# Leadership & Engagement for Improved Accountability & Delivery of Services (LEAD) Framework

The Malaria Elimination Initiative

UCSF Institute for Global Health Sciences

The Malaria Elimination Initiative is an initiative of the UCSF Institute for Global Health Sciences.

shrinkingthemalariamap.org

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A framework for national health programs to promote improved planning, decision-making, management, and leadership.

Developed by the University of California, San Francisco, Malaria Elimination Initiative and the University of West of England in collaboration with national malaria programs with funding from the Bill & Melinda Gates Foundation.

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The Malaria Elimination Initiative (MEI) at the University of California, San Francisco (UCSF) believes a malaria-free world is possible within a generation. As a forward-thinking partner to malaria-eliminating countries and regions, the MEI generates evidence, develops new tools and approaches, disseminates experiences, and builds consensus to shrink the malaria map. With support from the MEI's highly-skilled team, countries around the world are actively working to eliminate malaria.

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LEAD was developed by Professor Peter Case (University of West of England), Professor Jonathan Gosling (University of Exeter), Amanda Marr Chung (UCSF MEI), and Professor Roly Gosling (UCSF MEI).

# Contents

| | |
|---|---|
| Acronyms | 1 |
| About the Malaria Elimination Toolkit | 2 |
| Introduction | 3 |
| Module 1: Introduction to the process & methods | 7 |
| Module 2: Identification & prioritization of challenges & opportunities | 13 |
| Module 3: Challenge resolution & solution generation through task teams | 15 |
| Module 4: Evaluation of solutions, stakeholder feedback, and sustaining progress | 18 |

# Acronyms

| | |
|---|---|
| **OD** | Organization development |
| **IEC** | Information, education, and communication |
| **IRS** | Indoor residual spraying |
| **LEAD** | Leadership & Engagement for Improved Accountability & Delivery of Services |
| **LLIN** | Long-lasting insecticide treated nets |
| **M&E** | Monitoring & Evaluation |
| **MEI** | Malaria Elimination Initiative |
| **NMCP** | National Malaria Control Program |
| **PAR** | Participatory action research |
| **PDSA** | Plan-Do-Study-Act |
| **PPCL** | Professional Practice in Change Leadership |
| **QI** | Quality improvement |
| **RDT** | Rapid diagnostic test |
| **UCSF** | University of California, San Francisco |
| **UWE** | University of West of England |
| **WHO** | World Health Organization |

# About the Malaria Elimination Toolkit

The MEI Malaria Elimination Toolkit is a set of proven tools, frameworks, and guides to help malaria endemic countries accelerate progress toward malaria elimination. Developed by the Malaria Elimination Initiative (MEI) at the University of California, San Francisco (UCSF), the toolkit addresses the unique challenges faced by national malaria programs in heterogeneous transmission settings. These tools have been used successfully at the national and/or subnational levels, leading to important changes in malaria policy and practice.

The MEI Malaria Elimination Toolkit focuses on three primary areas: situation assessment, tailored responses, and program management and sustainability – with the ultimate goal of building capacity and optimizing a country or district's ability to advance toward elimination. These tools help malaria programs understand the drivers of transmission in a target area and the readiness of the health system for elimination; decide what actions to take and how to tailor its response; and ensure efforts are well-managed and sustainably funded.

The MEI offers direct technical assistance to support the adoption, tailoring, and implementation of its tools, frameworks, and guidelines. Please contact us to learn more at mei@ucsf.edu, or visit our website at http://www.shrinkingthemalariamap.org/toolkit.

## The MEI Malaria Elimination Toolkit

### Situation Assessment

What are the drivers of transmission? What is the readiness of the health system for elimination and what are the gaps?

### Tailored response

What actions should the program take based on identified and characterized gaps?

### Program management and sustainability

How does the program effectively manage and fund malaria elimination?

# Introduction

Focus for improving malaria program performance is often directed towards addressing the technical challenges, while operational issues – such as suboptimal coverage of surveillance and vector control, stockouts and shortages, or lack of engagement with the community or private sector – are neglected. Moreover, in lower transmission settings, resources are typically more limited for malaria and must be allocated as efficiently as possible. Until adequately addressed, operational challenges can significantly inhibit malaria program effectiveness.

Building strong leadership and management capacity within a malaria program can correct these operational issues. By strengthening communication and coordination, enhancing training, supervision, motivation, and accountability, and engaging the appropriate stakeholders, a malaria program can dramatically improve efficiencies in the delivery of planned services and develop the innovation necessary to overcome unforeseen but inevitable disruptions.

According to WHO, "Leadership is about creating a vision, communicating this to others, developing strategies, motivating people, and negotiating for resources and other support to achieve their goals. [Managers] make decisions on how best to use staff, budgets, drugs and other resources, and are responsible for making things happen. In the resource constrained and difficult environments of many low – to middle-income countries, a manager must also be a leader to achieve optimum results."[1] Underscoring the role of the manager, The Lancet Commission on malaria eradication states "effective management and implementation of malaria programs are the most important requirements for national and regional elimination and eventual global eradication."[2]

Strengthening leadership and program management at the subnational level creates an important bridge between the national, subnational, and community levels. This bridge contributes to achieving outcomes and overall strengthening of a high-quality health system. Community engagement is increasingly becoming a critical part of this work, making programs more sustainable and aligned with the local context while facilitating local ownership.

## What is LEAD?

The Leadership & Engagement for Improved Accountability & Delivery of Services Framework (LEAD) was developed to build programmatic leadership and management capacity within a health system at any level and across levels, while also supporting malaria programs to improve teamwork and the quality of service delivery, make data-informed decisions to improve operations, and take critical action. LEAD was developed in response to malaria program demand to support NMCPs in approaching problem-solving in a systematic, participatory manner while also building capacity for leadership and management and ensuring sustainability.

A key outcome of LEAD is a more coordinated approach where all relevant stakeholders are empowered and engaged to reduce malaria transmission. Capacity building for leadership and management should be scalable and sustainable, creating a cadre of local leaders who can expand the program of work across countries or regions.

The LEAD Framework comprises practical activities that take a bottom-up approach to program planning, ensuring it is an iterative process with buy-in by the key stakeholders who are responsible for the execution and evaluation of malaria work plans.

