
Leadership for UHC – Evaluation plan - 2019-20

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List of abbreviations

APNHSS	Asia Pacific Network for Health System Strengthening
CAI	Collective action initiative
CFP	Country focal person
GIZ	Gesellschaft für Internationale Zusammenarbeit
L4UHC	Leadership for Universal Health Coverage
OPM	Oxford Policy Management
P4H	Providing for Health
RRI	Rapid results initiative
USAID	US Agency for International Development
WHO	World Health Organisation

Executive summary

The Leadership for Universal Health Coverage (L4UHC) program has been developed since 2014 to address the need for capacities for address the adaptive challenges of UHC in Asia and Africa. L4UHC is implemented under the stewardship of a Global L4UHC Team composed of the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ), the World Bank and the World Health Organisation (WHO), the United States Agency for International Development (USAID) and Expertise France, linked through the Providing for Health (P4H) Network. In Asia, L4UHC is implemented in cooperation with the Asia Pacific Network for Health System Strengthening (APNHSS). In this report, we summarise the programme approach and background, and set out a plan for evaluating the programme in 2019-20. The evaluation will be conducted by Oxford Policy Management.

The evaluation objectives are two-fold: (1) to inform programme development and (2) to establish results. These have equal weight and are aimed at the P4H partners and network, as well as programme implementers in country. The function of evaluation here is not only to examine whether inputs, outputs, outcomes and impact have occurred as expected, but also to probe the more exploratory learning questions around what worked, what did not work and why, under what conditions the L4UHC is likely to be effective, and how it can be tailored to maximise its chances of success.

Given the complexity of the intervention and environment, we adopt a theory-driven evaluation approach using contribution analysis, which allows us to understand the role of the programme, amongst other factors. We start from a theory of change which elaborates the expected pathways and assumptions which need to be met for L4UHC to meet its goal. Data from a range of sources and tools will be used to compare with this theory and used to judge the performance of L4UHC against the DAC criteria.

Data sources will include: (1) in depth interviews with participants, participating country resource people, host country facilitators, L4UHC facilitators and organisers, and L4UHC management team members; (2) surveys of participants; (3) a range of secondary data sources, including programme data and reports, in-country reports and data, and programme budgets and expenditure; and (4) visits to two focal countries (one in Africa and one in Asia).

1 Background on Leadership for Universal Health Coverage (L4UHC)

The basic premise for the L4UHC program, which was piloted in 2014-15, is that Universal Health Coverage (UHC) (1) has both technical and adaptive challenges. Capacity development work for the specific technical challenges has received considerable attention - prominent examples of initiatives by international development partners are the World Bank Flagship Course on Health Systems Reform and Universal Health Coverage, and the WHO Advanced Health Financing Program. On the other hand, less has been done to develop leaders' capacities to address the adaptive challenges, although it is widely recognized that UHC involves at its core political leadership (2). The L4UHC program aims to address this gap (3).

A number of leadership development programs exist or have recently been implemented. These include high level, cross-country initiatives such as the Harvard Ministerial Leadership in Health¹ or the Aspen Institute Ministerial Leadership for Global Health², which aim at the highest ministerial ranks and focus on technical cooperation between Health and Finance Ministries or on pre-defined aspects of reforms, such as efficiency improvement, reproductive health or general health financing strategies. Others provide cross-country leadership training focused on health teams from each country, such as the MSH Leadership, Management and Governance Project³ or the Yale Global Health Leadership Initiative⁴. There are also networks to support health leadership collaboration across countries⁵ and national level leadership programs, such as the health leadership program in South Africa⁶, which tend to be more focused on clinical leadership. Other leadership development programmes are multi-sectoral, such as the Tony Blair Africa Governance Initiative⁷ or the World Bank's Global Partnership on Leadership for Collaborative Development⁸.

