

MONITORING, EVALUATION & LEARNING REPORT 2022



Contents

Glossary of Acronyms	3
Introduction.....	4
Highlights.....	5
AMP Health model: Driving systems change.....	6
Our Theory of Change	6
Methodology	6
Community Health	8
Zambia Community Health Unit	8
Togo Division de la Santé Communautaire et des Personnes Âgées (DSCPA).....	12
Non-Communicable Diseases.....	16
Malawi Non-Communicable Diseases and Injuries team.....	16
Liberia Non-Communicable Diseases and Injuries team	20
Malaria.....	24
Republic of Congo Programme National de Lutte Contre le Paludisme (PNLP).....	24
Mauritania Malaria Control Service.....	27
Chad Programme National de Lutte Contre le Paludisme (PNLP).....	30
Sustainability phase teams	33
Cross-team observations	33
Lessons learned.....	33
Emerging themes	33
Baseline teams.....	33
Multi-year teams	34
How MEL informs programme adaptation, development, and design	34
Conclusion	34
About AMP Health	35
Appendix A – Detailed methodology.....	36
Tool 1: Individual capabilities built.....	36
Tool 2: Team effectiveness	36
Tool 3: Tools and processes of high-performing teams.....	37
Tool 4: Concurrent health system progress.....	37
Tool 5: Return on expectations.....	37
Appendix B – Overview of responses	38

Glossary of Acronyms

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

Introduction

Since our previous monitoring, evaluation, and learning (MEL) report was released in 2021, we have seen a significant rise in demand for partnership with AMP Health from African governments. This, combined with the growing recognition by funders of the importance of developing leadership and management skills, has led to a rapid increase in AMP partnerships in this reporting period, including: five national malaria control programmes (Central African Republic, Chad, Congo, Mauritania, and Namibia); three non-communicable disease teams (Liberia, Malawi, and Mozambique); and one new Community Health Department (Mali). Nearly half of our partner teams are now French-speaking, and Mozambique has become our first partnership to operate in Portuguese. With these language capabilities, we are now able to serve the vast majority of governments in sub-Saharan Africa.

To meet the rising demand from African governments, the AMP team has also grown, more than doubling in size over the past 12 months. There are now six AMP Global team members in our main operational base of Johannesburg and 11 Management Partners in place. All but one of our Africa-based staff are from Africa, hailing from 10 different countries.

The increase in the number of partnerships has increased the complexity of carrying out monitoring and evaluation of our work, and in ensuring that the insights we glean from monitoring and evaluation are used to inform and improve our work with our partner teams. To ensure that this complex task is carried out, we have appointed a Monitoring, Evaluation and Learning Manager to support data collection, analysis and sharing.

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

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

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

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

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

Highlights

Teams see value in AMP's unique approach

Individuals have seen their own skills improve

Teams are able to work more effectively

And are increasingly confident of their ability to improve their health systems

“AMP is different from other partners in that they (AMP) have no pre-programmed plan – they involved us from the start in setting priorities for the partnership. We work together in the specific context that is in Liberia.” –

Florence Y. Kiatamba, Non-Communicable Diseases and Injuries team, Liberia

“AMP's support has been very helpful. The capacity building labs and sessions have helped me grow to a level that I could not imagine before. I joined the team with less experience, confidence and limitations in so many areas... AMP has helped me to build the capacity needed to lead subnational levels effectively” Gerald Zimba, Community Health Unit, Zambia

“AMP's support brings out cohesion: we have become a well-knit outfit. We are able to create trust that things will be done and hold ourselves accountable. We have faith in each other that things will be done on time and done well.” –

Florence Y. Kiatamba, Non-Communicable Diseases and Injuries team, Liberia

“If I am capacitated in my work and I'm able to deliver, and I'm able to see that my project has a sustainable outcome, the public health in Liberia will be affected, there will be visible outcomes, the people of Liberia will benefit.” –

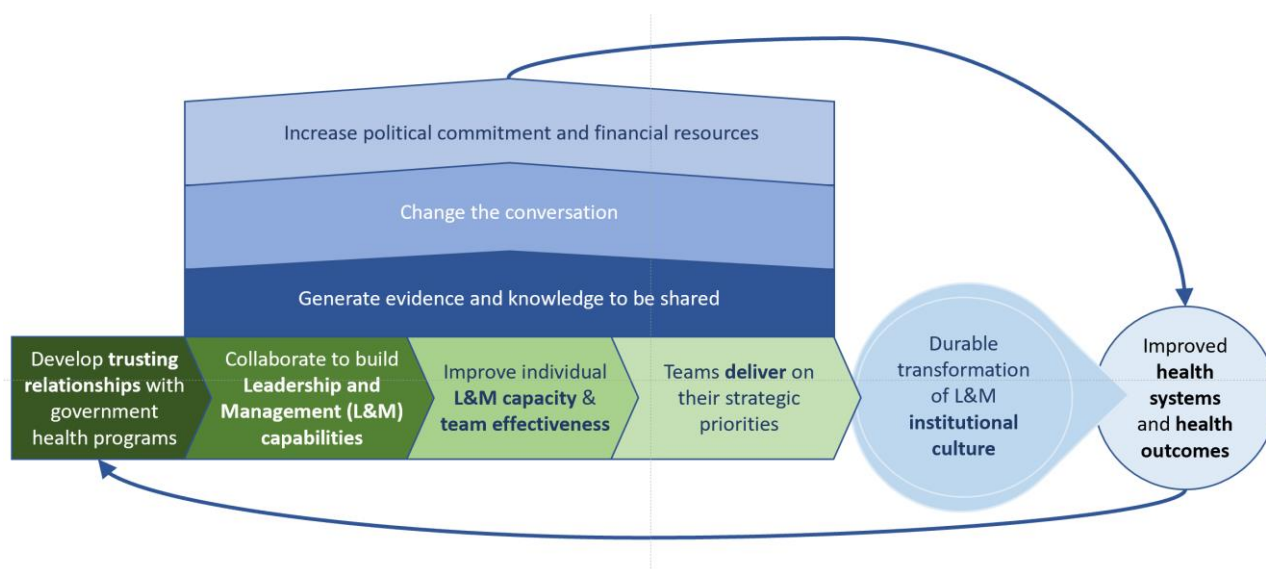
Nancy Kanneh Saydee, Non-Communicable Diseases and Injuries team, Liberia

- 11 teams and 76 individuals were surveyed in 2021/2022
- Third year of consistent data collection under our revised MEL framework
- Compares baseline data to data collected mid-2022
- 100% of individuals improved on at least 2 skills, and 81% improved on 5 skills or more
- 92% of individuals felt that their team had improved on 3 or more team effectiveness skills, with 35% feeling their team had improved on 10 or more skills
- The most improved skills (that 45% or more of respondents said had improved): building trust, running effective meetings, mentoring and supporting colleagues, taking more responsibility and ownership of work, stakeholder management, and appreciating the contributions of others

AMP Health model: Driving systems change

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

Our Theory of Change



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

Methodology

Our MEL framework comprises five MEL tools that monitor the progress of AMP Health-supported teams over time, allowing for ongoing refinement and customisation of the leadership and management curriculum and training approach. We administer these tools twice yearly – mid-year (at the end of June) and at the end of the year (at the end of December). This report focuses on data collected for these five tools at the end of 2021 and mid-2022.

Tool #	Name of MEL tool	Measurement interval	Key MEL question addressed by this tool
1.	Individual Leadership & Management Capability Development Questionnaire	Every 6 months	What progress have individual team members made in improving their leadership and management capabilities?
2.	Team Effectiveness Questionnaire	Every 6 months	Have the teams that we work with become more cohesive, efficient, and effective?

Tool #	Name of MEL tool	Measurement interval	Key MEL question addressed by this tool
3.	Scorecard of Best Practices, Tools, & Processes of High-Functioning Teams	Every 6 months	What tools, processes, and systems have been introduced and are being implemented by the teams that we work with?
4.	Concurrent Health Systems Progress Report	Every 6 months	How have the teams that we work with contributed to broader health systems progress in their countries? And how have enhanced leadership and management capabilities contributed to this progress?
5.	Return on Expectations Survey	Annually	To what extent has the AMP Health partnership met the expectations of the teams that we work with and senior Ministry leaders?

Each tool uses a 5-point scale and all data and analyses reported are in absolute changes on this scale. We report average changes on this scale, for a particular skill, per team. For example, a relatively large average change (e.g., +1.0) could imply that every team member improved by 1 out of 5 points on the scale. Even relatively modest changes (e.g., +0.2) suggests that at least some team members have improved substantially. Therefore, we report both modest and larger changes, where there is a change in rating that relates to team objectives or achievements.

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

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

Community Health

Community health programs are critical to strengthening health systems, increasing access to health care, and allowing people to live healthier, more prosperous lives. These programmes often employ large numbers of community health workers, and are the first point of entry into the health system for millions of people. Since AMP Health began partnering with ministry teams in 2015, we have partnered with community health

teams in Ghana, Kenya, Malawi, Togo, and Zambia to support them in becoming more effective leaders. We are currently working with community health teams in Togo, Zambia, and, most recently, Mali. The partnership in Mali is too recent to include MEL results in this report and will be included in the next reporting period.

