<td>What is the significance/importance/meaning of your current situation/predicament?</td>
</tr>
<tr>
<td></td>
<td>What is helping or hindering your success here?</td>
</tr>
</tbody>
</table>
| • Decisional: | • What is within your control and what is not?  
|            | • What would need to happen to get back on course?  
|            | • How is this affecting your life in other areas?  
|            | • What do you wish to do now?  
|            | • What should you do differently from now on?  
|            | • What actions can you take to overcome the obstacles?  
|            | • What support do you need to attain your desired results?  
|            | • Where or how can you obtain what you need?  
|            | • How can I help you? |

The focused conversation method is a structure to guide the conversation. If we skip a level and change the order, we risk not coming to a good decision. If we skip the objective level, for example, our conversation is not anchored in the facts. If we skip the reflective level, we ignore the powerful feelings and emotions which can have an impact on our actions. If we skip the interpretive level, we fail to see the importance, impact and consequences of the issue, and if we skip the decisional level, it will be just a conversation without a plan of action to solve the issue.
### Create context

- What did I do to create a comfortable environment to talk?
- Did I succeed?
- What would I do better if I had this conversation again?

### Step 1. Objective

- Did I explain the facts without making judgments and mixing them with my interpretations? **Explain:**
- What questions did I use to give the other person the opportunity to explain the facts that he/she observed?

### Step 2. Reflective

- Did I express my feelings without blaming the other person? What did you say?
- Did I ask questions to invite the other person to express his/her feelings? What was the question I asked? What did he/she say?
### Step 3. Interpretive

1. Did I express my interpretation (consequences, impact) of the situation and differentiate it from the facts?

2. Did I give the other person opportunity to express his/her own interpretations? What did he/she say?

### Step 4. Decisional

1. What questions did I ask to help the other person generate alternatives?

2. Did I propose a solution?

3. Did we come to an agreement? Is it satisfactory for me?
Module 4, Unit 2: 
Funding Proposal Template

INSERT TITLE HERE

Insert Clinic Address here

Funding Proposal

Organization at a Glance
Summarize what your facility does and who it serves. Also provide the founding date of your facility and who started the organization.

Vision

Mission

Key Staff
Provide the names and titles of 3 or so main team leaders

Looking Ahead

Purpose
Clearly state the purpose of this funding proposal (e.g. The purpose of this proposal is to secure $<X> of funding for <product> by <timeline>. We hope to seek investors from the <industry> industry who can commit $<X>).

Product
Provide a 1-2 sentence overview of the product you are trying to develop and/or fund.
Objectives
List your top 3 objectives or goals

Strategies
How will you achieve the above objectives? In 1-2 sentences describe organization strategies for success. This section will show the investor that you have thought through the implementation of your plan.

Market Fit
Provide a brief 2-3 sentence look into your market research – who do you plan to target with your services? Do you have any competitors? What makes your approach unique?

Marketing
How will you engage new customers? Provide 1-2 sentences that show a clear plan to market your idea and generate revenue.

Budget
Include a detailed budget for your action plan from the sample budget template provided in the previous handout. You will want to clearly indicate exactly how much funding you are asking for – whether it is the full total, or a part of the total.

[Insert organization photos or add further sub-headings as necessary. Remember to keep the document succinct, visually appealing, and have multiple staff members proofread for spelling and grammar. Delete this text before finalization of your Prospectus.]
## Module 4, Unit 2: Basic Budget Template