¹ <https://ministerialleadership.harvard.edu/>

² <https://www.aspeninstitute.org/publications/mli-releases-final-evaluation-2/>

³ http://ghpro.dexisonline.com/sites/default/files/TD142_PRH_LMGEval_FINAL_08-10-16_compressed.pdf

⁴ <https://publichealth.yale.edu/hpm/ghli>

⁵ <http://www.ahlmn.org/>

⁶ <http://www.samj.org.za/index.php/samj/article/view/7480/5434>

⁷ <http://www.africagovernance.org/>

⁸ <https://www.leadfordev.org/about>

However, the L4UHC program distinguishes itself by providing a program to enhance UHC leadership which:

- Creates learning opportunities across countries within a region
- Focuses on UHC but involves key stakeholders not just from health but also political bodies at federal, regional and local level within supported countries, as well as the private sector, civil society and development practitioners
- Focuses on adaptive leadership skills

1.1 Objective

L4UHC's objective is to move UHC forward by developing individuals and teams in participant countries with the commitment and competences they need to be able to develop appropriate solutions for the adaptive UHC challenges their countries face – supporting leaders to deliver UHC results.

1.2 Overview of program

L4UHC is implemented under the stewardship of a Global L4UHC Team composed of the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ), the World Bank and the World Health Organisation (WHO), the United States Agency for International Development (USAID) and Expertise France linked through the Providing for Health (P4H) Network. In Asia, L4UHC is implemented in cooperation with the Asia Pacific Network for Health System Strengthening (APNHSS). Within these partner organisations there are multiple stakeholders, including at head office and country level in participating countries.

To deliver each L4UHC cycle, two sub-teams – a Management & Administration team, as well as a Learning & Facilitation team – are set up. The Management & Administration team is responsible for the technical focus and organization of the program. They bring P4H partners together, ensure event management and liaise with host countries. The event management is supported by a global event manager and assistant. The Learning & Facilitation team choreographs and supports the learning activities, including content and methodology.

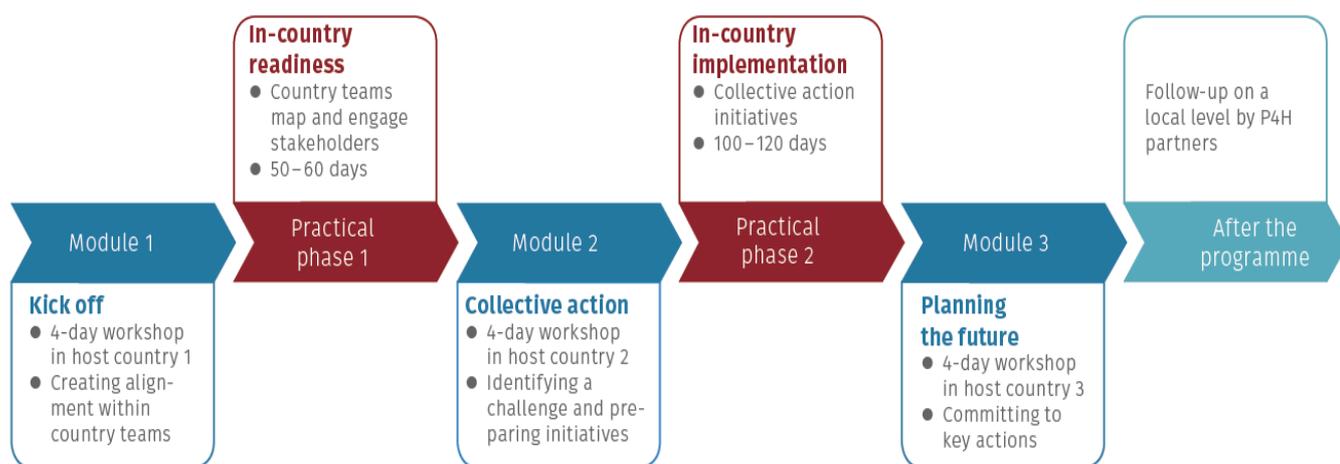
To facilitate the implementation of the program, a L4UHC country focal person (CFP) is designated in each participating and host country. The CFPs liaise with the P4H partners and the national actors and provide country briefings that provide insights on the state of UHC reforms. In the participating countries, CFPs support the selection

and briefing of the country teams. In the host countries, they support the learning exchange with the host country.