Zambia Community Health Unit

We have a long history of engagement with Zambia’s Community Health Unit (CHU) and its leader, Dr Sylvia Chila, that goes back to the foundation of the CHU in 2018. The team has since grown to comprise nine permanent staff and one intern. An experienced Management Partner (MP), Nkandu Chikonde, began working with the CHU team in August 2021 as part of a one-year extension of partnership agreement with the team. This latest data set was gathered during the final year of five years of engagement with this team and allows for an analysis of progress over the entire partnership. Current priorities for the team include development of the National Community Health Strategy (NCHS

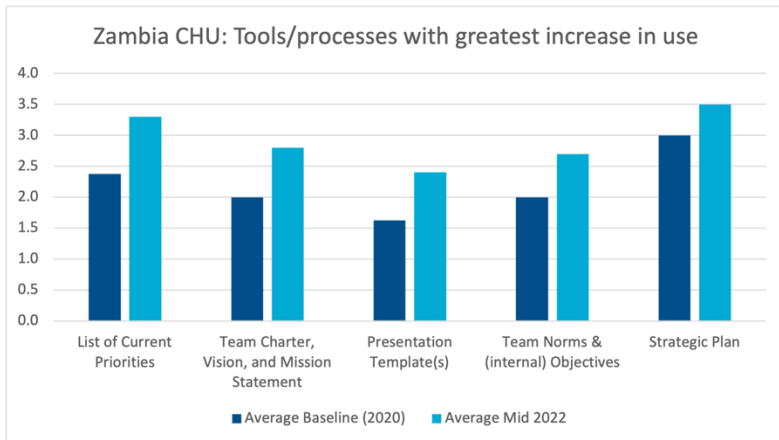
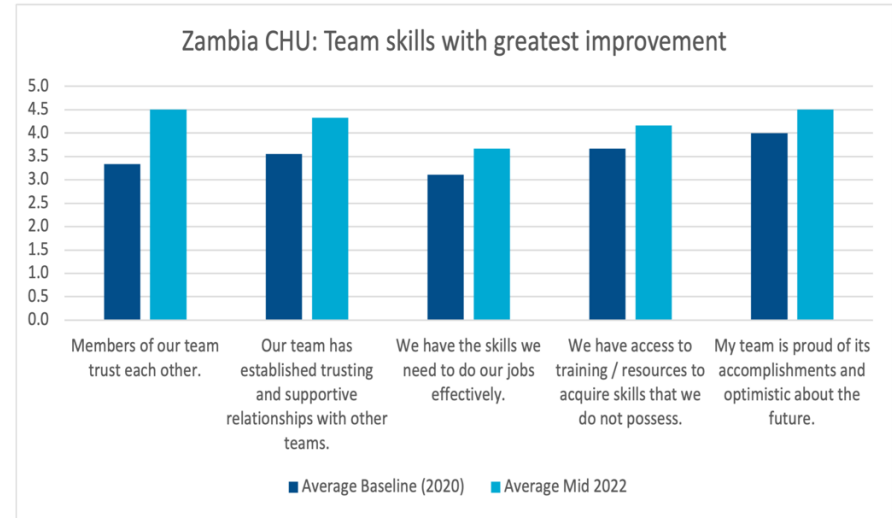
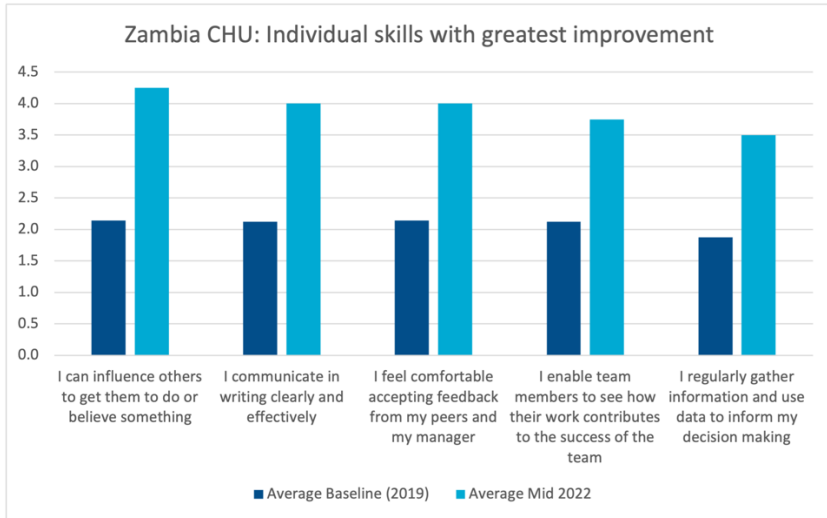
2022-2026), development of the NCHS Monitoring and Evaluation Framework (2022-2026), re-organisation of the CH governance structure and systems, development of the community health service package and implementation guidelines, and digitalisation of community health programme in Zambia. As of August 2022, this team has transitioned to a sustainability phase of support with AMP, meaning that while there will be no MP embedded in the team, we will continue to support the development of leadership and management skills and that the team will be encouraged to share its skills with other teams earlier in their journeys.

Partnership Objective	Achievements	Evidence from MEL surveys & interviews
Support CHU to develop and strengthen CH governance systems and structures including the Technical Working Group (TWG) and sub-committees at national level	<ul style="list-style-type: none"> • Strengthened multi-sectoral collaboration, linkages, and coordination of community health activities by: <ul style="list-style-type: none"> ○ Re-launching the TWG and revising its Terms of Reference 	<ul style="list-style-type: none"> • The team improved their ability to identify and resolved organizational challenges (+1.4)* and manage discussions with stakeholders (+1.0). There was a large increase in the team’s ability to create trust-based relationships with other teams (+0.8)

* Changes reported in parentheses are team averages on a 5-point scale used in AMP Health’s MEL tools.

	<ul style="list-style-type: none"> ○ Developing a TWG meeting minute template, reporting template and activity tracking tool. ● Strengthened governance systems by: <ul style="list-style-type: none"> ○ Developing a Community Health Service Package that aims to ensure consistent health service delivery at community level ● Took significant steps to acknowledge and professionalise the contribution of the 96,019 Community Based Volunteers (CBVs) by: <ul style="list-style-type: none"> ○ Mapping all CBVs on a digital database that will allow better decision-making and prioritisation. ○ Developing a legal framework, incentive guidelines and contract templates for CBVs 	<ul style="list-style-type: none"> ● The team were also more likely to use tools and processes such as partner mapping (+0.5) and have signed MoUs and ToR documentation (+0.3) ● “CHU members have ignited some sense of confidence. In meetings people are volunteering for roles, to chair meetings – that was not the case before AMP’s involvement. People are following up and being proactive – it’s refreshing.” – Chewe Mulenga, D-tree (external stakeholder)
<p>Support CHU to develop and strengthen individual and team skills in planning, implementation, and coordination of activities at national and sub-national level</p>	<ul style="list-style-type: none"> ● Improved team accountability and effectiveness by: <ul style="list-style-type: none"> ○ Developing team and individual workplans ○ Developing an activity tracking tool that is being used by the team ○ Creating reporting and supervision tools that are being used by the team ○ Developing a repository for key project documents ○ Creating an innovation corner that is being used by the team 	<ul style="list-style-type: none"> ● Team members reported increases in inter-personal skills such as influencing (+2.2), active listening (+1.3) and verbal communication (+1.5) ● They also reported large improvements in written communication (+1.9), planning and prioritisation (+1.5), running meetings (+0.9). Budgeting also improved slightly (+0.3) ● Team members felt their skills had improved (+0.6) and that they had better access to training (+0.5). ● There was increased use of tools such as prioritization lists (+0.9) and presentation templates (+0.8). ● “The L&M training helps us focus on the important things. It helps us clarify goals & appreciate the people that we are connecting with. It’s about relationships, not only about skills.” – Dr Sylvia Chila, head of CHU.
<p>Support the CHU to strengthen reporting, M&E and data flow systems and processes at national level</p>	<ul style="list-style-type: none"> ● The Ministry of Health has received a grant of US\$3.4 million to implement a community health digitalisation project. This year the unit advanced its transformative agenda of digitising community health by: 	<ul style="list-style-type: none"> ● Team members felt they were better at data gathering and improved their use of data for decision-making (+1.6) ● “This process takes time and the foundations have been laid. Community structures will start to function, digital health program. I’m certain we will see impact in a few

	<ul style="list-style-type: none"> ○ Launching a digital platform for identifying, profiling, and registering Community Based Volunteers which has been integrated in the national health database ○ Developing a data flow chart (sub-national level) ○ Strengthening supervision and reporting templates ○ Developing a harmonised plan for data review meetings at national and sub-national level ○ Creating a dashboard for quarterly community health data 	<p>years.” – Ben Margetts - On Call Africa (external stakeholder).</p>
<p>Support the team and individuals to define roles and responsibilities, onboarding, and appraisal systems</p>	<ul style="list-style-type: none"> ● There are significant structural changes taking place in the Ministry of Health. The CHU has been able to manage these changes better by <ul style="list-style-type: none"> ○ Developing a CH organogram and decision tree ○ Developing job descriptions for the team ○ Updating staff annual performance assessments for 2020/21 ○ Creating staff/intern onboarding checklist ○ Developing internship guidelines and contract template 	<ul style="list-style-type: none"> ● Team members were far better at receiving feedback (+1.9). Trust scores increased (+1.2), as did mentoring (+1.0) and the team felt that members were more likely to take responsibility for their work (+0.5) ● They were also more likely to refer to the team charter and vision (+0.8) and documented norms (+0.7) ● “The LM support brings out cohesion, we have become a well-knit outfit. We are able to create trust that things will be done and hold ourselves accountable. We have faith in each other that things will be done on time and done well.” – Mable Mfula, CHU member
<p>Support CHU in the preparation and development of a new CH strategy for 2022-2026</p>	<ul style="list-style-type: none"> ● The team has ensured the prominent inclusion of community health in national planning and budgeting processes for the first time and positioned community health as a vehicle towards Universal Health Coverage by <ul style="list-style-type: none"> ○ Formulating end term evaluation TORs ○ Conducting end term evaluation and finalising the report ○ Submitting recommendations for new national health strategy for inclusion of a chapter on community health and primary health care ○ Creating the roadmap for the development of a new CH strategy (2022-26) ○ Drafting the CH strategy (2022-26) 	<ul style="list-style-type: none"> ● The team reported large improvements in written communication (+1.9) and data gathering ability (+1.6). ● The team said they were more likely to refer to the strategic plan in their work (+0.5). ● “The CHU is really driving things and partners are aligning with objectives on the national strategy. It feels like it’s government led and that is quite unique.” – Ben Margetts - On Call Africa (external stakeholder)