### Activity Budget

<table>
<thead>
<tr>
<th>Organization/Facility Name:</th>
<th>Activity:</th>
<th>Start and End Date:</th>
<th>Contact Person:</th>
<th>Activity Budget:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$ -</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SALARIES</th>
<th>Daily Rate</th>
<th># Days</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff Name, Title</td>
<td>$ -</td>
<td></td>
<td>$ -</td>
</tr>
<tr>
<td>Staff Name, Title</td>
<td>$ -</td>
<td></td>
<td>$ -</td>
</tr>
<tr>
<td>TOTAL SALARIES</td>
<td></td>
<td></td>
<td>$ -</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TRAVEL COSTS</th>
<th>Cost</th>
<th># Days</th>
<th># People</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local Transport</td>
<td>$ -</td>
<td></td>
<td></td>
<td>$ -</td>
</tr>
<tr>
<td>Meals &amp; Expenses (Out of Pocket)</td>
<td>$ -</td>
<td></td>
<td></td>
<td>$ -</td>
</tr>
<tr>
<td>Hotel</td>
<td>$ -</td>
<td></td>
<td></td>
<td>$ -</td>
</tr>
<tr>
<td>TOTAL TRAVEL</td>
<td></td>
<td></td>
<td></td>
<td>$ -</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TRAININGS/MEETINGS</th>
<th>Cost</th>
<th># Days</th>
<th>TOTAL</th>
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<tbody>
<tr>
<td>Room/Facility Rental</td>
<td>$ -</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Equipment</td>
<td>$ -</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL TRAININGS/MEETINGS</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>REFRESHMENTS</th>
<th>Cost</th>
<th># Days</th>
<th># People</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Snacks and Drinks</td>
<td>$ -</td>
<td></td>
<td></td>
<td>$ -</td>
</tr>
<tr>
<td>Lunch</td>
<td>$ -</td>
<td></td>
<td></td>
<td>$ -</td>
</tr>
<tr>
<td>TOTAL REFRESHMENTS</td>
<td></td>
<td></td>
<td></td>
<td>$ -</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OTHER DIRECT COSTS</th>
<th>Cost</th>
<th># Days</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consultant</td>
<td>$ -</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL OTHER DIRECT COSTS</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

TOTAL ESTIMATED COSTS | $ - |
Module 4, Unit 3: Change Management

This is an approach to transitioning individual teams, and organizations to a desired future state. Organizational change is a structured approach in an organization for ensuring that changes are smoothly and successfully implemented to achieve lasting benefits. In the modern business environment, organizations face rapid change like never before. Globalization and the constant innovation of technology result in a constantly evolving business environment. Phenomena such as social media and mobile adaptability have revolutionized business and the effect of this is an ever increasing need for change, and therefore changes management. The growth in technology also has a secondary effect of increasing the availability and therefore accountability of knowledge. Easily accessible information has resulted in unprecedented scrutiny from stockholders and the media. Prying eyes and listening ears raise the stakes for failed business endeavors and increase the pressure on struggling executives. With the business environment experiencing so much change, organizations must then learn to become comfortable with change as well. Therefore, the ability to manage and adapt to organizational change is an essential ability required in the workplace today. Yet, major and rapid organizational change is profoundly difficult because the structure, culture, and routines of organizations often reflect a persistent and difficult-to-remove "imprint" of past periods, which are resistant to radical change even as the current environment of the organization changes rapidly.

Due to the growth of technology, modern organizational change is largely motivated by exterior innovations rather than internal moves. When these developments occur, the organizations that adapt quickest create a competitive advantage for themselves, while the companies that refuse to change get left behind. This can result in drastic profit and/or market share losses.

Organizational change directly affects all departments from the entry level employee to senior management. The entire company must learn how to handle changes to the organization.

When determining which of the latest techniques or innovations to adopt, there are four major factors to be considered:

- Levels, goals, and strategies
- Measurement system
- Sequence of steps
- Implementation and organizational change
Regardless of the many types of organizational change, the critical aspect is a company’s ability to win the buy-in of their organization’s employees on the change. Effectively managing organizational change is a four-step process:

- Recognizing the changes in the broader business environment
- Developing the necessary adjustments for their company’s needs
- Training their employees on the appropriate changes
- Winning the support of the employees with the persuasiveness of the appropriate adjustments

As a multi-disciplinary practice that has evolved as a result of scholarly research, organizational change management should begin with a systematic diagnosis of the current situation in order to determine both the need for change and the capability to change. The objectives, content, and process of change should all be specified as part of a Change Management plan.