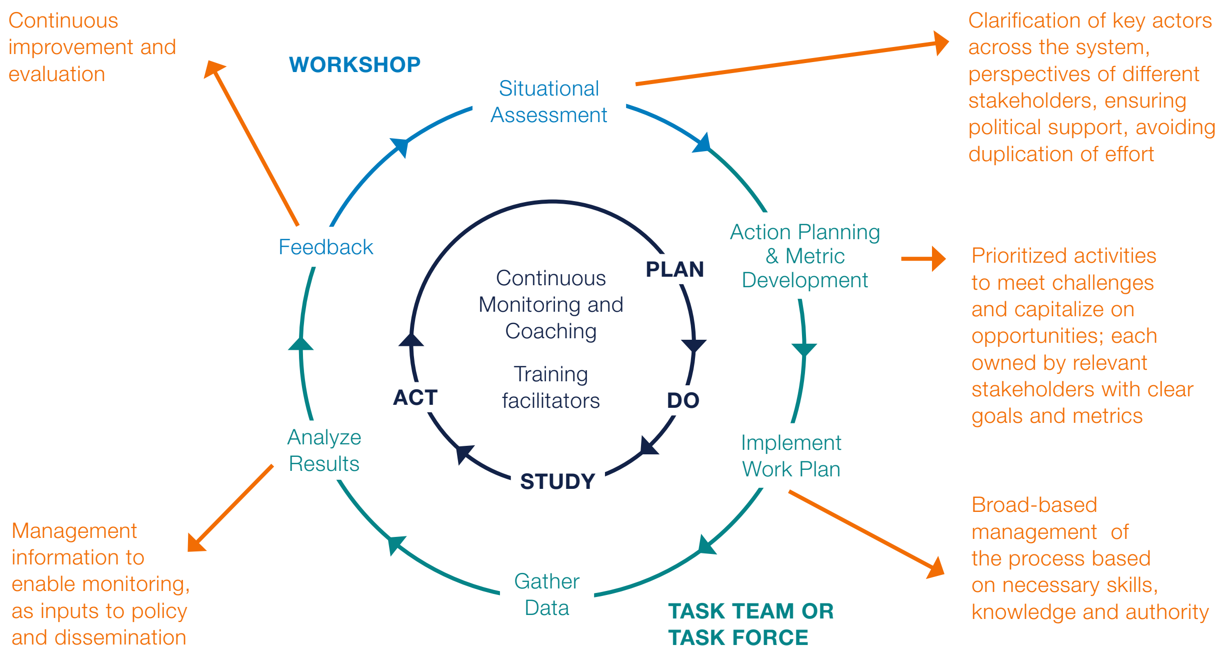
The framework uses the actual current challenges and opportunities that malaria program managers face and helps them resolve these challenges using already available resources. LEAD draws upon organization development, leadership learning, participatory action research, quality improvement methods, and principles of community engagement to improve operational delivery at the district, clinic, and village level. LEAD employs a systematic process, involving continual problem diagnosis, action planning, implementation and evaluation to build capacity for change management through a series of workshops, meetings, trainings, coaching, and mentoring over the course of the planning cycle (Figure 1).

Through this process, LEAD fosters a collaborative

1 WHO. Operations manual for delivery of HIV prevention, care and treatment at primary health centres in high-prevalence, resource-constrained settings. 2008. Available at https://www.who.int/hiv/pub/imai/om_10_leadership_management.pdf?ua=1

2 Malaria eradication within a generation: ambitious, achievable, and necessary. September 2020. Available at https://www.thelancet.com/commissions/malaria-eradication

**Figure 1. Change management cycle**




problem-solving way of leading and managing. The framework was informed by key findings and recommendations in the program management background paper[3] by the MEI and a related paper, Gosling et al[4]. Although LEAD has been used by malaria programs in Southern Africa, its use is generalizable to other health programs and other geographies. The development of LEAD was led by the University of West of England and the University of California San Francisco Malaria Elimination Initiative (MEI).

## Who should use this tool?

LEAD is intended for use by subnational malaria program directors and officers (medical, nursing, environmental health, surveillance, M&E, health promotion), pharmacy managers, and administrators working at the provincial, district, health facility, and community levels as well as national managers who want to: 1) develop leadership and management capacity, 2) increase productivity, coverage and quality of operations, 3) empower frontline workers to take ownership, solve challenges, and act on decisions, and 4) optimize limited resources, while integrating for efficiency with other programs.

The framework guides the user through distinct modules to identify key stakeholders, prioritize operational challenges and opportunities to improve operations, determine solutions, develop indicators to measure progress in implementing those solutions, and integrate successful solutions into the health system.

NMCPs can use the LEAD Framework to develop strategy and planning documents while also building leadership and management skills and capabilities. For example, NMCPs have used LEAD as a process to develop more inclusive annual reviews of subnational work plans that focus on operational challenges and opportunities for improvement (see Figure 2).

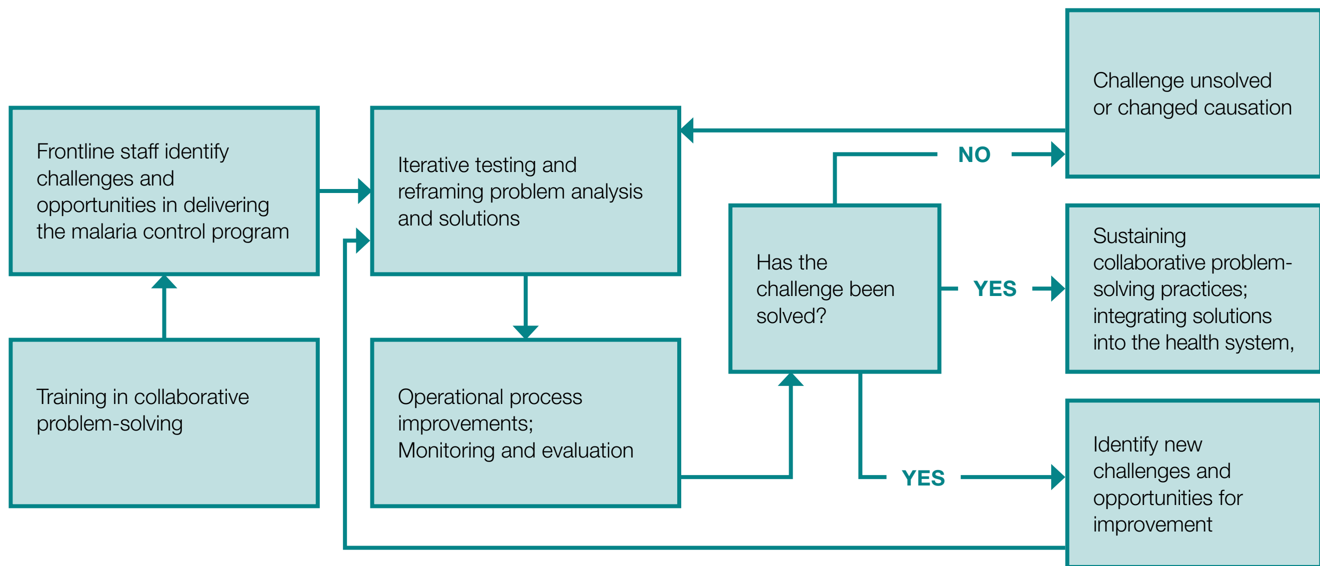
## How is this tool used?