Togo Division de la Santé Communautaire et des Personnes Âgées (DSCPA)

The AMP MP, Ramadane Hagne, has been supporting the Division de la Santé Communautaire et des Personnes Âgées (DSCPA) staff and their leader, Dr Mouchadou Abdoukarim Naba, to achieve their objectives since January 2021. While the first year of support was more focused on supporting the team to develop and implement effective processes and laying the leadership and management groundwork within the DSCPA, the past six months have been more focused on supporting the team to apply those skills and tools to achieve their strategic objectives. More

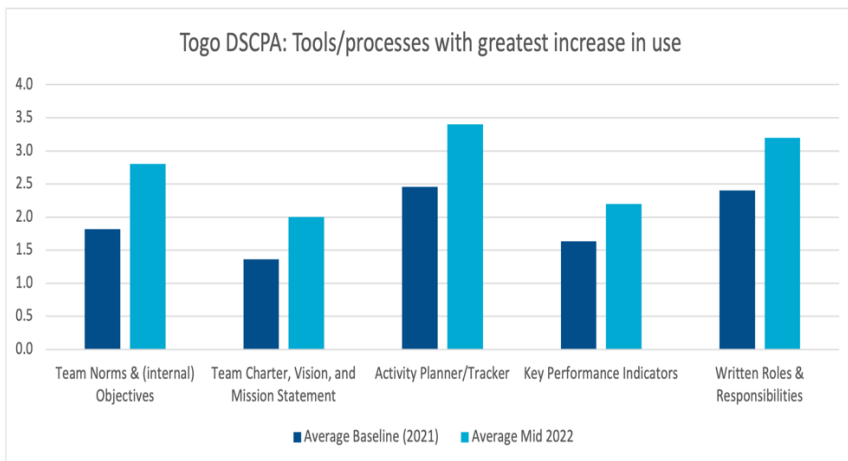
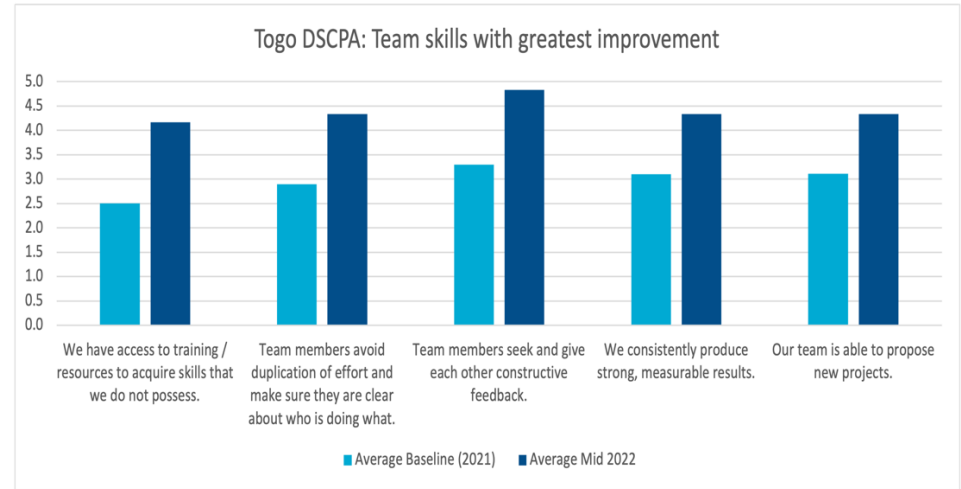
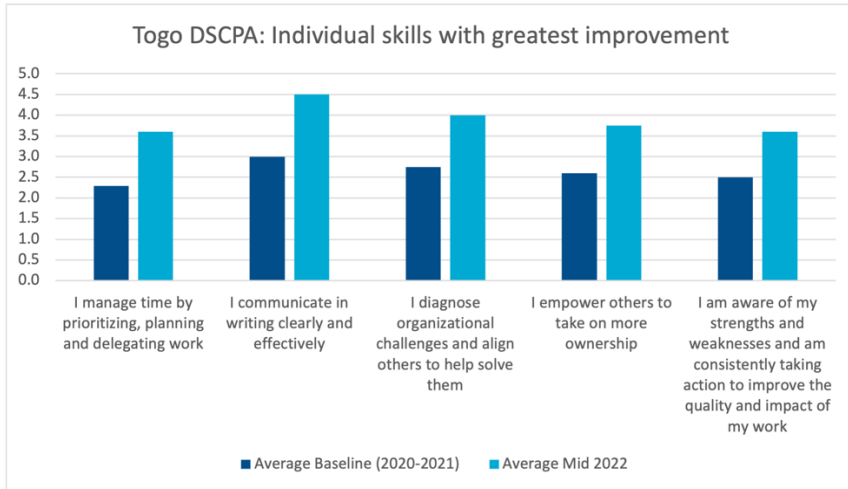
specifically, the team has focused on improving project management, data collection and analysis, and using data for decision-making to better serve communities have been major areas of focus. By improving their capacity in these key areas, the DSCPA team could undertake large-scale, high-impact projects as part of the government's health roadmap, which will have a positive impact on the public health system in Togo and contribute to increased access to health services.

Partnership Objective	Achievements	Evidence from MEL surveys & interviews
Situation Assessment and L&M Learning Plan	<ul style="list-style-type: none"> • Built trust with the team and prioritized L&M initiatives by: <ul style="list-style-type: none"> ○ Completing a Situation Assessment ○ Finalising Partnership Objectives and making them available in French and English ○ Identifying champions for data management and performance management within the team 	<ul style="list-style-type: none"> • Team members felt they were more aware of their strengths and weaknesses (+1.1)* and had more access to training (+1.7).
L&M Tools and Processes developed and utilized to advance CH Department team's objectives	<ul style="list-style-type: none"> • The capacity of the team has developed to the point that the team lead feels confident in delegating responsibility to team members. • Each of the DSPCA team members now has the necessary capabilities to carry out a project from initiation to completion with limited support. • This was achieved by: <ul style="list-style-type: none"> ○ Peer-to-peer learning ○ Supporting team members in coordinated activities with partners 	<p>The team were more likely to seek and give constructive feedback (+1.5), were more empowered (1.2). They felt a shared sense of purpose (+1.1) and there was increased mentoring (+0.5). The team also noted improvements in time management (+1.3). The team were far more likely to use tool such as an activity planner/tracker (+0.9), org chart (+0.9) and written roles and responsibilities (+0.8)</p>

* Changes reported in parentheses are team averages on a 5-point scale used in AMP Health's MEL tools.

	<ul style="list-style-type: none"> ○ Ensuring team members always owned relationships and led interactions with stakeholders 	
<p>Improve availability of data and its analysis</p>	<ul style="list-style-type: none"> ● The team has increased access to healthcare through the digital optimization of the interventions of the community health workers. The project has created a wealth of insights for the MoH to use in decision-making and prioritisation as it rolls out a project that aims to increase coverage, standardise care and improve the conditions of the CHWs themselves. This was achieved by: <ul style="list-style-type: none"> ○ Supporting the team to develop a TOR to digitize the CHW mapping to improve CHW supervision and tracking ○ Supporting the team to digitally map of 11,150 working CHWs across all districts in the country using open-source software. ○ Developing data-driven insights on the current location, qualification, and training needs of CHWs ○ Supporting the team to perform a cost analysis for the standardisation of health services across the country ○ Supporting the team to develop a database of best practices for the professionalization of CHWs to benchmark efforts in Togo ○ Identification of five options for the professionalization of CHWs ○ Support in selecting the most appropriate option, based on the economic and social realities of Togo. 	<p>This ability to take on a substantial project was reflected in increased ability to solve problems collaboratively (+1.3) and come up with new solutions (+1.0). The importance of data to the team was reflected in better gathering and use of data (+.06)</p>
<p>Improve planning processes and instil a culture of performance monitoring and evaluation</p>	<ul style="list-style-type: none"> ● The team has enabled more informed decision-making by improving the turnaround times and accuracy of reports and centralization of DSCPA data. The team achieved this by: <ul style="list-style-type: none"> ○ The team lead appointing a monitoring and evaluation manager 	<ul style="list-style-type: none"> ● The team was more results focused (+1.2) and took personal responsibility (+1.1) ● There were improvements in planning (+1.3) and project management (+0.9) ● The team were more likely to document meeting agendas and action items (+0.7),

	<ul style="list-style-type: none"> ○ The team has implemented a dashboard to track completion of the activities from the annual plan ○ The team created a dashboard to monitor the performance of tasks discussed during meetings and to record key decisions 	<p>maintain a list of current priorities (+0.6) and use standard operating procedures (+0.5).</p> <ul style="list-style-type: none"> ● There was also greater use of tools such as key performance indicators (+0.6) and performance reviews (+0.5)
<p>Improve internal and external communication and coordination</p>	<ul style="list-style-type: none"> ● Communication and coordination were strengthened by supporting the team to: <ul style="list-style-type: none"> ○ Create a shared drive to exchange and store documents ○ Standardise communication materials (e.g., PowerPoint, Word) ○ Set up a coordination committee (funded by Unicef) 	<ul style="list-style-type: none"> ● The team noted an improvement in written communication (+1.5), having difficult conversations (+0.9), active listening (0.6) and verbal communication in general (0.5). ● There was also better conflict resolution with other teams (+0.9), with whom they were more likely to establish trusting relationships (+0.7) ● The team was more likely to use presentation templates (+0.6) and a framework for multisectoral engagements (+0.4)



Non-Communicable Diseases

Non-communicable diseases (NCDs) contribute to more than two-thirds of all annual deaths worldwide and are among the leading causes of preventable illness and related disability. Over half of those deaths occur in low- and middle-income countries. Addressing NCDs requires a range of strategies to change behaviour, to ensure the availability of testing and treatment, and to roll out preventative treatments. Teams responsible for

managing NCD programmes therefore need to not only be technically competent, but also excellent planners, problem solvers, project managers and leaders. We have partnered with NCD teams in Malawi, Liberia, and Mozambique. The partnership in Mozambique is too recent to include MEL results in this report and will be included in the next reporting period.