Change management processes should include creative marketing to enable communication between changing audiences, as well as deep social understanding about leadership’s styles and group dynamics. As a visible track on transformation projects, Organizational Change Management aligns groups’ expectations, communicates, integrates teams and manages people training. It makes use of performance metrics, such as financial results, operational efficiency, leadership commitment, communication effectiveness, and the perceived need for change to design appropriate strategies, in order to avoid change failures or resolve troubled change projects.

Successful change management is more likely to occur if the following are included:

- Benefits management and realization to define measurable stakeholder aims, create a business case for their achievement (which should be continuously updated), and monitor assumptions, risks, dependencies, costs, return on investment, dis-benefits and cultural issues affecting the progress of the associated work
- Effective communication that informs various stakeholders of the reasons for the change (why?), the benefits of successful implementation (what is in it for us, and you) as well as the details of the change (when? where? who is involved? how much will it cost? etc.)
- Devise an effective education, training and/or skills upgrading scheme for the organization
- Counter resistance from the employees of companies and align them to overall strategic direction of the organization
- Provide personal counseling (if required) to alleviate any change-related fears
- Monitoring of the implementation and fine-tuning as required
Examples

- Mission changes
- Strategic changes
- Operational changes (including Structural changes)
- Technological changes
- Changing the attitudes and behaviors of personnel
- Personality Wide Changes
Module 5, Unit 1:
Introduction to Monitoring and Evaluation

Monitoring
This is the systematic and routine collection of information from projects and programs for four main purposes:

- To learn from experiences and to improve practices and activities in the future;
- To have internal and external accountability of the resources used and the results obtained;
- To take informed decisions on the future of the initiative;
- To promote empowerment of beneficiaries of the initiative.

Monitoring is a periodically recurring task already beginning in the planning stage of a project or program. Monitoring allows results, processes, and experiences to be documented and used as a basis to steer decision-making and learning processes. Monitoring is checking progress against plans. The data acquired through monitoring is used for evaluation.

Evaluation
Evaluation refers to assessing a completed project or program, as systematically and objectively as possible, (or a phase of an ongoing project or program that has been completed). Evaluations appraise data and information that inform strategic decisions, thus improving the project or program in the future.

Evaluations should help to draw conclusions about five main aspects of the intervention:

- Relevance
- Effectiveness
- Efficiency
- Impact
- Sustainability

Information gathered in relation to these aspects during the monitoring process provides the basis for the evaluative analysis.

Monitoring & Evaluation
M&E is an embedded concept and an essential part of every project or program design (“must be”). M&E is not an imposed control instrument by the donor or an optional accessory (“nice to have”) of any project or program. M&E is ideally understood as dialogue on development and its progress between all stakeholders.

In general, monitoring is integral to evaluation. During an evaluation, information from previous monitoring processes is used to understand the ways in which the project or program developed and how it stimulated change. Monitoring focuses on the measurement of the following aspects of an intervention:
• On quantity and quality of the implemented activities (outputs: What do we do? How do we manage our activities?)

• On processes inherent to a project or program (outcomes: What were the effects /changes that occurred as a result of your intervention?)

• On processes external to an intervention (impact: Which broader, long-term effects were triggered by the implemented activities in combination with other environmental factors?)

The evaluation process is an analysis or interpretation of the collected data, which delves deeper into the relationships between the results of the project/program, the effects produced by the project/program and the overall impact of the project/program.
Module 5, Unit 1: Monitoring and Evaluation Plan Definitions

The purpose of a Desired Measurable Result (DMR) being measurable is so that you and your trainees will know whether or not the action plan is succeeding. So, while you are helping your trainees finalize a DMR that it is measurable, you will have to consider all of the elements of an M&E plan. These elements include:

**Indicator**: An indicator is a quantitative variable (a number, preferably a percentage, which can change as time goes on, i.e. the percentage of people who are HIV+ and are on ARV therapy) or a qualitative variable (e.g. the establishment of a detailed strategy plan) that provides a simple, reliable measurement of one aspect of performance, achievement, or change in a program or project.