The learning methodology was informed by AIZ (Akademie for Internationale Zusammenarbeit)'s Leadership for Global Responsibility approach⁹, which emphasises the importance of the 'inner condition' of leaders, and core capacities of innovation, transformation and cooperation, and also drew on elements from the Schaffer Consulting's Rapid Results Approach¹⁰, which has been used successfully by the World Bank.

The cycle starts with a six-month preparation phase, including identification of CFPs, preparation of activities, and identification of participants. Participants are high-level UHC stakeholders from government, the private sector and civil society (e.g. Ministers, Director Generals, Members of Parliament, and Chief Operating Officers). There are generally around ten participants per country team, and three to four country teams per cycle.

Figure 1: Overview of learning cycle



The core learning activities take place over one year (Figure 1) and include:

- Peer to peer exchange in host countries (with participant countries attending modules in three different countries in the region)

⁹ <https://www.giz.de/de/downloads/giz2013-de-aiz-toolbox-leadership-development.pdf>

¹⁰ <http://www.globaldeliveryinitiative.org/library/tools/rapid-results-approach-rra>

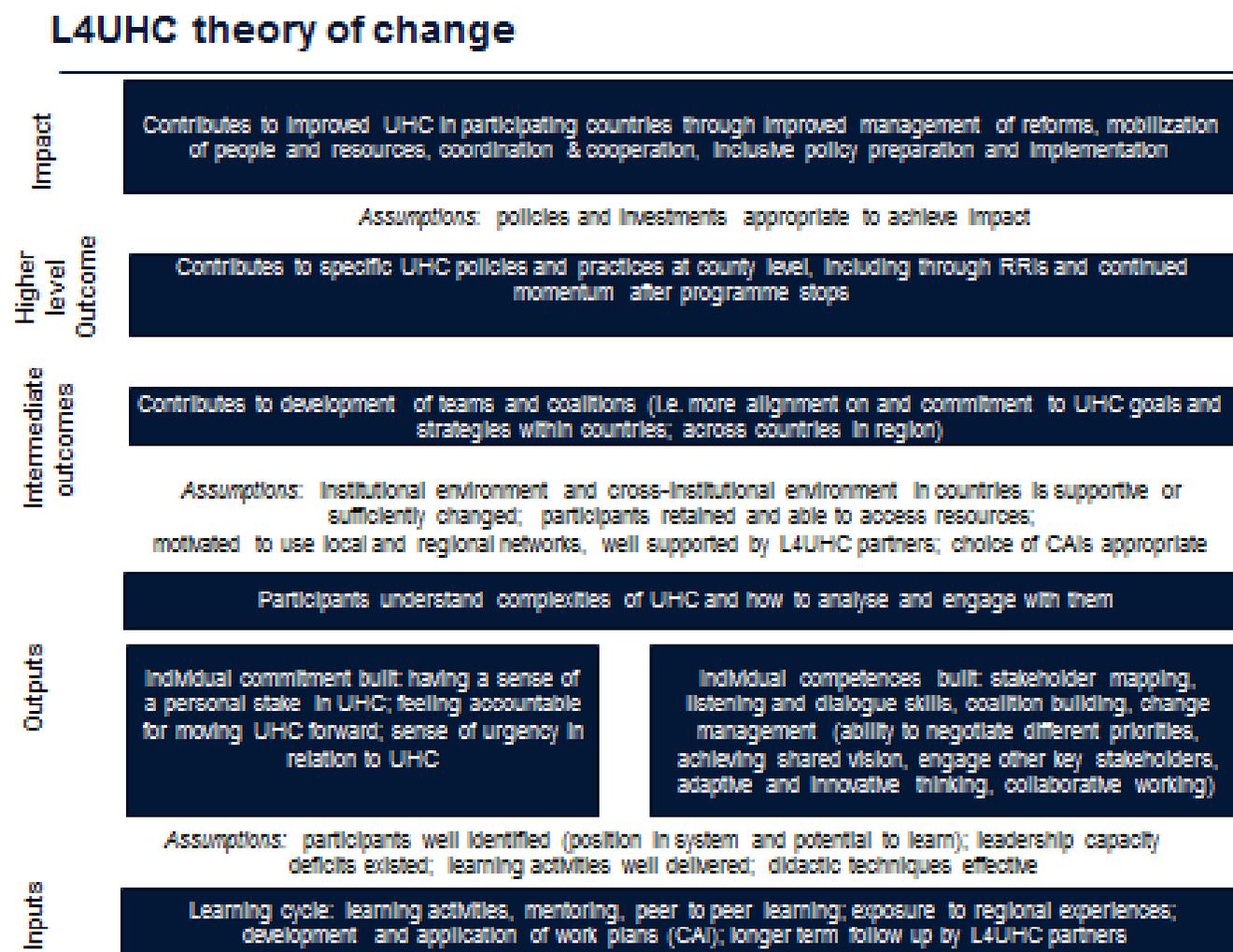
- The first module focuses on individual leadership capacities; the second on collective action (change management and planning interventions for rapid results in each country); the third on committing to key actions;
 - During activities, resource people bring leadership mentoring and technical expertise in UHC;
 - Activities include immersion in host country experiences
- Between the modules, participants work as a country team, supported by in-country coaches
 - In the first practical action phase, they meet as a team to do stakeholder mapping and meet with other UHC stakeholders to understand wider perspectives
 - In the second phase, the focus is on implementing agreed short term initiatives
 - Short tailored workshops (of around one week) are held on specific UHC issues as required throughout the year