Malawi Non-Communicable Diseases and Injuries team

The Malawi Ministry of Health (MoH) Non-Communicable Diseases, Injuries and Mental Health (NCDI and MH) Unit, led by Deputy Director Dr Jonathan Chiwanda, is responsible for policy development, legislation, regulation, public and professional education, guideline development, media interventions and research related to non-communicable diseases and mental health. The partnership between AMP Health and the NCDI and MH Unit is currently in the foundation phase, which commenced in October 2021 and concludes in March 2024. Following the unexpected resignation of the first Management Partner (MP), the current MP, Hentry Mwale, joined Dr Chiwanda and his team of five in October 2022. The team's priorities include improving partnership and advocacy for NCDIs, being more deliberate about planning and monitoring, and developing key guidelines to standardise and improve the quality of care for NCDIs.

Partnership Objective	Achievements / Impact	Evidence from MEL surveys & interviews
Partnership collaboration in support of improved advocacy for NCDIs and MH, including: <ul style="list-style-type: none"> Partnership mapping Resource mobilisation Partner coordination meetings Technical Working Group structural review Stakeholder mapping 	<ul style="list-style-type: none"> The team raised the profile of NCDIs in the country and increased resourcing for NCDIs by: <ul style="list-style-type: none"> Completing a mapping of all potential partner organisations working on resource mobilization and aligning programme outputs to the CNCD Agenda. 	<ul style="list-style-type: none"> The team improved their collaboration skills (+1.1) and ability to manage dialogue among stakeholders (+0.8). There was also a slight increase in how the team were trusted by other teams (+0.1)* The team were also more likely to use partner mapping tools (+0.2) and to sign formal documentation with partners (+0.1)

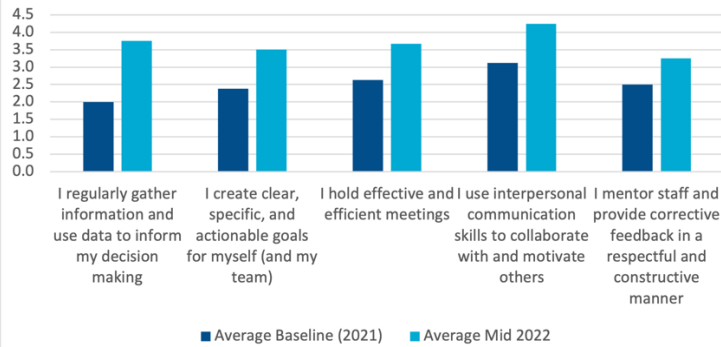
* Changes reported in parentheses are team averages on a 5-point scale used in AMP Health's MEL tools.

<ul style="list-style-type: none"> • Standard templates and working tools • NCDI & MH style guide 	<ul style="list-style-type: none"> ○ Setting up regular meetings with key partners, including Diabetes Compass, World Diabetes Forum, Partners in Health, etc. <p>The team are developing the Terms of Reference for a structural review of the TWG.</p>	
<p>NCDI team weekly and monthly meetings</p>	<ul style="list-style-type: none"> • The team now meets every week • Progress is tracked when team members present expected deliverables every Monday • Monthly meetings are chaired on rotation for the clinical directorate. 	<ul style="list-style-type: none"> • The team saw large improvements in interpersonal communications (+1.1), goal setting (1.1) and ability to hold effective meetings (+1.0) • The team felt there was increased clarity about who was doing what (+1.0) and a greater sense of shared purpose (+0.9). • The team was far more likely to make use of tools and processes such as a feedback system (+3.0), standard reporting templates (+1.0), activity tracker (+0.8) and list of current priorities (+0.7). They were also more likely to manage meetings formally with agendas, and action items (+0.6) • “There is already impact... I have seen a good number of meetings as a team – more than before, more sharing and communication than before, more coordination. Things are moving forward.” – Dr Michael Udedi, CHU team member.
<p>Operational planning, including:</p> <ul style="list-style-type: none"> • NCDI operational plan • NCDI performance plans • Management tool (weekly workplan) • Supervision tools 	<p>The NCDI Operational Plan is now in place.</p> <ul style="list-style-type: none"> • Partner activities being implemented with shared responsibilities and feedback mechanism in place. Using the weekly meetings for feedback, as well as a WhatsApp group. 	<ul style="list-style-type: none"> • There was a substantial improvement in the gathering and use of data for planning (+1.8). • There were also increases in mentoring (+0.8), results monitoring (+0.6) and teamwork (+0.3).

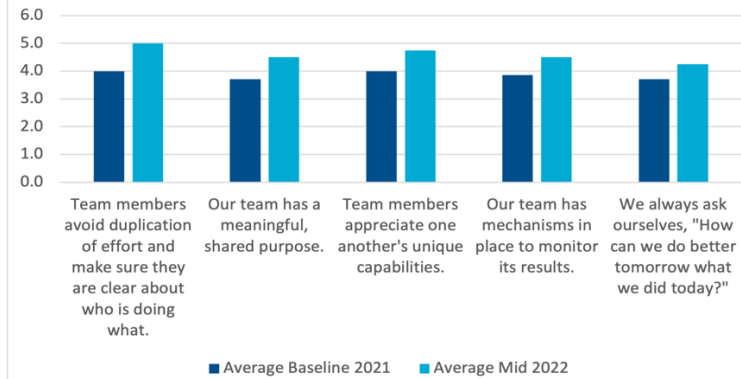
	<ul style="list-style-type: none"> • Individual performance plans developed, however not fully utilized due to ad-hoc delegated work. There is need for a new template and objectives for each member with tasks directed to thematic areas 	<p>“There is a clear link between L&M and public health. There needs to be direction, guidance, passing on skills from leaders to others. If leaders have L&M, we can have an impact on how well our team gets things done and because we drive important policies and strategies..., us having better L&M skills will surely have an impact on public health in Malawi.” – Dr Michael Udedi, CHU team member.</p>
<p>Strategic planning, including:</p> <ul style="list-style-type: none"> • NCDI Annual Work Plan • Communication plan 	<ul style="list-style-type: none"> • The team developed an annual work plan, which is being implemented. A monitoring mechanism is in place. • The communication plan is in draft version and awaiting funding to finalize. 	<ul style="list-style-type: none"> • Decision making (+0.5) • The team was more likely to use strategic planning tools and processes (+0.6)
<p>Key projects / assignments:</p> <ul style="list-style-type: none"> • NCD Job Aid • NCDI Annual Report • Guidelines on NCD operations for partners • NCDI Protocols development 	<ul style="list-style-type: none"> • The team completed and shared an annual report, which will help to raise the visibility of the program. • The team has developed NCDI Protocols, which will ensure quality and standardization of care. They are ready for printing (awaiting funds). • The Job Aid, which supplements the Protocols as a handy guide for health care workers, is also complete. 	<ul style="list-style-type: none"> • The team saw a substantial improvement in their ability to manage projects and prioritization (both +0.8), and also improved their ability to deliver results (+0.3).



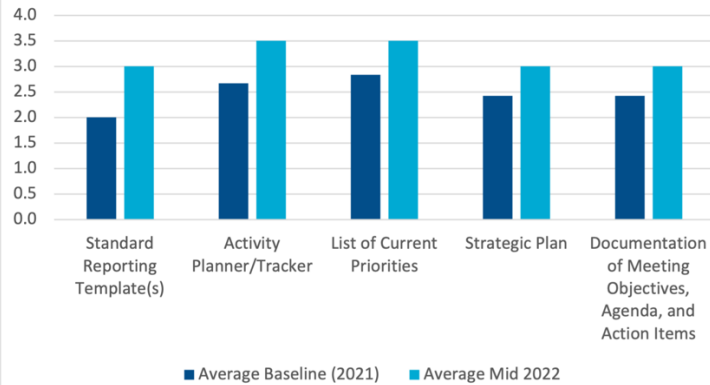
Malawi NCDI: Individual skills with greatest improvement



Malawi NCDI: Team skills with the greatest improvement



Malawi NCDI: Tools/processes with greatest increase in use



Liberia Non-Communicable Diseases and Injuries team

AMP Health’s partnership with Liberia’s Ministry of Health began in January 2022 with the placement of MP Andrew Hyeroba as embedded support within the Non-Communicable Diseases and Injuries (NCDI) team. The team is led by a Director, Dr Anthony Tucker, assisted by a Deputy Director, who oversees a team of four disease-specific coordinators (Cancer; Diabetes & Cardiovascular Diseases; Disability, Injuries and Assistive Technology (DIAT), and Oral Health), a public health specialist and a supply chain specialist. The team has grown to eight members since it began in 2019 with one director and one coordinator. The first three quarters of 2022 have seen the successful completion of a STEPs Survey, which is conducted once every five years, the launch of the

first dialysis machine in Liberia’s national referral hospital, the roll-out of an Assistive Technology roadmap as well as the training of health workers in the capture of NCDI data from health facilities through to the centralized Health Management Information System. This, coupled with the ongoing review and development of the 2023-2027 NCDI Policy and Strategy, reflect an increasing focus on the prevention and control of NCDIs in Liberia. Vibrant NCDI Technical Working Group engagements have bolstered the coordination of multi-sectoral and multi-stakeholder interventions including on-boarding of potential partners for NCDI interventions.