**Indicator Definition**: Provide a detailed definition of the indicator and the terms used to ensure that different people at different times would collect identical types of data for that indicator, and measure it the same way. For a quantitative indicator, include a numerator and denominator with the description of how the indicator measurement will be calculated.

**Baseline**: The baseline measure is the starting point for tracking changes in the selected indicator(s) over the life of an action plan. This data may be readily available at the start of the program, or your trainee may need a full month to track what this measurement is before implementing new activities.

**Target**: The target measure is the result your trainee wishes to achieve at the end of their action plan. If they already have baseline data, the target should be what they aim to achieve at the 6-month mark. If they need a month to collect baseline data, the target should be what they aim to achieve at the 7-month mark (allowing a full 6 months for implementation of your project after baseline data collection).

**Data Source**: Specify the data source for each indicator. Consider the pros and cons of each source (accuracy, availability, cost, etc.) to ensure access to the data. Examples of data sources include facility records, surveys, websites, published research, and health information systems (HIS), and your own historical and current tallies and records.

**Data Collection Method**: Specify the method or approach for collecting data for each indicator. For primary data (data that teams collect themselves), note the type of instrument needed to gather the data (for example: structured questionnaires, direct observation forms, scales to weigh infants, etc.). For indicators based on secondary data (data already available from existing sources), give the method of calculating the indicator.

**Frequency of Data Collection**: Note the timing of data collection for each indicator. Remember that you will be required to collect this data from your trainees and submit the numbers to Amref and MSH LMG.
staff once every month, so the frequency must be weekly, biweekly, or monthly.

**Responsibility for Data Collection:** Identify who is responsible for data collection. Responsibility should be assigned to a specific team, office, or individual to ensure timely collection and reporting in the M&E worksheet.

**Numerator:** The numerator is the actual number of people or events that exhibit the particular indicator your trainee is trying to measure (for example, the number of women who attended an antenatal care appointment with a partner in a given month).

**Denominator:** The denominator is the total number of possible people or events that could exhibit that indicator that your trainee is trying to measure (for example, the total number of women who attended an antenatal care appointment in a given month, with or without a partner).

---

**Why are numerators and denominators important for measuring progress?**

Let’s use a hypothetical example here. If your trainee’s action plan is focused on trying to increase the number of women delivering newborns with a skilled birth attendant, simply counting the number of women who do so (for example, 50 per month), will not give them a clear idea of whether or not that is a significant achievement.

They CAN know if that is significant by comparing that with the overall number of births in the same month (the denominator). By dividing the numerator – in this case 50 – by the denominator (let’s say 100), they get a percentage of women who are delivering using skilled birth attendants that month (50%). This is a much more accurate way to measure progress from month to month, as it will take into account natural fluctuations in the number of births per month. For this reason, M&E Plan “targets” should be formatted as a percent, not a denominator.
Part II: Reporting Forms
Reporting Form #1: LMG Knowledge Pre-Test

Submit: At the end of your first day of training

LMG Knowledge Pre-Test __________________ NAME: ___________________________ DATE __________________

Following the instructions provided at the top of each box, please respond to questions 1-18 using the provided options. Then complete the open-ended questions at the bottom of the survey using a few sentences. If you have any questions, please ask a facilitator for clarification.