During the follow up phase, P4H partners remain in touch to support the team's momentum, checking in after six months but with indefinite potential follow up in theory.

1.3 Theory of change

Core programme documents, such as the Implementation Manual (4) reference theories of change, however, for purposes of evaluation, we have developed an adapted theory of change to assist with measurement (Figure 2).

Figure 2 Theory of change for evaluation of L4UHC



The theory of change outlines the L4UHC inputs, which include experiential and personal, as well as intellectual, learning and focus on iterative practice. Under certain assumptions, including that the need for capacity development for L4UHC was real, that participants are well identified, that learning activities are well delivered and their techniques effective, these will contribute to key outputs at individual level.

Direct outputs of the activities include increased commitment, improved competences and understanding of UHC. Commitment includes having a sense of a personal stake in UHC; feeling accountable for moving UHC forward; and having a sense of urgency in relation to UHC. Competences include stakeholder mapping, listening and dialogue skills, coalition building, and change management (ability to negotiate different priorities, achieving shared vision, engage other key stakeholders, adaptive and innovative thinking, and collaborative working. Both feed into the learning objectives for participants of understanding the complexities of UHC and how to analyse and engage with them.

An important intermediate outcome is the development of coalitions, which can operate within countries but also across the region), while the higher outcome focuses on implementation of the agreed country action initiatives and follow through on reforms. Important factors to investigate which will enable or block these include the institutional and cross-institutional environment, participants' ability to access and negotiate resources, and their motivation to continue to use local and regional networks established through the program. While L4UHC focuses mainly on individual leadership development, we will also examine potential spillovers into changed institutional culture. This is not directly incorporated in the theory of change but is desirable, as it would ensure sustainability, even when staff move on.

Ultimately, the expected impact is an increase in progress on UHC, which should follow if policies and programmes are appropriate to achieve impact.

2 Review of programme to date

2.1 Activities in first phase

The L4UHC program was piloted in 2014-15. The first cycle was completed using English language materials by teams from Ethiopia, Kenya, Nigeria, South Africa, Uganda and Zambia. Nigeria and Uganda joined the program in module 2, replacing teams from Sierra Leone and Tanzania. There were 41 participants in total (3).

The second cycle took place in 2016-17. It was completed using a mix of English and French materials by teams from Cambodia, Lao PDR, Nepal, Benin, Chad, Côte d'Ivoire, Madagascar.