- Annual reviews of work plans
- Reviews to address gaps identified through country/provincial/district-level data
- Regular provincial or district health executive meetings

3 Global Health Group. Program management issues in the implementation of elimination strategies. Background paper. January 2014. Available at http://www.shrinkingthemalariamap.org/sites/default/files/content/resource/attachment/mei-program-management-issues%281%29.pdf

4 Change to Gosling J, Case P, Tulloch J, et al. Effective Program Management: A Cornerstone of Malaria Elimination. *Am J Trop Med Hyg*. 2015;93(1):135-138. doi:10.4269/ajtmh.14-0255

**Figure 2. LEAD framework process**



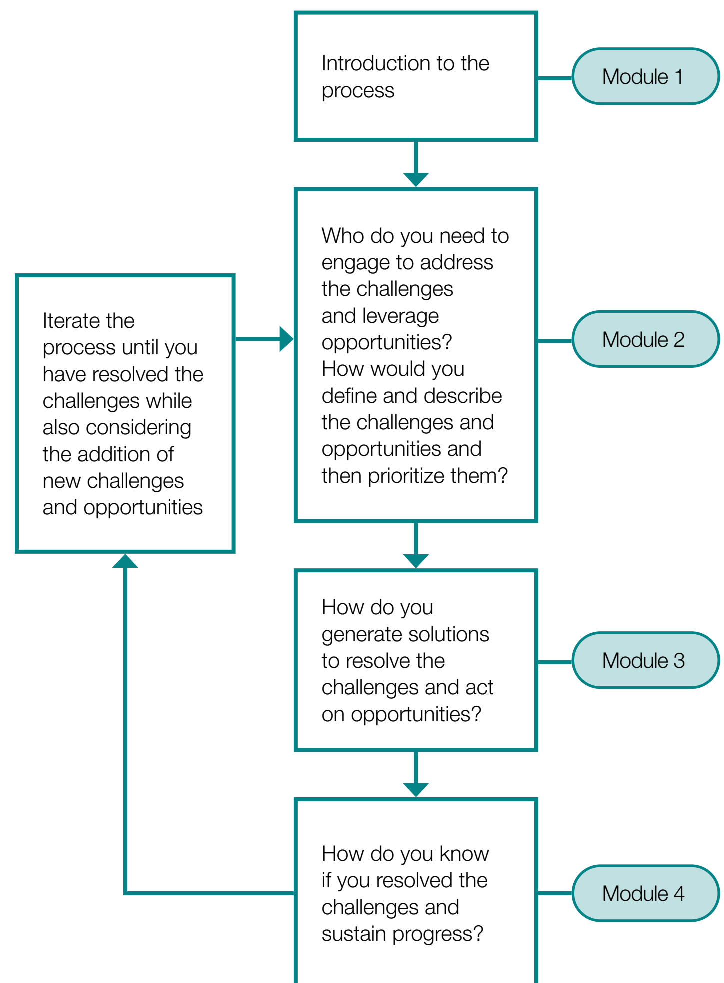

## How do I navigate this tool?

Figure 3 describes how to navigate through the LEAD Framework. Module 1 provides an overview of the process. Module 2 guides the user in determining the stakeholders who should be involved in the overall program, selecting the stakeholders they need to convene and how to engage them. Module 2 also supports the user in collaboratively working with stakeholders to identify, define, and describe the challenges to be addressed by the framework, leverage opportunities, and prioritize them. Modules 3 and 4 guide the user through the generation of solutions to address the challenges, evaluating those challenges to determine if they have been resolved, and sustaining progress through integration of processes into the health system.

**Modules that comprise LEAD**

1. Introduction to the process & methods
2. Identification & prioritization of challenges & opportunities
3. Solution generation & challenge resolution
4. Evaluation of solutions, stakeholder feedback, and sustaining progress

**Figure 3. Navigating the LEAD Framework**



## Key Messages

1. The **individuals closest to the operational challenges are the experts** who will develop and implement tailored solutions that will reduce malaria burden and achieve elimination.
2. LEAD supports programs in defining, prioritizing, and **solving operational challenges** while also **leveraging opportunities** and **building management and leadership skills**.
3. Prioritizing and facilitating **teamwork, coordination, and communication** should be seen as key components by ministries of health in achieving programmatic outcomes and impact.
4. Despite limited resources, **program efficiencies** can be identified through reviewing processes, approaching challenges from a different perspective, and involving additional stakeholders.
5. Program planning and reviewing should be an **iterative process with clear metrics and defined roles and responsibilities** to ensure progress.
6. Capacity building at the subnational level should involve equipping front-line workers with the skills and knowledge to make **data-informed decisions and act** on them.
7. **Involving community stakeholders** in the programmatic planning, implementation, and reviewing process is essential for programs to achieve elimination.

# Module 1: Introduction to the Process & Methods

Reference documents

1. Powerpoint slides (Annex I)
    a. Introduction to the process and methods
    b. Overview of quality improvement
2. PDF (Annex II)
    a. Indicative workshop program

## Background

The LEAD Framework draws upon the fields of organization development (OD), participatory action research (PAR), and quality improvement (QI). With their complementary focus on systems improvement, review of processes, an inclusive and iterative approach to problem-solving, and emphasis on measurement, OD, PAR, and QI foster overall organizational and individual changes that can result in improvements to the way in which teams work towards achieving the shared goal of malaria elimination.

### Organization Development

Organization Development (OD) is defined by Cummings & Worley[1] as: '[A] process by which behavioral science knowledge and practices are used to help organizations achieve greater effectiveness, including quality of life, increased productivity, and improved product and service quality... the focus is on improving the organization's ability to assess and to solve its own problems. Moreover, OD is oriented to improving the total system – the organization and its parts in the context of the larger environment that impacts upon them.' OD interventions entail a process of working collaboratively with participant/client groups to identify issues, seek ways of improving performance processes and measures and plan future activities based on collective diagnosis and analysis of challenges. Outcomes from interventions are then assessed iteratively by stakeholders at key points during a change initiative. This process helps to ensure better 'buy-in' from stakeholders and facilitates progressive adjustment and improvement of operations, management, and service delivery.

