AMP Health Monitoring, Evaluation, and Learning (MEL) Framework for Leadership & Management (L&M) Capability Building

Introduction
The overall purpose of this Monitoring, Evaluation, and Learning (MEL) Framework is to support decision making and adaptive learning, planning and management across all AMP Health-supported programs, based on the analysis of engagements over time. It will also serve as a vital tool for timely and systematic data collection, analysis, and reporting thereby improving overall performance and accountability to all stakeholders.

This framework is in support of a continuous learning mindset. In each country, AMP Health will assess how individual capabilities are being developed, how team effectiveness is evolving and how the curriculum and learning approach needs to be adapted accordingly. Therefore, this MEL framework is intended to be a living document - adaptive to AMP Health as it grows and evolves, and to the growing and changing aspects of Leadership and Management (L&M) in health and development. It is meant to drive thinking within the organization; be a critical tool for communicating with diverse stakeholders regarding the impact of AMP Health’s engagements; be useful to AMP Health partners in their own work; and drive global thinking about evidence generation for L&M in health and development.

Specific objectives of the framework are to:
1. Provide baseline and ongoing data for teams to guide the L&M curriculum and learning objectives and ultimately enhance performance
2. Systematically track L&M performance across all programs and ensure that they contribute to the overall results of the organization as reflected in the Strategic Plan and enable appropriate reporting to AMP Health Stakeholders, including funders.
3. Document progress of individuals and teams, to guide continuous organizational learning

AMP Health Background
Aspen Management Partnership for Health (AMP Health) is a program of the Aspen Institute that works to improve health systems and outcomes by collaborating with governments to strengthen leadership and management capabilities through public-private partnership. They envision achieving the Astana Declaration on Primary Health Care of “a world where governments and societies prioritize, promote, and protect people’s health and well-being.”

AMP Health takes a team-based approach to strengthening L&M capabilities by working in collaboration with Ministries of Health to design capacity building programs around what has evolved to be six leadership and management elements, defined as:

- **Management Partners**: Mid-career professionals with leadership and management experience from the private sector placed within Ministries of Health to engage in real-time joint problem solving, planning, training, and facilitation
- **In-Country Workshops and Live Learning**: Skill-building sessions specifically tailored to team needs complemented by additional live learning facilitated by Management Partners
- **Distance Learning**: Training program materials and courses available remotely through digital platform coordinated by the African Management Institute (AMI) and endorsed by three leading African business schools

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1. [www.amphealth.org](http://www.amphealth.org)
• **1-on-1 Executive Coaching**: Coaching for Ministry team members to address strategic and team management topics
• **Focus Workstreams**: Identification of a specific challenge within each Ministry program that will be tackled using applied strategies from leadership and management trainings
• **Leadership Labs**: Annual convenings of all AMP Health programs for leadership and management training and sharing of best practices across countries and teams.

AMP Health currently operates in Ghana, Malawi, Sierra Leone, and Zambia, in conjunction with a growing global partnership network that includes the Community Health Acceleration Partnership, CRI Foundation, Doris Duke Charitable Foundation, Gavi, Horace W. Goldsmith Foundation, JBI Foundation, Merck for Mothers, Pfizer, Rockefeller Foundation, USAID, and Vitol Foundation.

**AMP Health’s Strategy**

AMP Health has reflected on the lessons learned and evolved program approach from Phase 1 of the global program (2015 – 2018), and this has informed the development of a new AMP Health strategy, which was launched in February 2019. This reframes the AMP Health program with new vision and mission statements:

- **Vision**: achieving the Astana Declaration on Primary Health Care of “a world where governments and societies prioritize, promote, and protect people’s health and well-being”;
- **Mission**: Improve health systems and outcomes by collaborating with governments to strengthen leadership and management capabilities through public-private partnership.
Theory of Change

AMP Health’s approach to MEL is also evolving. For Phase 2, a new Theory of Change has been developed:

AMP HEALTH THEORY OF CHANGE

The green chevrons indicate efforts for which AMP Health has a direct role in contributing towards results. Further to the right, AMP Health intends to contribute to “Durable transformation of L&M institutional culture” and “Improved health systems and health outcomes”. AMP Health fully understands that it is one of many organizations working towards these ambitious goals and seeks to highlight its contribution, rather than direct attribution to changing institutional culture and to improved health systems and outcomes. The blue chevrons indicate the linkages between AMP Health’s direct work building capacity in partner country teams with its other strategic goals of “generating evidence” and “sharing knowledge” in order to “change the conversation” around the importance of investing in strengthening L&M capabilities. AMP Health believes that by doing so these efforts will further support improved health systems and outcomes, which improve trusting relationships between partners (like AMP Health) and government ministries, thus completing the feedback loop.