Some key factors for success noted to date include (4):

- Good preparation, orientation and engagement by all stakeholders
- Support from P4H partners at country level (focal person in host and participating country)
- Ability to recruit key UHC stakeholders to join the program
- Ability to create team spirit and alignment
- Ability to mobilise resources
- Keeping up motivation when roadblocks are hit

For the pilot phase, participant evaluations of modules, in-depth interviews and tracking of Collective Action Initiatives (CAIs) was used for evaluation purposes (3).

The 2016-17 cycle was monitored and evaluated through the Sensemaker® data collection tool, post-module surveys, tracking of CAIs, and interviews with the participants (26 interviews were conducted). Activities were tracked through Zoho (3,5).

The monitoring and evaluation plan developed in 2017 (6) focuses on analysis of:

- Satisfaction with outputs (with role of P4H, coaching, and modules)
- Positive responses on collective outcomes, individual outcomes, and goals (perceived progress and impact), using an 80% satisfaction threshold

Individual outcomes included: increased understanding of complexity of UHC; increased personal connection to UHC; increased self-leadership competencies with regards to UHC reform; increased capacity to recognise and deal with adaptive challenges; and increased capacity to engage stakeholders.

2.2 Plans for next phase

The next phase is planned to begin in March 2019, with a three-month lag between the start in Asia and the start in Africa. The planned participant countries are:

- Asia: Vietnam, Myanmar, Pakistan
- Africa: Senegal, Cameroon, Burkina Faso, possibly Niger

The regional modules are planned as follows:

- Asia: Sri Lanka, Kazakhstan, Japan
- Africa: Morocco, Tunisia, France.

3 Evaluation plan for third round

3.1 Objectives of third phase evaluation

The evaluation objectives for the 2019-20 cycle are two-fold: (1) to inform programme development and (2) to establish results. These have equal weight and are aimed at the P4H partners and network, as well as programme implementers in country.

The function of evaluation here is therefore not only to examine whether inputs, outputs, outcomes and impact have occurred as expected (Figure 2), but also to probe the more exploratory learning questions around what worked, what did not work and why, under what conditions the L4UHC is likely to be effective, and how it can be tailored to maximise its chances of success.

3.2 Approach to evaluation in 2019-20

As noted in the pilot evaluation, measuring the outcome of capacity development programs on qualitative change in leadership competencies is difficult (3). The measures of individuals' and organizations' capacities tend to be subjective and the intended transformation in the participants of a program has different aspects that range from new analytical tools over interpersonal skills to personal reorientation; not all of these changes are testable or will manifest themselves in the short term. Participants' leadership skills are influenced by a myriad of factors and there can be no linear correlation between one activity and the overall personal transformation. At the same time, a multitude of other factors can influence program participants over the duration of a program, especially as it lasts about one year. This makes it difficult to attribute any changes observed in individual participants directly to the capacity development program. In addition, and unlike many other capacity development programs, L4UHC does not work with pre-existing teams, whose later functioning can be observed, but with individuals drawn from across different organizations in their home countries.

The same issues are an even greater concern if we go beyond individuals to examine impact on entire reform processes. Trying to isolate the contribution of a leadership development intervention in dynamic contexts is extremely hard. Leadership is only one component of the actions necessary to achieve UHC – some of the others being technical expertise, overall successful multi-sectoral action, and the creation of fiscal space.

Our overall approach will therefore be one of *contribution analysis*, aiming to understand the role of L4UHC in a dynamic context and as one of many changing elements, which implies a

good grasp of the country contexts and how those change over the period of the programme.

As the period of evaluation is too short to allow us to collect robust evidence on changes at impact level (UHC indicators such as population coverage, equity, financial protection, quality of care), *our focus will be on analysing inputs and changes in outputs, intermediate and higher level outcomes, as well as their explanatory factors.*

We will assess L4UHC against *DAC criteria*¹¹. These are officially defined as follows:

- **Relevance:** The extent to which the aid activity is suited to the priorities and policies of the target group, recipient and donor.
- **Effectiveness:** A measure of the extent to which an aid activity attains its objectives.
- **Efficiency:** Efficiency measures the outputs—qualitative and quantitative—in relation to the inputs.
- **Impact:** The positive and negative changes produced by a development intervention, directly or indirectly, intended or unintended.
- **Sustainability:** Sustainability is concerned with measuring whether the benefits of an activity are likely to continue after donor funding has been withdrawn.