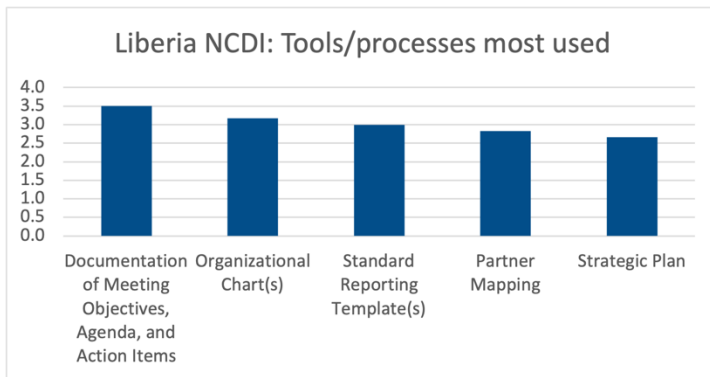
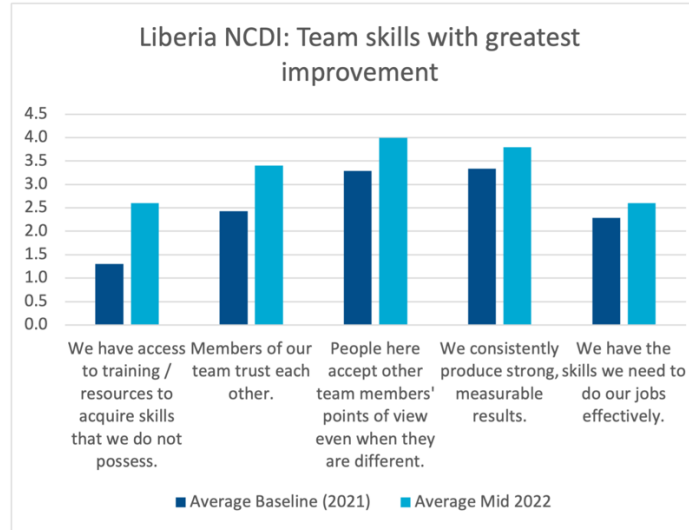
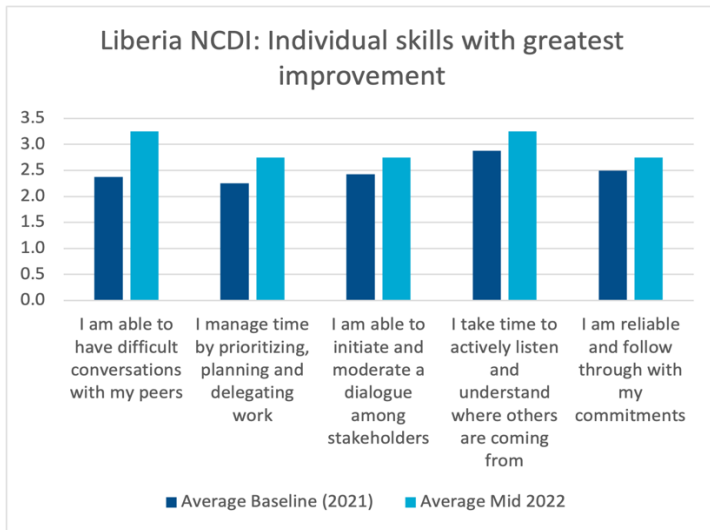
Partnership Objective	Achievements / Impact	Evidence from MEL surveys & interviews
Develop national policies, strategies, guidelines, plans and protocols	<ul style="list-style-type: none"> The team has taken important first steps towards formulating a new strategy for NCDIs by: <ul style="list-style-type: none"> Developing the strategy roadmap and budget for the National NCDI Policy and Strategy 2023-2027 Sharing the roadmap and budget with donors for funding of the strategy development process Getting the National Assistive Technology Roadmap validated, printed, and disseminated 	The team indicated that they are building the confidence to take on this advanced task, saying they had better access to training (+1.3)* and trusted one another (+1.0)
Mobilising resources	<ul style="list-style-type: none"> The team improved coordination of multi-sectoral engagement and action on NCDIs by: <ul style="list-style-type: none"> Advocating for the allocation of resources to NCDI initiatives through a resource-sharing mechanisms with Communicable Diseases functions 	The team improved their ability to initiate and manage dialogue among stakeholders (+0.3) and to maintain trusting relationships with other teams (+0.2).

* Changes reported in parentheses are team averages on a 5-point scale used in AMP Health’s MEL tools.

	<ul style="list-style-type: none"> ○ Engaging USAID, American Cancer Society, UNDP, and Samaritan’s Purse for activity funding ○ Developing a template for training reporting to facilitate the quick documentation of training events/activities and accounting for the use of training resources allocated by development partners ○ Improving team skills in professional report-writing using data and leveraging software for word processing, spreadsheets, and presentations. 	
<p>Management of program and team performance</p>	<ul style="list-style-type: none"> ● Increased awareness of NCDIs and improved the implementation of initiatives by: <ul style="list-style-type: none"> ○ Effective coordination with the 29 health facility NCDI focal persons and 15 county NCDI focal persons ○ Introducing a team performance tracking mechanism and embedded it in the weekly team meeting minutes ○ Introducing an internal team reporting template to allow for a better overview of the NCDI landscape in Liberia through the extraction of additional information from the Ministry of Health’s database. ○ Producing two quarterly reports, four TWG meeting minute write-ups, one project status update report, five stakeholder presentations, one funding proposal draft and at least 10 internal document reviews. ○ Improving team skills in professional report-writing using data and leveraging software for word processing, spreadsheets, and presentations. The team members now write better reports, capture better meeting minutes, and make better presentations to stakeholders. 	<ul style="list-style-type: none"> ● The team noted an improvement in having difficult conversations (+0.9), planning (+0.5), active listening (+0.4) and collaboration (+0.3). ● The team also believed they were producing measurable results more consistently (+0.5).
<p>Using data for decision-making, advocacy, and communication</p>	<ul style="list-style-type: none"> ● Improved the granularity and availability of data on NCDIs by: <ul style="list-style-type: none"> ○ Updating NCDI indicators in the Health Information Management System to account for more disaggregated reporting on NCDIs 	<p>The team noted an improvement in monitoring mechanisms (+0.4).</p>



	<ul style="list-style-type: none">○ Training 50 health workers in 14 counties to use new data capture methods○ Training health workers to capture differentiate between Type 1 and Type 2 Diabetes; information that has not previously been captured.● Provided more timely feedback to stakeholders who requested statistics on specific NCDs by:<ul style="list-style-type: none">○ Introducing a data collection and analysis framework for disease-specific reporting within the team○ Creating simple dynamic dashboards in MS Excel to present NCDI data and have a quick snapshot of everything NCDI for which data exists	
--	---	--



Malaria

Malaria continues to be a major burden on public health, particularly in Africa, where 95% of malaria cases occur. It continues to be the leading cause of death in children under the age of five on the continent. In addition, malaria takes a significant economic toll on both households and governments through treatment and lost economic opportunities. We

support teams in Central African Republic, Chad, Mauritania, Namibia, and the Republic of Congo as they strive to prevent, control, and ultimately eliminate malaria. The partnerships in Central African Republic and Namibia are too recent to include MEL results in this report and will be included in the next reporting period.

Republic of Congo Programme National de Lutte Contre le Paludisme (PNLP)

The Programme National de Lutte Contre le Paludisme (PNLP) team work to develop and enforce strategies that guarantee universal access to the most effective malaria control interventions for all inhabitants of the Republic of Congo at an affordable cost and thus contribute to the reduction of socio-economic losses due to malaria. Key partners and stakeholders include the Global Fund, UNDP, Unicef, and the WHO. AMP Health MP Sylvie Bambara has been working on a day-to-day basis

with the programme staff led by Dr Jean-Mermoz Youndouka since March 2022, focused on building key management and leadership skills and practices to drive sustainable improvements. Key priorities for the MP's work with the team include improving team's internal and external communication; building capacity around planning; use of data for program design and management; coalition building; and guidance on governance and coordination.