### Participatory Action Research

At the core of the program management background paper recommendations was a recognition that real impact will be achieved when front-line health staff are able to identify and explain what is holding back malaria elimination efforts, gain the support of their managers in addressing these challenges, and participate in designing and applying solutions. This is the essence of Participatory Action Research (PAR) – a term used to describe solutions that are worked out through structured enquiry and testing amongst all those involved. The use of PAR process techniques enables stakeholders to learn from the suggestions of others and from developing a shared understanding of the system of which each is a part.[2]

PAR has been successfully applied in economic and business development in many parts of the world, though sometimes under different names. In the case of malaria programs, it is especially applicable because the success of malaria elimination depends on organized coordination of effort, contextually relevant innovation, and rigorous monitoring and evaluation by those on the front lines.

The key features of PAR include the following aspects:

- Collaborative and iterative process
- Ongoing review and adjustments
- Action learning
- Reflective practice

The overall goal of using PAR during the LEAD process is to think, study, and reflect about the current situation in order to bring about change within a malaria program. The participants who are invited to the workshop are in the situation doing the work and therefore should do the thinking, studying and reflecting. The workshop facilitator's role is to help workshop participants to think and reflect.

### Quality Improvement (QI)

Quality improvement refers to a generic set of principles: systems-thinking which includes formal root cause analysis (part of the QI toolbox); understanding variation; continuous cycles of measurement and improvement; testing of changes (Plan-Do-Study-Act); peer learning, teamwork, and involving consumers. Of these, the first three are the most essential.

1 Cummings T and Worley C. Organization Development and Change. 2008. 9th Ed. London: Cengage Learning.

2 Koch T and Kralik Participatory Research in Health Care. 2006. Oxford: Wiley-Blackwell.

The overall goal of quality improvement is to close the gap between knowing and doing, with the objectives of quality improvement to address the following:

1. How can we make quality improvement a *routine*, rather than reactive, approach to addressing gaps in service delivery?
2. How can we strengthen health systems to deliver optimal outcomes?
3. How can we achieve large-scale impact together with long-term sustainability?

Quality improvement principles include:

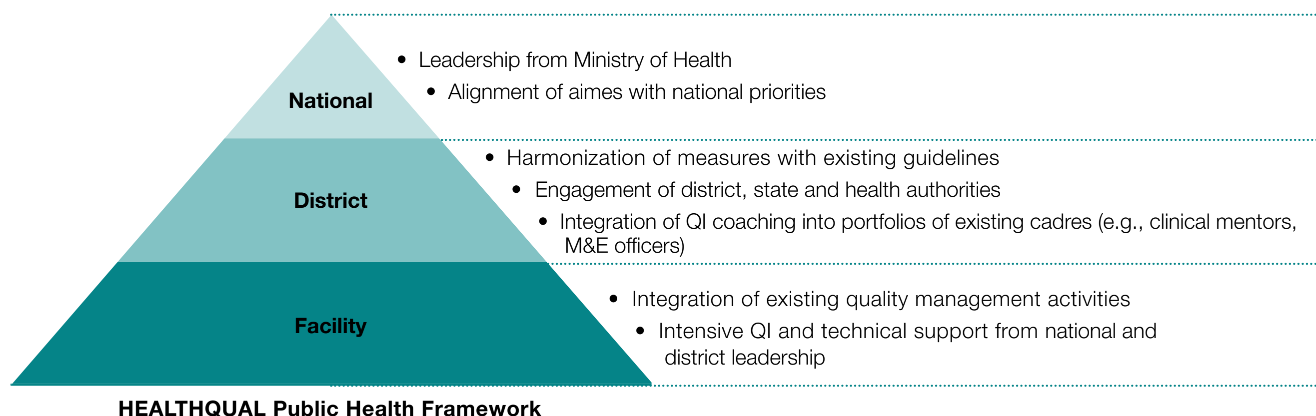
1. Understanding work in terms of processes and systems
2. Developing solutions by teams of providers and clients
3. Focusing on client needs
4. Testing and measuring effects of change
5. Peer learning

Although the LEAD Framework focuses on overall change at the subnational level, quality improvement should be embedded at all levels of a health system (see Figure 4 below.)

## Stakeholder Engagement

Stakeholder engagement is the first step in the LEAD Framework. It involves the replication of the system in the room and draws upon important OD principles and best practices related to community engagement. It is especially important to get this first step right, as the identification of challenges is contingent upon the collective knowledge in the room. Stakeholders are convened in various configurations during the LEAD process through a series of workshops and meetings.

**Figure 4. Quality Improvement and Quality Assurance Framework**




### System in the Room

A 'system in the room' methodology is integral to the application of LEAD. This entails ensuring that the program/service delivery system is represented as fully as possible – from the most senior to the most junior – in a workshop venue. Full representation enables sharing of perspectives and challenges from across the program and helps inform collaborative generation of solutions and collective support for those whose role it is to apply them. Ideally this representation involves stakeholders at the community, district, provincial and national levels.

### Community Engagement

Similar to competent leadership and management, community engagement is an integral component in the success of a malaria program. Effective community engagement is:

- Built on trust and transparency
- Proactive, continuous, and integrated
- Adaptable and responsive to the local context