It may be of particular interest to *focus on questions where international evidence is lacking*. A study which scanned evaluations of 55 leadership development programs (7) highlights the importance of developing a theory of change, of integrating evaluation into the learning programme and of going beyond individual and team assessment of impact to understand behaviour change and systemic impact. We will therefore attempt to reflect those priorities in our approach.

Lessons should also be *contextualised* – understanding not just whether and how change is achieved, but also for whom and in which conditions.

Finally, our approach will use *mixed methods* (see below for details), which is recognised good practice given the complexity of indicators and measurement (8) and the need therefore to combine sources and triangulate evidence where possible. Internally generated data from the programme will be used where possible.

¹¹ <http://www.oecd.org/dac/evaluation/daccriteriaforevaluatingdevelopmentassistance.htm>

3.3 Evaluation matrix

Based on the program design, its theory of change and the evaluation approach laid out above, we have developed an evaluation matrix, which highlights the key evaluation questions and how these will be answered (Table 1).

Table 1 Evaluation matrix

Domain/question	Sources	Timing/ frequency	Analysis methods
1. Relevance: to what extent does L4UHC address priority needs at individual, country and regional levels?			
1.1 Do participants lack capacity to drive forward UHC prior to the programme? Is L4UCH appropriate to their role? Do they perceive this to be a priority? Do they have other opportunities to gain these competences and commitment? What do they see as their learning needs prior to the programme?	In-depth interviews with participants and key resource persons in participating countries Programme data (self-reflection and assessment)	Once, at start of L4UHC cycle During each module	Qualitative analysis, using deductive and inductive approach
1.2 At country level, to what extent is leadership a key bottleneck for UHC progress (and what is the evidence for this, versus other bottlenecks)? What programmes exist which address this gap?	In-depth interviews with key resource persons in participating countries Secondary sources (documents; data; focal countries only)		Qualitative analysis, using deductive and inductive approach Analysis of trends in indicators, findings of situation analysis on bottlenecks; donor landscape.
2. Effectiveness: to what extent has L4UHC met its objectives?			
2.1 <i>What changes to outputs has the L4UHC contributed (and how)?</i>			

2.1.1 Specifically, in relation to individual commitment: having a sense of a personal stake in UHC; feeling accountable for moving UHC forward; sense of urgency in relation to UHC	In-depth interviews with participants	Pre- (first module), compared to post (third module) interviews	Qualitative analysis, using deductive and inductive approach
2.1.2 Specifically, in relation to individual competences: stakeholder mapping, listening and dialogue skills, coalition building, change management (ability to negotiate different priorities, achieving shared vision, engage other key stakeholders, adaptive and innovative thinking, collaborative working)	Programme data (self-reflection and assessment; learning tree)	During modules	
2.1.3 How have participants' understanding of UHC and how to analyse and engage with it changed as a result of L4UHC?			
2.1.4 How were these output changes achieved? What worked well or not (e.g. participant selection; delivery of activities; wider support for teams)? What lessons are there in relation to improving L4UHC's model/approach and performance in future?	In-depth Interviews with participants	During third module	Qualitative analysis, using deductive and inductive approach
	Participant survey	At the end of each module (3 times)	Quantitative analysis
	Programme documents/data (e.g. facilitators notes on feedback at end of each day)	Continuously available	Analysed thematically for implementation issues raised (challenges, solutions, learning during programme)
	In-depth interviews with key resource	During third	Qualitative analysis, using deductive and