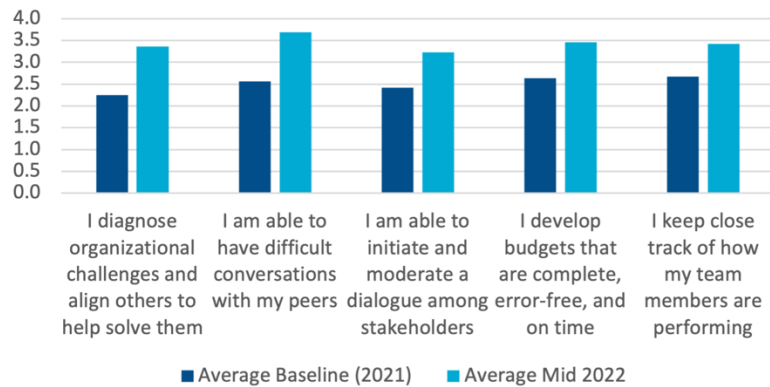
Partnership Objective	Achievements / Impact	Evidence from MEL surveys & interviews
Improve planning and data management	<ul style="list-style-type: none"> The team lead appointed a focal point to gather and analyse the malaria data The team held monthly strategic meetings with the programme regularly since April 2022 	The team felt that budgeting had improved (+0.8)*. Monitoring and data-led decision making also improved (both +0.4). They were also far more likely to use budget templates (+0.8) and standard reporting templates (+0.5)
Improve resource mobilisation.	<ul style="list-style-type: none"> The team secured support from Catholic Relief Services (CRS) and Global Fund for training of 7 staff on technical competencies (Finance, M&E, and accounting software and logistic) 	The team's ability to influence increased, as did their ability to propose new projects (both +0.3). They also made marginally more use of tools such as partner mapping (0.2) and investment cases (+0.2).

* Changes reported in parentheses are team averages on a 5-point scale used in AMP Health's MEL tools.

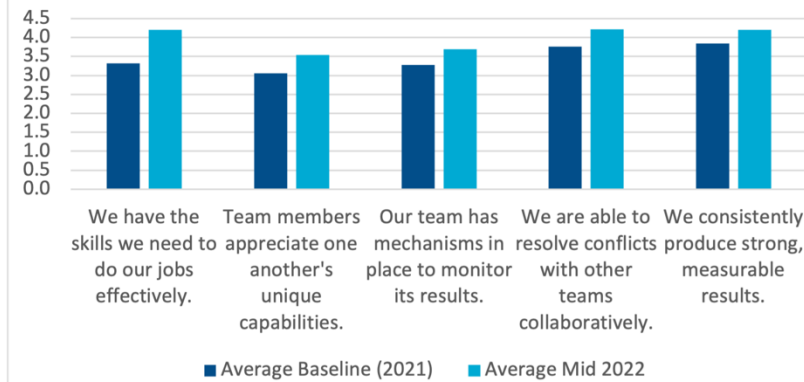
<p>Improve communication with partners and stakeholders. Increase the visibility of the PNLP.</p>	<p>Over the course of 2022, the team:</p> <ul style="list-style-type: none"> • Improved the visibility of PNLP: the team produced promotional materials for radio and TV for a communication campaign in the fight against malaria • Increased communication with partners • Efficiently attended various meetings; produced updated presentations. • Created a website, soon to be officially handed over to the programme. • As a result of acquiring these skills, the team is gaining confidence in performing their roles. 	<p>The team's ability to manage dialogue with stakeholders improved (+0.8). They also expressed increased awareness and use of processes and tools such as a framework for multisectoral engagement (+1.0), signed MOU and ToR documentation (+0.6) and presentation templates (+0.4).</p>
<p>Strengthen internal communication</p>	<ul style="list-style-type: none"> • Sections are frequently communicating, and the head of the programme is frequently checking on his staff (e.g., checking on staff every morning when he gets to the office). The team achieved this by: <ul style="list-style-type: none"> ○ Setting up a team WhatsApp group and emails for internal update and other urgent internal communications ○ Setting up regular meetings between the team lead and the head of sections and within sections • This has decreased the absenteeism rate. 	<p>The team improved their verbal communication (+0.5) and interpersonal communication skills (+0.4). The team made better use of team calendars (+0.6) and best practices for meetings such as agendas and minutes (+0.3).</p>
<p>Improve delegation of responsibilities and trust between team members.</p>	<ul style="list-style-type: none"> • Held L&M workshops facilitated by AMP Health with an emphasis on delegation of responsibilities and trust among the team members. • The team instituted a register to track staff attendance. This has improved attendance and morale. 	<p>The team's ability to have difficult conversations with peers increased (+1.1) as did their ability to keep track of performance of team members (+0.8) and to create a safe and trusting environment (+0.7). Confidence in the team's ability to do the work (+0.9) and get results (+0.4) also increased. The team also was more aware of tools such as a team charter (+0.7), key performance indicators (+1.2) and jobs descriptions (+0.3)</p>



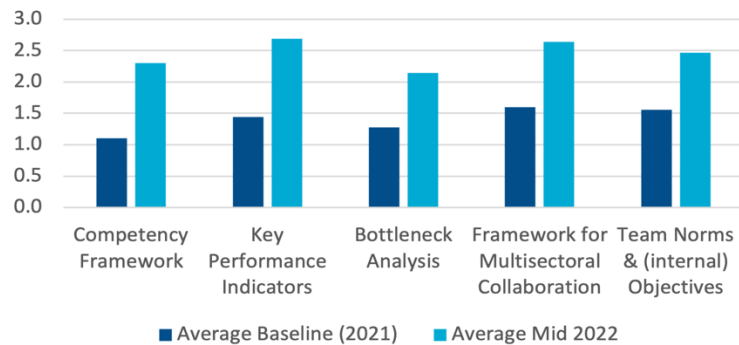
Congo PNL: Individual skills with greatest improvement



Congo PNL: Team skills with greatest improvement



Congo PNL: Tools/processes with greatest increase in use



Mauritania Malaria Control Service

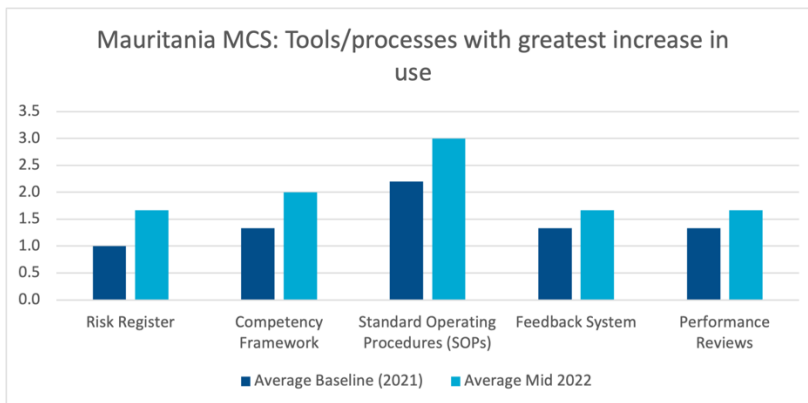
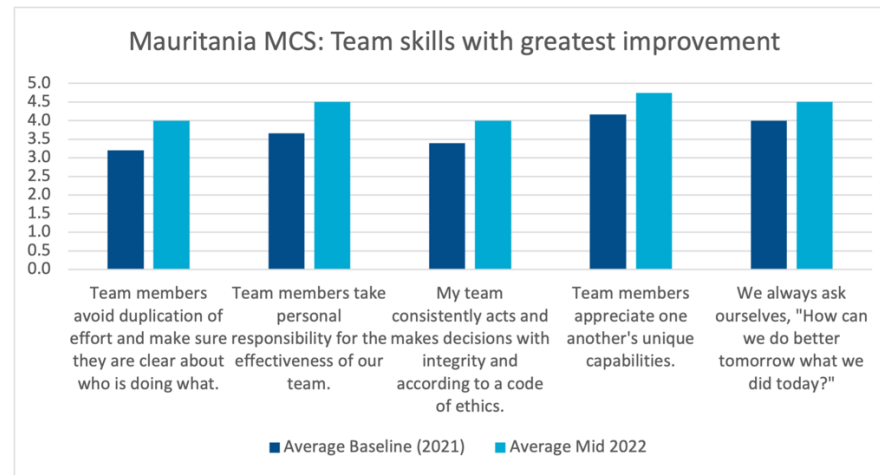
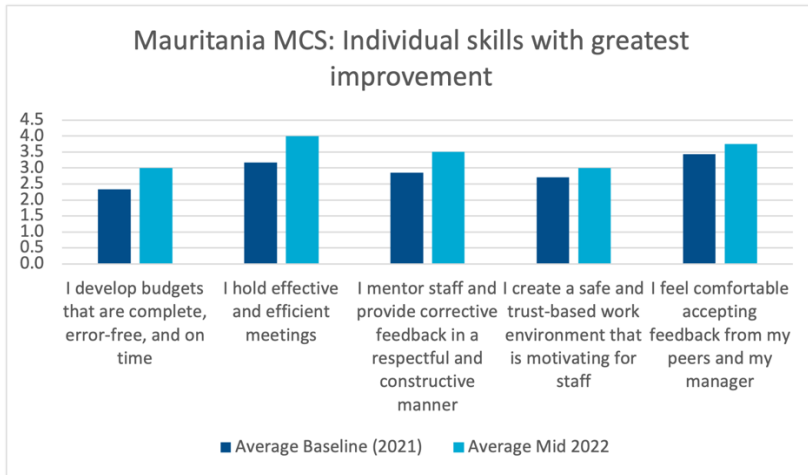
The Malaria Control Service (MCS) oversees the implementation of the national strategic plan for the elimination of malaria in Mauritania. The team experienced a considerable reduction in material and human resources in 2019 and now has a team of four people whose role is to pilot and organize chemical malaria prevention activities; coordinate the fight against the vectors responsible for malaria; define and control the management of malaria cases; and coordinate the various initiatives and stakeholders involved in the fight against malaria. AMP Health MP Marie Ba Lacouture began working with the team led by Dr Abdallahi Amar Ely

Salem in January 2022. The major achievements of the partnership period include the implementation of the first Seasonal Malaria Chemoprevention (SMC) campaign in Mauritania, the mobilization of resources from new partners to fill in the funding gap, the improvement of collaboration with partners and building a functional team. Current priorities for the MCS include ongoing SMC implementation, distribution of bed nets and intermittent preventive treatments, training focal points on data management and improving team's leadership and management skills.