Recent Experience

**Please indicate whether you have done the following within the last 6 months:**
("In the last 6 months, I have...")

<table>
<thead>
<tr>
<th>1. Identified an opportunity to work collaboratively with others to improve the quality of care delivered in my workplace.</th>
<th>Yes</th>
<th>No</th>
<th>Unsure</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Asked for feedback from patients, service users, and/or colleagues.</td>
<td>Yes</td>
<td>No</td>
<td>Unsure</td>
</tr>
<tr>
<td>3. Analyzed data to make workplace decisions.</td>
<td>Yes</td>
<td>No</td>
<td>Unsure</td>
</tr>
<tr>
<td>4. Taken action when resources were not being used efficiently and effectively.</td>
<td>Yes</td>
<td>No</td>
<td>Unsure</td>
</tr>
<tr>
<td>5. Set clear objectives for my team or myself.</td>
<td>Yes</td>
<td>No</td>
<td>Unsure</td>
</tr>
<tr>
<td>6. Designed a plan with my team to overcome an issue or challenge.</td>
<td>Yes</td>
<td>No</td>
<td>Unsure</td>
</tr>
<tr>
<td>7. Identified and/or worked with external stakeholders who are directly related to my work.</td>
<td>Yes</td>
<td>No</td>
<td>Unsure</td>
</tr>
<tr>
<td>8. Identified an issue related to gender at my workplace.</td>
<td>Yes</td>
<td>No</td>
<td>Unsure</td>
</tr>
</tbody>
</table>

Workplace Skills

**Please indicate whether you agree or disagree with the following statements, where:**
1 = strongly disagree, 2 = disagree, 3 = neutral, 4 = agree, 5 = strongly agree.

<table>
<thead>
<tr>
<th></th>
<th></th>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
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<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>15.</td>
<td>I feel prepared to mentor a junior midwife.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16.</td>
<td>I feel equipped to monitor and evaluate my performance, and the performance of my team.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17.</td>
<td>I feel comfortable taking initiative to solve a problem in my workplace</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18.</td>
<td>I feel comfortable conducting a gender analysis of challenges and issues in my workplace and/or community.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Challenges and Enabling Factors**

1. Briefly describe any challenges you face in performing as a leader and manager in your workplace.

   

2. Briefly describe any factors that help you to perform as a leader and manager in your workplace.

   

3. Briefly describe what gender issues you have identified in your workplace or community and how/if you plan on addressing them.

   

Reporting Form #2: LMG Knowledge Post-Test

Submit: At the end of your 6-month action plan

LMG Knowledge Post-Test                     NAME: __________________________ DATE ______________

Following the instructions provided at the top of each box, please respond to questions 1-18 using the provided options. Then complete the open-ended questions at the bottom of the survey using a few sentences. If you have any questions, please ask a facilitator for clarification.

Recent Experience

Please indicate whether you have done the following within the last 6 months: ("In the last 6 months, I have...")

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Unsure</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Identified an opportunity to work collaboratively with others to improve the quality of care delivered in my workplace.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>2. Asked for feedback from patients, service users, and/or colleagues.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>3. Analyzed data to make workplace decisions.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>4. Taken action when resources were not being used efficiently and effectively.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>5. Set clear objectives for my team or myself.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>6. Designed a plan with my team to overcome an issue or challenge.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>7. Identified and/or worked with external stakeholders who are directly related to my work.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>8. Identified an issue related to gender at my workplace.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

Workplace Skills

Please indicate whether you agree or disagree with the following statements, where:

1 = strongly disagree, 2 = disagree, 3 = neutral, 4 = agree, 5 = strongly agree.

<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>9. I feel prepared to lead, manage, and govern in my work.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>10. I clearly understand the concepts of leadership, management, and governance as they relate to my work.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>11. I feel prepared to supervise staff.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>12. I feel equipped to manage conflicts of interest or differences of opinion in my team.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>13. In managing a team, I feel confident involving the right people at the right time for my team’s work.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>14. I am comfortable presenting my point of view to colleagues and stakeholders at different levels.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td></td>
<td>I feel prepared to mentor a junior midwife.</td>
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<td>------------------------------------------</td>
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<td>---</td>
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</tr>
<tr>
<td></td>
<td>I feel equipped to monitor and evaluate my performance, and the performance of my team.</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>I feel comfortable taking initiative to solve a problem in my workplace</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>I feel comfortable conducting a gender analysis of challenges and issues in my workplace and/or community.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Challenges and Enabling Factors**

4. Briefly describe any challenges you face in performing as a leader and manager in your workplace.

5. Briefly describe any factors that help you to perform as a leader and manager in your workplace.

6. Briefly describe what gender issues you have identified in your workplace or community and how/if you plan on addressing them.
Reporting Form #3: Challenge Model