MEL Building Blocks

AMP Health’s MEL framework supports the vision, strategy, and theory of change by measuring key areas of engagement over time. Five MEL components have been developed to comprehensively monitor the progress of AMP Health-supported teams in a timely manner that allows for real-time customization of the L&M curriculum and training approach.

1. **Component 1: Individual L&M Capability Development**
   - Repeated survey of individual’s L&M capabilities development
   - Periodicity/Frequency of measurement: Every 6 months

2. **Component 2: Team Effectiveness**
   - Repeated survey of team effectiveness
   - Periodicity/Frequency of measurement: Every 6 months
In addition to these 5 components, AMP Health has developed and instituted additional measurement methods to ensure it is supporting the critical development of trusting partnerships with Ministry teams at the organizational level. These include recruiting and onboarding processes and Standard Operating Procedures (SOPs) for Management Partners (MPs), a MP Performance Management Framework, the development of situation assessments highlighting co-developed “Partnership Objectives,” and a framework for collecting regular feedback from various levels within partner Ministries.

**MEL Process**

For each of these components, the following steps have been taken to ensure that the MEL approach is relevant to the context in which AMP Health and its partners operate.

1. Needs analyzed: collection and selection of the most important indicators that will enable us to measure change over time. These were
   - linked to the objectives of each component
   - cross checked with AMP Health’s leadership team and key staff in the field (MPs)
   - relevant and important to AMP Health’s partners
2. MEL tools were developed that will measure the level of change over time for each of the elements in each component
3. Tools for each component were tested through pilots in selected countries
4. Establish a baseline of each component in each of the countries that AMP Health operates in
5. Track progress of each of the components regularly (through mid-term evaluations) and take measures to adapt behaviors, practices, and procedures if necessary
6. Analyze results from the end-line evaluations to inform and influence the health agenda and AMP Health’s future initiatives.
MEL Data Gathering
MEL Data will be gathered at baseline and then routinely during and at the conclusion of AMP Health engagement. Data will be gathered at three levels:

1. The individual participant
2. Their team and
3. The system

These will be measured roughly over three time-related stages: at the onset, throughout, and at the conclusion of the engagement.

Table: MEL Evidence Gathering

<table>
<thead>
<tr>
<th>Components 1 &amp; 5</th>
<th>At the onset of the engagement (How do we ensure this engagement is the right one?)</th>
<th>Throughout the engagement (Is the engagement still relevant to the needs and context?)</th>
<th>At the outset of the engagement (Has the engagement been valuable?)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level: Individual</td>
<td>Assess individual readiness and expectations.</td>
<td>Assess that individual is being supported in their own learning</td>
<td>Assess that individuals are applying their learning &amp; find it valuable in the context of their daily work.</td>
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<td>Components 2 &amp; 3</td>
<td>Assess team readiness, needs &amp; engagement.</td>
<td>Assess relevance, support and receptivity of the engagement at team level</td>
<td>Assess that learning has been shared and had impact at team level</td>
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<td>Levels: Team</td>
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<td>Component 4</td>
<td>Assess opportunities to achieve broader health and development goals through L&amp;M capacity building</td>
<td>Assess whether the importance of L&amp;M capacity building has been disseminated more broadly. Assess ongoing health system and outcome evolution concurrent with L&amp;M capacity building</td>
<td>Assess how the L&amp;M engagement may have contributed to stronger health system and better health outcomes.</td>
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<td>Level: System</td>
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MEL Tools
Specific MEL tools have been developed for each component. These are updated regularly and are available separately. The data generated by each MEL tool will provide feedback for program customization and course correction where needed.

For more information on specific tools for each component, please contact Jordan.Morrisey@aspeninstitute.org
Assumptions
This MEL framework has been built based on the following key assumptions:

- National partners value the development of L&M capabilities
- National partners use competency-based approaches for human-resource planning (see Fig1 below)
- Training & coaching will result in improved knowledge, skills and behavioral change
- Management matters for better PHC delivery***
- Leadership skills are complementary to management and support PHC strengthening***
- Middle managers play an important role as change intermediaries because they interface between an organization’s senior managers and the front-line employees*
- Leadership is a mindset that everyone can attain, whether or not they have a formal leadership position.
- The effectiveness and success of any government health program depend on the following:  
  1. The effectiveness of the broader health system.
  2. Factors such as decentralization (which can move immunization program functions between national, provincial, and district levels) and presence or absence of good coordination, communication, and feedback processes among health system levels.
  3. Presence of several conditions not specific to the program itself, including good governance, social and political stability, and basic national infrastructure (for example, information technology, laboratory systems, and effective fiscal and human resources management).

*** Strong supporting evidence
* Moderate supportive evidence

REFERENCES


University of Nebraska-Lincoln Business & Finance Human Resources. The definition of competencies and their application at NU. University of Nebraska-Lincoln; 2018. http://hr.unl.edu/compensation/nuvalues/corecompetencies.shtml/ [accessed 17.06.18].

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