Partnership Objective	Achievements / Impact (max 5 per box)	Evidence from MEL surveys & interviews
Strengthen team's skills in the context of Malaria elimination efforts. Motivate team and improve office attendance. Improve internal coordination, team cohesion and communication. Improve email management and follow-up (team lead)	<ul style="list-style-type: none"> • Restoration of a more functional team by: <ul style="list-style-type: none"> ○ Improving team motivation and office attendance. ○ Increasing the delegation of tasks by the team leader. ○ Improving team members' reliability and responsibility 	<ul style="list-style-type: none"> • Team members noted an improvement in mentoring (+0.6)*, feedback (+0.3) and trust (+0.3). They also felt team members were taking more responsibility (+0.8), more appreciative of each other (+0.6) and acting with integrity (+0.6)
Improve use of data for assessment and decision making	<ul style="list-style-type: none"> • The team were able to report validated and analysed malaria data on the WHO information system and present this data at a regional meeting organized by the Roll Back Malaria (RBM) Partnership to End Malaria. We achieved this by: <ul style="list-style-type: none"> ○ Improved skills of the head of the chemoprophylaxis division on data collection, analysis, and presentation. 	<ul style="list-style-type: none"> • The team actually rated themselves lower on data-skills relative to baseline (-0.7). This could be because they now have a clearer idea of the skills, they need to get to their desired performance level, based on their exposure to data gathering and analysis through working with the MP to report to the WHO and RBM, and on setting up Excel-based analysis.

* Changes reported in parentheses are team averages on a 5-point scale used in AMP Health's MEL tools.

	<ul style="list-style-type: none"> ○ Increasing use by the team of the country's health information system to collect data and analyse it using Microsoft Excel. 	
Improve activities implementation (planned activities are implemented)	<ul style="list-style-type: none"> ● The team implemented its first Seasonal Malaria Chemoprevention (SMC) campaign this year after several years of postponement. The SMC is a WHO recommendation and contributes significantly to the prevention of malaria and the reduction of malaria-related mortality. The MCS oversaw all activities in the campaign from planning to evaluation. ● The team created a schedule of this year's programmatic priorities and is regularly monitoring progress and updating this schedule. This activity allowed team members to better understand programmatic priorities. It was also an opportunity to collaborate as a team and plan a common goal to achieve. 	<p>There were improvements in how meetings were run (+0.8) and in budgeting (+0.7). There was better role clarity (+0.8) and a slight improvement in performance management (+0.1).</p> <p>The team was more likely to use tools and processes such as standard operating procedures (+0.7), a risk register (+0.7), priority lists and a costed annual workplan (both +0.3).</p>
Diversify funding sources and find new sources	<ul style="list-style-type: none"> ● The team established a partnership with the World Bank's INAYA project and obtained \$300k funding for the training and supervision activities of the SMC ● Obtained additional funding (around \$85,000) from the Global Fund to maintain the activities and target of the SMC ● Initiated discussions with other potential partners 	<p>The team felt they were better able to propose new projects (+0.3). They also got better at budgeting (+0.3) and were more likely to use presentation templates (+0.3)</p>
Improve coordination with stakeholders at intermediate and peripheral levels. Communicate and collaborate with partners. Attend and prepare for meetings with stakeholders	<ul style="list-style-type: none"> ● The team engaged the minister in the activities of the SMC campaign and kept partners informed on time by: <ul style="list-style-type: none"> ○ Creating communication media intended for the Ministry and partners, such as progress reports and update emails/documents. 	<p>The team reported improved relationships with other teams (+0.2). They also made more use of presentation templates (+0.3)</p>



Chad Programme National de Lutte Contre le Paludisme (PNLP)

The Chad Programme National de Lutte Contre le Paludisme (PNLP), made of 35 team members and led by Dr Mahamat Saleh Issakha Diar, works to develop, and enforce standards, strategies, and guidelines for the fight against malaria, to monitor implementation, and to coordinate and evaluate interventions at the national level. Its objective is to ensure universal access to interventions for the prevention and treatment of malaria for all populations at risk, thanks to the technical and financial support of the Government and development partners including, but not limited to, the Global Fund, the UNDP, the Unicef, the WHO, and the

Malaria Consortium. Since April 2022, Amadou Sy, the AMP Health MP, has joined the PNL team in their journey to sustainably reinforce their management and leadership skills and practices. Key priorities for the MP’s work with the team include strengthening interpersonal communication and information sharing; establishing a climate of trust between the coordination level and the different sections; promoting accountability; improving tracking of activities and their completion; developing reporting tools; boosting team motivation; and developing skills in resource mobilisation.

Partnership Objectives	Achievements	Evidence from MEL surveys & interviews
Improve internal coordination, team cohesion and communication at all levels. Improve email management and tracking	<ul style="list-style-type: none"> • Empowered and motivated team leads and team members. Increased cohesion at all levels of the team. Improved meeting attendance and meetings scheduling. The team achieved this by: <ul style="list-style-type: none"> ○ Establishing regular check-ins meetings between team lead and staff, section heads and team members ○ Working with the team to create a WhatsApp group between the program and the regional focal points to share information and to troubleshoot ○ Having the team develop standards for responsiveness to emails at all levels 	The team felt they listened better to each other (+0.5)*. There was also increased awareness and use of tools such as a team calendar (+0.8) and processes such as setting team norms (+0.7).
Improve the use of data for evaluation and decision-making	<ul style="list-style-type: none"> • Improved data sharing between the program and its regional level teams. To achieve this: <ul style="list-style-type: none"> ○ The Monitoring and Evaluation (M&E) section now holds meeting with each section on a regular basis to follow-up on activities and actions decided in weekly meetings 	The team noted an increase in the gathering and use of data (+0.3) and the use of a feedback system (+0.7).

* Changes reported in parentheses are team averages on a 5-point scale used in AMP Health’s MEL tools.



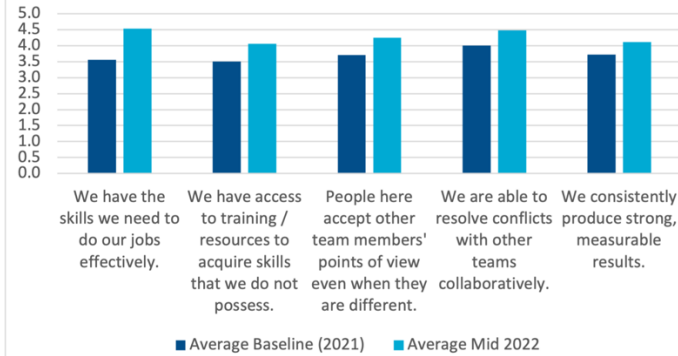
<p>Improve the implementation of activities</p>	<ul style="list-style-type: none"> • Team members are more accountable and take initiatives. The team achieved this by: <ul style="list-style-type: none"> ○ Creating a standard operation procedure which streamlines approval processes between the different services, follow-up on activities and reporting/deliverables post-activities. ○ Creating simple tools to follow-up on tasks/activities. 	<p>The team felt more confident they had the skills to be effective (+1.0), that they had better access to training (+0.6) and that they were more likely to produce strong, measurable results (+0.4). The team indicated that they were much more likely to use planning and reporting tools such as meeting minutes and agenda (+1.2), standard operating procedures (+0.7), process maps (+0.4), and reporting templates (+0.8).</p>
<p>Identify potential technical and financial partners</p>	<ul style="list-style-type: none"> • The PNLN Laboratory section collaborates with the Yale University on a Malaria Vaccine research project and were awarded an NIH R01 grant. • Each section of the program is working to define their strategic plan, identify funding opportunities and funders for their own projects. 	<p>There was a slight increase in the team's ability to propose new projects (+0.2) and influence others (+0.2).</p>
<p>Internal program management</p>	<ul style="list-style-type: none"> • Communication has improved between the program and its regional level teams. The team achieved this by: <ul style="list-style-type: none"> ○ Holding several meetings and conversations aiming at clarifying roles and responsibilities of team members, the program sections, and regional focal points 	<p>The team noticed they were more trusted by other teams (+0.4) and better able to resolve conflict with these teams (+0.5).</p>
<p>Prioritization and delegation</p>	<ul style="list-style-type: none"> • The deputy team lead has gained more responsibilities, fuelling their assertiveness, confidence, and communication skills. This was achieved by: <ul style="list-style-type: none"> ○ Delegation to and empowering of team members by the team lead 	<p>Team members expressed more pride (+0.4) and trust (+0.2) in their team. There was a marginal improvement in role clarity (+0.1). The team made more use of personal development plans and job descriptions (both +0.4).</p>



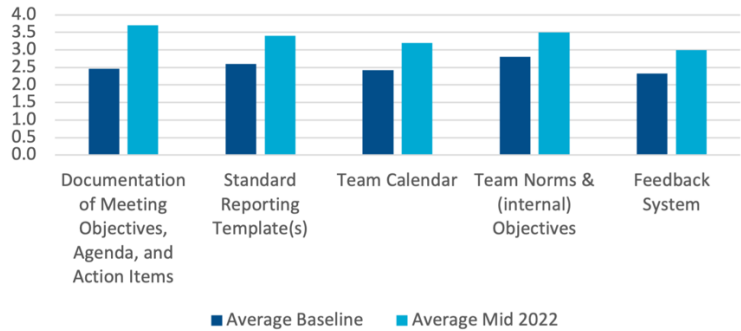
Chad PNL: Individual skills with greatest improvement



Chad PNL: Team skills with greatest improvement



Chad PNL: Tools/processes with greatest increase in use



Sustainability phase teams

AMP Health identified the need to provide some level of ongoing engagement with our partner teams beyond the period in which they benefit from an embedded Management Partner. We have therefore introduced a sustainability phase as part of our engagement with teams to ensure that teams continue on their leadership and management learning journey and contribute to lasting change. In August 2022, AMP appointed Nkandu Chikonde, who has worked as a Management Partner with two of our partner teams, to the position of Sustainability Manager, where he will lead the implementation of sustainability related activities. The Sustainability Manager will support teams to take responsibility for their ongoing learning and development after the Management Partner (MP) leaves the team.