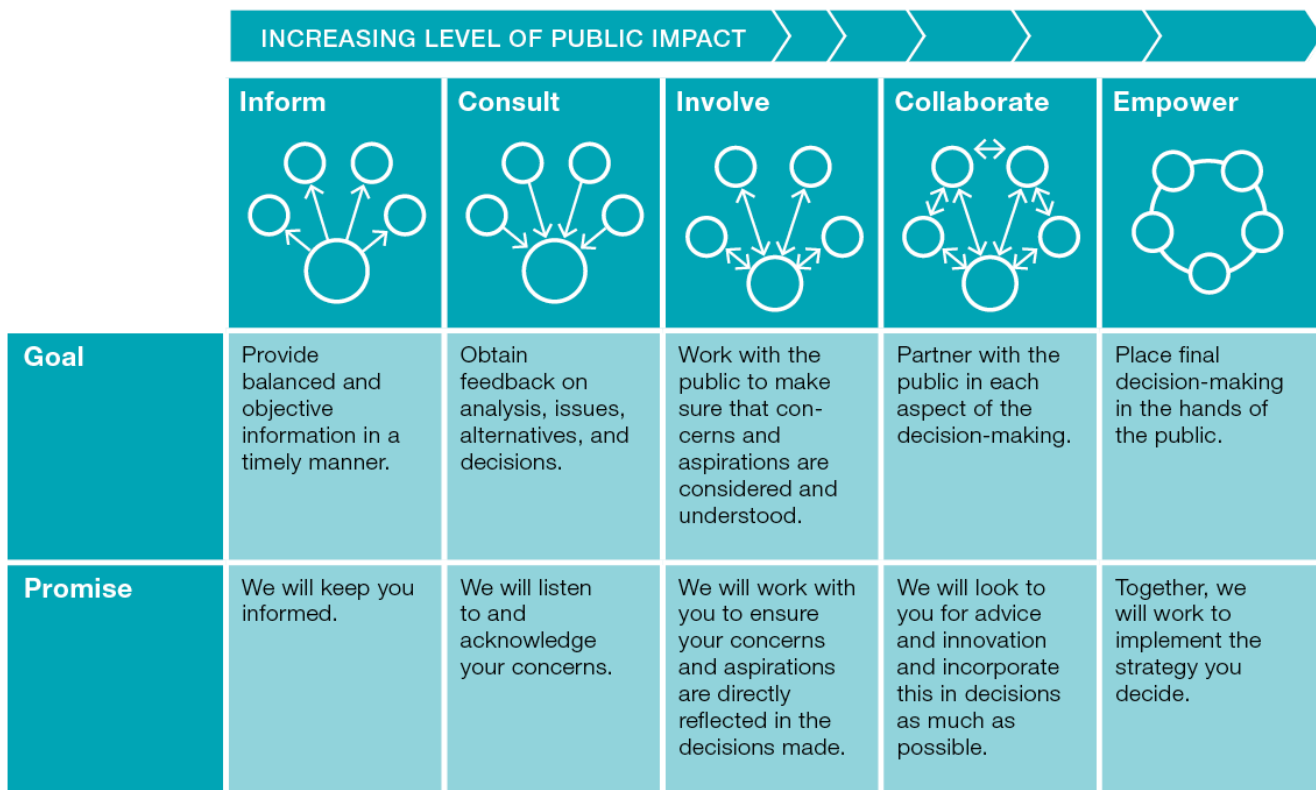
- Collaborative
- Inclusive

Long-lasting insecticide treated nets (LLIN) distribution, Indoor Residual Spraying (IRS), malaria diagnosis and treatment, and malaria case detection are all malaria program activities that require participation and cooperation by affected communities. Rather than viewing communities as passive recipients of services, malaria programs should link existing community structures to the health system by building systematic community consultation into their district and provincial planning processes and ensure that listening is bi-directional.

Effective community engagement is a participatory process in which community stakeholders are actively involved in the design, governance, delivery, monitoring, and evaluation of malaria services. As a participatory process, effective community engagement must go beyond *what* activities and strategies are implemented and consider *how* those activities are designed, implemented, monitored, and evaluated and who is involved. This requires skilled management and leadership somewhat different to the management of professional health services. To ensure maximum impact, the community is empowered in this process. (Figure 5)

In reality every community is diverse and often fragmented with inequalities of voice and participation. As a result, managing and leading the process of community engagement is a challenge that deserves constant skillful attention.