Submit: At the end of your 5-day in-person training

---

Challenge Model

Mission

Vision

Measurable result:

Priority actions

Obstacles and root causes

Current situation:

Challenge:

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

---

USAID

MSH
**Reporting Form #4: Action Plan**

**Submit:** At the end of your 5-day in-person training

<table>
<thead>
<tr>
<th>Team Name:</th>
<th>Name:</th>
<th>Female or Male:</th>
<th>Management Level (Junior, Mid, or Senior):</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
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<td></td>
</tr>
</tbody>
</table>

**Team Vision:**

______________________________________________________________________

Do your priority actions or Desired Measurable Result address a gender component? If yes, please describe the component in a sentence or two below:

______________________________________________________________________

______________________________________________________________________

<table>
<thead>
<tr>
<th>Challenge:</th>
<th>Strengths:</th>
<th>Root Causes:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Desired Measurable Result:</th>
<th>Indicators:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Person responsible</th>
<th>Expected Date of start and completion of each activity</th>
<th>Required Resources</th>
<th>Step completed Date/comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Priority Action</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Step</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Priority Action</th>
</tr>
</thead>
</table>

Do your priority actions or Desired Measurable Result address a gender component? If yes, please describe the component in a sentence or two below:

______________________________________________________________________

______________________________________________________________________

______________________________________________________________________
**Reporting Form #5: Monitoring & Evaluation Plan**

**Instructions:** With your trainer, work to refine indicators, a target percentage, and the other required data for your action plan. You will then use this worksheet to record monthly progress toward your goals, which you will review during your monthly touchbase meetings with your trainer. **A mid-point M&E Plan with 3 months of data will be submitted at the end of month 3, and the final completed M&E Plan will be submitted promptly following the end of the 6-month period.** Please note that if baseline data is not immediately available for your plan, the full implementation process should take 7 months (with the first month dedicated to establishing baseline data before any actions are taken).

<table>
<thead>
<tr>
<th>Indicator Definitions</th>
<th>Baseline</th>
<th>Mo 1</th>
<th>Mo 2</th>
<th>Mo 3</th>
<th>Mo 4</th>
<th>Mo 5</th>
<th>Mo 6</th>
<th>Target</th>
<th>Data Source</th>
<th>Data Collection Frequency</th>
<th>Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is the definition of the numerator?</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>What is the definition of the denominator?</td>
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<td></td>
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<td></td>
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<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Numerator</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
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<th></th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>Denominator</th>
<th></th>
<th></th>
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<th></th>
<th></th>
<th></th>
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<th></th>
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</tr>
</thead>
</table>

| Percent | (Numerator divided by the Denominator) | | | | | | | | | | | |

| Target | | | | | | | | | | | | 
|---|---|---|---|---|---|---|---|---|---|---|---|---|

| Data Source | From where will you get the data to measure this indicator? | | | | | | | | | | | |

| Data Collection Frequency | How often will you collect the data? | | | | | | | | | | | |

| Responsibility | Who is the person responsible for data collection? | | | | | | | | | | | |

| Percent | | | | | | | | | | | | |
Reporting Form #6: TOT Supportive Supervision Schedule

Instructions: In consultation with your trainer, fill out this worksheet at the end of the 5-day face-to-face training in order to schedule monthly meetings via phone or in person to discuss your action plan, monthly results, challenges and successes, and to receive supportive feedback/coaching. Your trainer should have a copy of this schedule as well.

<table>
<thead>
<tr>
<th>End of Month 1</th>
<th>End of Month 2</th>
<th>End of Month 3</th>
<th>End of Month 4</th>
<th>End of Month 5</th>
<th>End of Month 6</th>
<th>End of Month 7 (Only relevant if Month 1 was used for baseline data collection)</th>
</tr>
</thead>
</table>

Date:  

Time:  

Location:  

Contact Information:  

What Will Be Shared:  

I commit to follow the above schedule, to the best of my ability, in order to ensure proper monitoring and evaluation of the LMG action plan.

_________________________________________  
Midwife Signature

_________________________________________  
TOT Signature