So far, the Community Health Unit (CHU) in Zambia has been transitioned to the sustainability phase while the process has begun with the Division de la Santé Communautaire et des Personnes Âgées (DSCPA) in Togo. AMP has also re-engaged the Expanded Programme on Immunisation teams in Zambia, Sierra Leone, and Malawi as part of our sustainability approach.

While we are still in the initial stages of this work, the response from the teams that we have engaged has been encouraging. We will report on the progress that these teams have made in the next reporting period.

Cross-team observations

Lessons learned

- It is important to link skills development to the achievements of the team. Building skills has limited intrinsic value if these skills do not result in improvements in health systems.
- Teams follow similar patterns of development: initially the focus is on building trust (not just between the MP and team, but also between team members and with other stakeholders). Teams then shift their focus to introducing new ways of working and effectiveness measures (understanding roles and responsibilities, managing times, prioritising, running more effective meetings, and working more collaboratively as a team). Once these foundations of trust are in place and teams are demonstrating higher levels of competency with these new ways of working, they start to become more efficient and strategic, and take on more ambitious goals.
- Over the past year we have increased the number of countries with embedded Management Partners from four to twelve. This geographic expansion has required us not only to build the capacity to work in multiple languages, but also to adapt our content to local contexts

Emerging themes

- We have seen considerable impact quite rapidly. After only six months of working with some teams, we are seeing more team cohesion, better run meetings, better stakeholder management and more responsibility and ownership of work (i.e., the basics of good team functioning).
- Over time, teams are able to tackle more complex challenges like strategic decision-making, the collection and use of quality data, stakeholder management and effective negotiation, improved resource mobilisation and more empowerment and ownership from staff.

Baseline teams

- The first two data collection cycles can at times be a calibration period. In baseline reporting, we find that individuals tend to overestimate their own abilities prior to receiving support from AMP Health, and in the initial months of a partnership they come to understand how much they have to learn. Similarly, teams tend to overstate the extent to which key systems and processes are in place at the start of a new partnership, and it is only once they start interrogating these systems and processes that they begin to give themselves lower scores. In the second round of data collection, once teams have

had the chance to work with an MP to help them understand their gaps, a more realistic view emerges. By contrast, team effectiveness scores are often more negative at baseline, and tend to improve in the second round of data collection. This is possibly due to the intensive focus on building trust and improving team dynamics early in the partnership.

Multi-year teams

- With four or more cycles of data collection, the data becomes more robust, and it points to more significant achievements (in terms of partnership objectives and health system outcomes) and more sustainable improvement in learning and management skills.
- It is possible to see fluctuations in team performance and learning due to the impact of external events, such as the COVID-19 pandemic, elections, MP resignations, or changes in team composition.

How MEL informs programme adaptation, development, and design

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

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

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

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

Conclusion

In this third year since we implemented our Monitoring, Evaluation and Learning framework, we reported on the progress of seven teams working in community health, non-communicable diseases, and malaria control, comparing data from mid 2022 to baseline data. The data suggest that the AMP Health approach to strengthening health systems is yielding encouraging results.

All teams with whom we worked demonstrated achievements against the goals they had set for themselves, and the progress was greater for teams with whom we had been working longer. All 66 individuals from whom we collected data improved on at least two skills, and 81% improved on five skills or more. 92% of individuals felt that their team had improved on three or more team effectiveness skills, with 35% feeling their team had improved on 10 or more skills. The insights gained from this data are being used to help the teams and MPs to redouble their efforts to reach their goals and to inform the next round of learning activities with the teams.



About AMP Health

AMP Health supports governments to build visionary and effective public sector teams.

We do this by addressing a key but often neglected area: leadership & management skills. Public health systems rely on teams of civil servants that function collectively as visionary leaders and effective managers to achieve their country's ambitious goals.

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

We currently have AMP Management Partners in 12 African Countries: Central African Republic, Chad, Ghana, Liberia, Malawi, Mali, Mauritania, Mozambique, Namibia, Nigeria, Republic of Congo, and Togo. We are a trilingual organization, operating in English, French, and Portuguese. We also continue to engage with teams that no longer have a Management Partner in Sierra Leone and Zambia.

AMP's major funding is from: Global Financing Facility / World Bank; The Helmsley Charitable Trust; Hewlett Foundation; Horace W. Goldsmith Foundation; Jeffrey C. Walker; LGT Venture Philanthropy; Merck for Mothers; Pfizer; the Sall Family Foundation; UBS Optimus Foundation; USAID; and Vitol Foundation.

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

Appendix A – Detailed methodology

The 2020 AMP Comprehensive MEL Report covered the two initial rounds of data collection using these tools across AMP-supported teams (Q4 2019 and Q2 2020) and the 2021 report focused on Q4 2020 and Q2 2021. This report primarily focuses on Q4 2021 and Q2 2022, while also highlighting trends for teams that have been partnered with AMP Health for longer periods of time.

We collected quantitative data using MEL tools 1 – 3. This information consists of both self-reported data from team members and an external perspective provided by Management Partners (where present). All 2020 and 2021 surveys were conducted online. With the easing of COVID-19 restrictions and the resumption of in-person workshops, we administered some of the Q2 2022 surveys in person to maximise response rates. MEL tool 1 reflects how team members think about their personal skills and capabilities. MEL tool 2 is a rating of team members' perceptions of the effectiveness of the team as a whole. MEL tool 3 allows us to understand not only the extent to which new tools are adopted by our partner teams, but also how they get integrated and utilised over time.

These quantitative data are complemented by qualitative insights from MEL tools 4 and 5. MEL tool 4 is a report from the Management Partners that captures health system developments during the relevant period and examines key leadership and management initiatives conducted. MEL tool 5 is a semi-structured survey, conducted by AMP Health's MEL specialist, to gather feedback and impressions from senior leadership, teams, and other stakeholders. The MEL specialist conducted semi-structured interviews with three groups of people: higher-level ministry officials (at directorate, director general, or permanent secretary level), team members and team leads directly engaged with AMP Health leadership and management training, and key stakeholders that engage with the teams.

Tool 1: Individual capabilities built

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

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

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

Tool 2: Team effectiveness

MEL tool 2 asks individual team members to rank the effectiveness of their team as a whole on 22 skills of healthy and effective teamwork. For each skill, respondents select from the following options:

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

Tool 3: Tools and processes of high-performing teams

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

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

The response options include:

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

Tool 4: Concurrent health system progress

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

Tool 5: Return on expectations

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

Appendix B – Overview of responses

Tool #	Name of MEL tool	Administered with teams or individuals?	# of responses Q4 2019	# of responses Q2 2020	# of responses Q4 2020	# of responses Q2 2021	# of responses Q4 2021	# of responses Q2 2022
1.	Individual Leadership & Management Capability Development Questionnaire	Individuals	32	41	44	34	69	66
2.	Team Effectiveness Questionnaire	Individuals	35	41	47	33	74	76
3.	Scorecard of Best Practices, Tools, & Processes of High-Functioning Teams	Individuals	10	39	46	31	31	69
4.	Concurrent Health Systems Progress Report	Teams	5	3	4	4	5	6
5.	Return on Expectations Survey	Individuals	48	n/a	45	n/a	36	n/a

Data from MEL tools 1 – 3 were collected from eleven partner teams. These eleven teams include three community health teams (Zambia, Togo, Mali), three NCD teams (Liberia, Malawi, and Mozambique), and five malaria teams (Republic of Congo, Mauritania, Chad, Central African Republic, and Namibia). The seven teams that are highlighted in this report are ones that have partnership objectives they have signed off on (which typically happens in the first 3 months of our partnership with them), and for which we have data from at least two data collection cycles.

There are additional teams that AMP Health works with that are not included in our standard MEL processes, as they are teams that either use a partner’s monitoring and evaluation tools (e.g. in Nigeria) or that use the ministry’s own tools (e.g. in Ghana where we’re working sub-nationally in six regions to help develop the regional teams’ L&M skills).

Most of the teams discussed in this report (other than Zambia and Togo) are teams that we started working with less than twelve months ago, and so we only have a baseline and one follow-up series collected following the initial 6 months of partnership. Initial data from these teams are encouraging, and forthcoming twice-yearly rounds of data collection will provide additional longitudinal perspective. As we noted in our previous Comprehensive MEL Report, we appreciate that true trends will only emerge with additional rounds of data collection