**Figure 5. Continuum of community engagement**

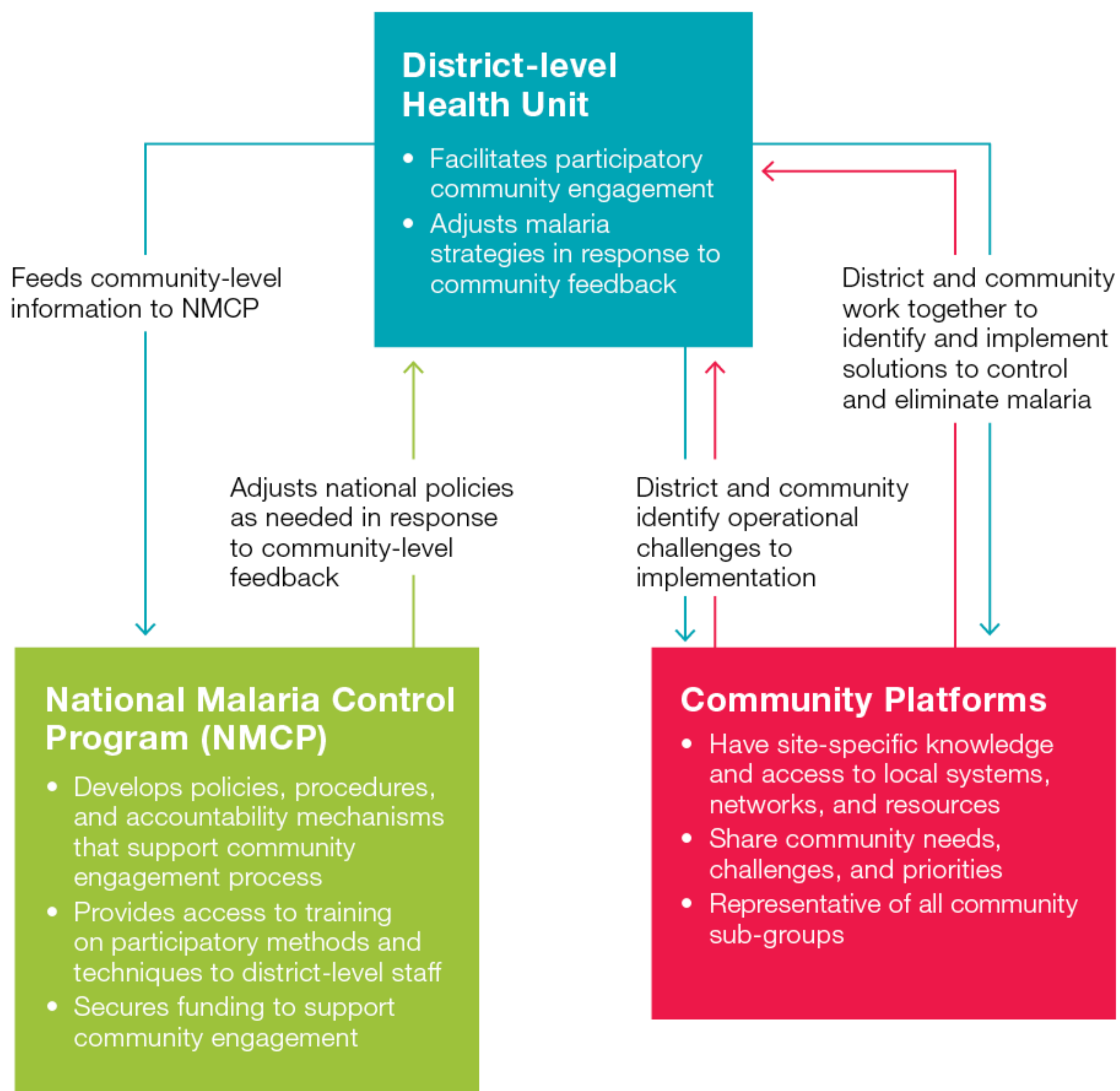



Additionally, strengthening leadership and management at the subnational level creates an important opportunity to bridge the national, facility, and community levels. In an ideal operational model, there are direct linkages between the central, district, and community levels and roles and responsibilities and relationships are reimagined (Figure 6). Here the community and district work together to identify and implement operational challenges and solutions to control and eliminate malaria. The district feeds community-level feedback to the national program, which adjusts national policies and strategies in response.

Engaging community representatives in the entire LEAD Framework allows health programs to:

- **Link community platforms with the health system** by developing an accountability framework together.

**Figure 6. Linkages between the central, district, and community levels of a malaria program**




- **Co-create malaria action plans with communities.** Use participatory methods and techniques to identify community needs, challenges to uptake, local capacity, and resources. Together with all partners, outline roles, responsibilities, and expectations.
- **Encourage district health units to map and work with existing community platforms** (e.g. village health committees) and organizations that already work on malaria and/or community engagement.
- **Provide opportunities to include local health units and community representatives in health planning, intervention design, implementation, and evaluation** at the district and provincial levels.
- **Train national malaria program staff, middle managers, frontline staff, and community representatives in application of participatory tools and techniques** such as interper-

sonal communication, co-design, facilitation, and team building.

# Logistics and Planning for LEAD Implementation

## Role of the Facilitators

The role of facilitators in the entire LEAD process is of paramount importance, as skilled facilitation will determine the successful application of the framework. A role can be seen as the function assumed in a particular situation. When someone is in the role of a facilitator in a group or organizational context, their function is to 1) assist the group in understanding and defining common objectives and 2) assist the group in planning to achieve the objectives. The facilitator's first consideration is the process and not the content.

In order to build in sustainability of the framework, training of additional facilitators should be considered at the very beginning of the process. Field applications of the LEAD Framework have involved an accredited training program. Cohorts of up to twelve health professionals – usually drawn from the Task Team membership - complete a Post-Graduate Certificate in Professional Practice in Change Leadership, delivered by the University of the West of England. Throughout the implementation of the LEAD Framework, these trainees are enlisted to help facilitate workshop and Task Team meetings, with increasing levels of responsibility as the project progresses. This training and leadership development process helps ensure sustainability of the interventions by putting in place a strong local team who can carry forward program activities well beyond the life of any given externally funded project.

In order to prepare graduates to independently facilitate change processes, the PPCL training consists of three in-person sessions, readings, discussions, writing assignments, and completion and presentation of a change management project.

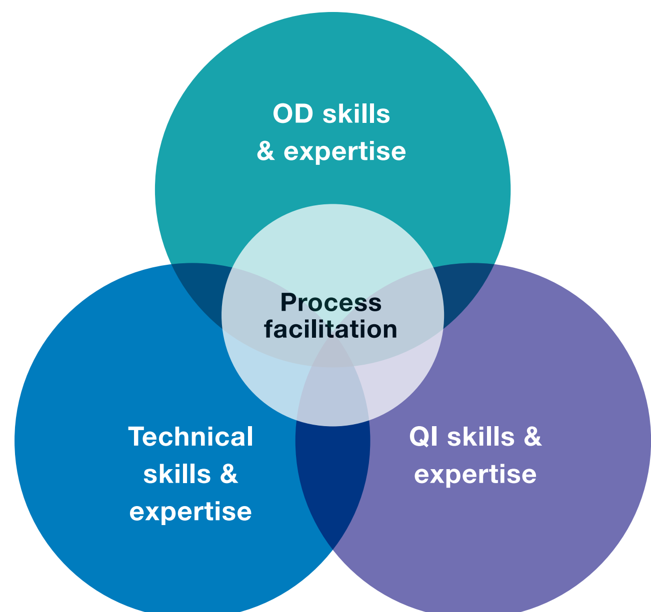
In the application of the LEAD Framework, there are three groupings of facilitators with different and unique sets of expertise and experiences: 1) organization development and group process expertise 2) quality improvement expertise 3) technical knowledge (malaria control and elimination) expertise (see Figure 7).

When individuals from these three groups work together, the common function is to facilitate the group process towards malaria elimination, which can be enhanced by the unique set of skills.

| Quality improvement expertise | OD and group process expertise | Technical expertise |
|---|---|---|
| • Quality improvement expertise in health sector<br>• Knowledge of country and health sector<br>• Methods and tools | • Overall design of program and interventions<br>• Experience in the application of the approach in the context of malaria elimination | • Technical, medical and management expertise in malaria control and elimination<br>• Experience in the application of the OD approach |

In summary, the primary function of the facilitators of the Task Team meetings is to facilitate the process of populating the action plan. The role does not require formal presentation and contribution of content. The process can and should however be enhanced by contributions of the unique set of skills from the three groups.

**Figure 7. Contributions of the three types of LEAD facilitators**




## Convenings of workshops and meetings

Convening a series of workshops and meetings that replicates the system in the room can be done at key points before, during a malaria season. and after a malaria season, or adapted to fit the planning cycle of another healthcare challenge. The key components of these convenings involve initial and follow-up workshops, with a series of Task Team or

Task Force meetings during the intervening periods between workshops (Table 1). We will use the term Task Team moving forward in this guide. The idea behind these convenings is that they are cyclical in nature. Typically, by the end of a planning cycle, the value of the process is recognized by health professionals and other stakeholders to the extent that it becomes integrated within the healthcare system.

### Table 1. Sample schedule for LEAD Framework

| Month | Convening |
|---|---|
| 1 | Initial Workshop |
| 3 | 1st Task Team meeting |
| 6 | 2nd Task Team meeting |
| 9 | 3rd Task Team meeting |
| 12 | Follow-up Workshop |

#### Initial Workshop

The design of the initial workshop is to establish the PAR and QI approach to the task of continuous improvement and adaptation of services. The initial workshop provides NMCP staff with tools and structured exercises to identify, analyze, and interpret presenting problems in a systemic context, and then to prioritize and implement improvements to individual workplace challenges.

The objectives of the initial workshop include the following:

- Describe the challenges and opportunities when transitioning from malaria control to malaria elimination
- Identify and prioritize key leadership and management challenges for individuals and teams
- Identify *preliminary* solutions and opportunities
- Form a cross sectional and cross hierarchical Task Team to refine and implement action plans

Table 2 provides an example of key stakeholders at different levels of the system who can be convened at a workshop.

### Table 2. Composition of past LEAD workshop participants

| Level | Roles |
|---|---|
| National | NMCP Deputy Director, M&E Officer, Malaria Mentor |
| Provincial/ Regional | Administrator, Director, MNCH Health Officer, Epidemiology and Disease Control Officer, Health Information Officer, M&E Officer, Pharmacy Manager, Health Promotion Officer, Surveillance Officer, Environmental Health Officer, Accountant, Clinical Malaria Mentor, Regional Council Staff |
| District | Medical Officer, Nursing Officer/Supervisor/Manager, Environmental Health Officer, Health Information Officer, Pharmacy Manager, Health Promotion Officer, Lab Technician, Administrator, Spray Operator |
| Health facility | Nurse, Environmental Health Technician |
| NGO | Technical Advisor, Associate, Analyst, Regional Coordinator |
| Community | Councilor, Community Health Worker, Community member, Church representative |

The LEAD Framework is particularly useful for provincial or district staff to answer the following questions:

- How do we equip the appropriate staff with the leadership, management, planning, and monitoring skills to conduct malaria healthcare activities?
- How do we ensure that annual plans are developed and reviewed routinely?
- How do we provide supportive supervision to ensure implementation of the annual plan?
- How do we ensure that teams are communicating and coordinating regularly and motivated to achieve our annual goals?
- How do we strengthen cross-border and inter-district or inter-provincial collaboration for malaria control and elimination?
- How do we monitor 1) the supply of drugs and diagnostics to prevent stockouts and 2) vehicles and fuel to ensure adequate coverage of malaria activities?
- How do we engage the community, private sector, and other important stakeholders in malaria activity planning, implementation, and monitoring?
- How do we improve data management to get the malaria data that we need to make decisions?

# Module 2: Identification & prioritization of challenges & opportunities

Reference documents

1. Powerpoint slides (Annex III)
    a. Challenge and opportunity identification techniques
    » Root cause analysis: brainstorming, cause and effect diagrams, 5 whys, process maps
    b. Management and leadership: Shifting organizational priorities and practices for malaria elimination
    c. Challenge and opportunity prioritization techniques
    » Pareto charts, decision matrices
2. PDF (Annex IV)
    a. Workshop activity: Creating a process map or flowchart
    b. Workshop activity: Active listening
    c. Workshop activity: Managerial challenges small group discussion
    d. Workshop activity: Friendly Consulting

During the initial workshop, challenges are elicited by the facilitators, who guide the stakeholders through several techniques, including process mapping, active listening, and co-consulting. Quality improvement principles are also employed to help inform the prioritization process. What follows is a menu of activities that can be employed during a workshop to collectively identify, analyze, and prioritize operational challenges and opportunities that are generated by the stakeholders during the initial workshop. We recommend that these are employed sequentially, according to the suggested workshop program in Annex II.

## Outputs from Initial Workshop: Typical Challenges and Priorities

During the initial workshop, participants identify and examine challenges that each person faces, in their efforts to eliminate malaria. These are analyzed in some depth and provide a substantial overview of what NMCP staff are working on (from front-line service provision to central coordination) and a better understanding of what others do within the organization or system.

These challenges are collated and then related to each other and to root causes, so that priorities can be proposed, examined, and selected for attention by the Task Team over the coming months.

Table 3 includes examples of challenges that have arisen in past LEAD workshops.

**Table 3. Challenges from Initial workshops**

| Key Challenge | Issues for Task Team |
|---|---|
| 1. Human resources and capacity building | • Shortage of key personnel e.g. day to day shortage of IRS Field Supervisors or shortage of nurses, microscopists, environmental health technicians during an outbreak<br>• Lack of training |
| 2. Information and communication | • Poor communication at all levels<br>• IEC materials not translated in local languages<br>• Poor information dissemination of key malaria information<br>• Poor health education at both community and health facility level<br>• Community gaps in knowledge, resistance to change, misuse of nets |
| 3. Case management | • People share medicines in the community; incomplete treatment and drug resistance<br>• Lack of adherence to case management guidelines<br>• Rejection of treatment |

| | |
|---|---|
| 4. Logistics and supplies | • Unavailability of malaria medicines, RDT kits<br>• Lack and shortage of transport and fuel<br>• Long distances from communities to health facilities<br>• Shortage of mosquito nets<br>• Difficulties and inefficiencies in accessing supplies or procuring equipment and gear |
| 5. Vector control | • Refusal of spraying or locking of some houses/rooms<br>• Unsprayable structures in malaria hotspot areas<br>• Larviciding not being done regularly (e.g. twice weekly during malaria season) |
| 6. Surveillance | • Late reporting and incomplete reports from facilities<br>• Lack of sharing of responsibility at primary health facilities<br>• Untimely or incomplete case investigation<br>• Insufficient, malfunctioning database system that negatively impacts reporting |
| 7. Management issues | • Lack of strong coordination with stakeholders<br>• Poor budget allocation<br>• Lack of program ownership<br>• Poor supervision<br>• Inter-provincial collaboration<br>• Need for improved teamwork<br>• Poor adherence to policies, protocols<br>• Internal, external communication<br>• Lack of recognition, motivation, and career development<br>• Lack of accountability, transparency, or role clarity<br>• Job insecurity<br>• Lack of training opportunities: repetition of same content or mode of delivery, no certification/accreditation, no training needs assessment |
| 8. Cross border issues | • No formal agreement with neighboring countries (i.e. hospital fees for foreigners)<br>• Lack of control on cross border transmission |
| 9. Community engagement | • Need for improved engagement of community in behavior change, vector control activities<br>• Need to improve Village Health Worker retention and minimum qualifying age<br>• Incorporation of school health masters in the testing and treating of malaria<br>• Changing parent/guardian perceptions of malaria in children<br>• Late treatment seeking at health facilities, due to initial use of traditional and/or faith healers |

# Module 3: Solution generation & challenge resolution through Task Teams

Reference documents

1. Powerpoint slides (Annex V)
    a. Performance measurement
    b. Plan-Do-Study-Act (PDSA) cycles
2. PDF (Annex VI)
    a. Sample 1st Task Team Meeting program
    b. Sample Action Plan

## Task Team

A primary outcome of the initial workshop is to prioritize the collective challenges and opportunities to be taken forward by a cross-disciplinary Task Team comprising a subset of the workshop participants. Change leadership facilitators and their local partners engage in a series of two-day follow-up visits with the Task Team to:

1. Facilitate discussion of and development of an action plan and assist with solution implementation;
2. Identify and support those with the responsibility and authority to address challenges and leverage opportunities;
3. Identify the talents and resources available;
4. Identify metrics to monitor progress towards outcomes/impacts. The OD consultants also offer one-on-one coaching to individual Task Team members, both in-situ and remotely.

Depending on the planning cycle and implementation period, a series of three to six Task Team

**Box 1. Function and Roles of the Task Team**

**Function of the Task Team:**

- Propose actions to address challenges and opportunities identified in the initial workshop
- Identify obstacles and enablers to the implementation of the action plans
- Monitor progress and provide feedback on the implementation of the actions
- Attend and actively participate in meetings and workshops

**Roles of Task Team members within the malaria program at the provincial /district/ health facility level can include:**

- Medical Officer
- Nurse
- Epidemiology and Disease Control Officer
- Health Information Officer
- Pharmacy manager
- Accountant
- Health Promotion Officer
- Environmental Health Officer

Meetings can be scheduled.

The objectives of the 1st Task Team Meeting are the following:

1. Review and refine each of the main challenges from the initial workshop. Top priority challenges selected by the Task Team will be taken to the next stage.
2. Propose actions to address challenges, leverage opportunities, and assign tasks and responsibilities. Identify obstacles and enablers to the implementation of the action plan
3. Identify metrics (including NMCP indicators), set targets and gather baseline data. After the 1st Task Team meeting monitor progress and provide feedback on the implementation of the actions.

## Action Plan

The overall output from the 1st Task Team Meeting that will serve as the basis for subsequent meetings is the Action Plan.

Table 4 includes the major columns to be included in the Action Plan for each prioritized challenge.

These can be adapted accordingly to best fit the needs of the Task Team with the actual results completed at the conclusion of the cycle.

See Annex VIIc for a sample Action Plan.

### Interim Task Team Meetings

In recognition that situations are dynamic, new challenges can be added to the Action Plan as they arise, and subsequent Task Team Meetings are the opportunity to do this. While the objectives of subsequent Task Team Meetings share some of the objectives of the 1st Task Team Meeting, new objectives are underlined below. During these meetings additional columns can be added to the Action Plan as an update on the team's progress in implementing the proposed solutions.

The objectives for interim Task Team Meetings include:

1. Review and refine challenges and identify possible new challenges and opportunities
2. Propose actions to address challenges, leverage opportunities, and assign tasks and responsibilities. Identify obstacles and enablers to the implementation of the action plan
3. Refine metrics (including NMCP indicators), set targets and gather baseline data
4. Monitor progress and provide feedback on the implementation of the actions
5. Plan and map the way forward including measurement process

### Final Task Team Meeting

The final meeting provides the Task Team with the opportunity to review their progress over the implementation period, prepare to present this during a

**Table 4. Action Plan components**

| Challenge | Suggested Solutions & Actions | Related NSP Indicator/ Framework Indicator | TargetCurrent Year | Baseline Data | Actual Result | Data Source | Frequency of Data Collection | Responsible Person(s) | Progress |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | |
| | | | | | | | | | |

Follow-up Workshop, generate ideas for sustaining the efforts, consider the possibility of continuing with the Task Team itself, and embed some of the practices (such as active listening, system in the room, and peer consulting) at district and facility levels. The timing of this final meeting can take place the day before the workshop in order to reduce the costs associated with convening, especially if a venue must be rented and arranged and lodging and transportation provided to participants. The purpose of the meeting is to update the Action Plan and to prepare a 1-hour presentation for the workshop. A representative from the Task Team can present for 30-40 minutes, after which workshop participants can engage in discussion for 15-20 minutes.

**Box 2. Guidelines for the Task Team in preparing their presentations for Follow-up Workshop**

This is an illustrative example of one particular challenge that might arise and how it can be presented, reviewed, and assessed.

### Challenge 1: Lack of training, information in case management and surveillance

Background summary:
number of facilities/staff

**Indicator:**
Proportion of patients with confirmed malaria who received appropriate anti-malaria treatment according to the national guideline

**Baseline (Prior Year):**

**Target:**

**Actual Result:**

**Activities conducted/ interventions implemented:**
(elaborate in terms of numbers, e.g. number of support visits/facilities/staff supported, etc.

**Key Achievements, Challenges, Gaps and Recommendations**

# Module 4: Evaluation of solutions, stakeholder feedback, and sustaining progress

Reference documents

1. Powerpoint slides (Annex VII)
    a. Monitoring and evaluation review and metric refinement
2. PDFs (Annex VIII)
    a. Sample follow-up workshop program
    b. Workshop activity: Small group discussion on next steps for each challenge
    c. Evaluation tool: qualitative feedback on solution resolution
    d. Evaluation tool: Participant satisfaction on the workshop and overall process

The purpose of the follow-up workshop is:

1. To report back and evaluate the impact of the LEAD Framework for the improvement of service delivery for malaria elimination
2. Identify new measures for continuous improvement
3. Provide the Task Team an opportunity to communicate progress to the larger group of stakeholders
4. Assess the impact and outcomes of the unique collaborative approach
5. Identify priorities for next steps in the project, or continuation of improvements after the end of the project
6. Determine how the LEAD Framework can be integrated into existing processes

The design of the follow-up workshop continues the participatory approach to the task of continuous improvement and adaptation of services that is established during the initial workshops. Day 1 aims to review the progress made by the Task Teams on implementing solutions to the prioritized managerial and supervisory challenges facing various parts of the NMCP.

A focus of Day 2 is to: 1) provide an opportunity for new members to join the Task Team or current members to drop out; 2) evaluate progress to date on the expected outcomes and impact of the project; and 3) describe plans for continuation and sustainability of the project.

An overall monitoring and evaluation review and examination of the indicators selected by the Task Team for each of the challenges can help to further refine metrics for challenges that will be carried forward in a subsequent cycle or periodically reviewed during the upcoming year (see Annex VII.)

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