	persons (P4H, host countries, participating countries)	module	inductive approach
2.1.5 What other factors may have contributed to changes observed in outputs?	In-depth interviews with participants Programme data (self-assessment in module 3; outcome harvesting)		
	In-depth interviews with key resource persons (P4H, participating countries)		
<i>2.2 What changes to intermediate outcome has the L4UHC contributed (and how)?</i>			
2.2.1 To what extent has L4UHC supported stronger coalitions for UHC at country and regional levels?	In-depth interviews with participants Programme data (self-assessment in module 3; outcome harvesting) In-depth interviews with key resource persons (P4H, participating countries)	Pre- (first module), compared to post (third module) interviews During third module	Qualitative analysis, using deductive and inductive approach
2.2.3 How were these outcome changes achieved? What supported or hindered the changes (e.g. institutional	In-depth Interviews with participants Programme data	During third module	Qualitative analysis, using deductive and

factors; contextual factors such as resources or power relationships; individual factors such as motivation or relationships)? What lessons are there in relation to improving L4UHC's performance in future?	(self-assessment in module 3; outcome harvesting)		inductive approach
	In-depth interviews with key resource persons (P4H, participating countries)		
2.2.4 What other factors may have contributed to changes observed in outcomes?	In-depth Interviews with participants Programme data (self-assessment in module 3; outcome harvesting)		
	In-depth interviews with key resource persons (P4H, participating countries)		
<i>2.3 What changes to higher level outcome has the L4UHC contributed (and how)?</i>			
2.3.1 What changes to UHC policies and practice has the L4UHC contributed in participant countries?	Analysis of RRI/CAIs	After third module	Thematic analysis of achievements and their scale, versus plans
	In-depth interviews with participants and key resource persons	During third module	Qualitative analysis, using deductive and inductive approach
	Secondary sources (documents; focal countries only)	During site visit (focal countries)	Analysis of changing policy landscape and its

			determinants
2.3.2 How were they achieved (individual, institutional, contextual factors)? What lessons can we learn from that?	As above for 2.3.1		
2.3.4 What other factors may have contributed to these changes?			
3. Efficiency: do the outputs and outcomes of L4UHC justify its inputs?			
3.1 What resources (financial and human) were planned for and actually absorbed in delivering L4UHC?	Program budget and expenditure data	Towards end of program cycle (2020)	Quantitative analysis by broad categories and in relation to other similar programmes, as evidence permits
	Interviews with core management team	Towards end of program cycle (2020)	Thematic analysis
3.2 Could the programme have been delivered more efficiently with less resource intensity? Or conversely, could more have been delivered with the same inputs? How?			
4. Impact: what positive and negative changes have been – or are likely to be - achieved by the programme?			
4.1 How significant are the changes in policy and practice to which L4UHC has contributed? What is their likely impact on UHC in the longer term?	Analysis of RRI/CAIs	After third module	Thematic analysis, assessed in relation to challenges identified
	Programme data (self-assessment in module 3; outcome harvesting)	During third module	
4.2 Are there any unintended effects of the L4UHC programme (positive or negative)?	In-depth interviews with participants and key resource persons (including		Qualitative analysis, using deductive and inductive approach

	P4H and in participating countries)		
5. Sustainability: are the benefits of L4UHC likely to endure after the end of the programme?			
5.1 How well embedded are the changes at individual and institutional levels to which L4UHC has contributed?	In-depth interviews with participants and key resource persons (including P4H and in participating countries)	During third module	Qualitative analysis, using deductive and inductive approach
5.2 How could their sustainability be better ensured or supported in future?			

3.4 Research tools

3.4.1. Interviews

As is evident from the evaluation matrix, much of the depth and quality of information for this evaluation will come from the in-depth interviews, which will be conducted with five main groups:

- participants
- participating country resource people
- host country facilitators
- L4UHC facilitators and organisers
- L4UHC management team

Initial question guides are contained in Annex 1, but as they are semi-structured, they will be adapted during use.

Sampling for the IDIs will be non-random and aim to get to saturation, reaching a good proportion of the target groups. More important than quantity is quality, however, so the key will be to find the right moment and place and ensure that the interview is engaging for the participant, to ensure a good exchange. It is anticipated that interviews will be conducted in person during the first module (with participants); in person during the third module (with all target groups); in person during site visits (to the focal countries); and supplemented by phone interviews as required, also for remaining resource persons, including for the management team. (See timeline below.)

Our estimated sample size is as follows:

- Participants: 30-40 per group expected, so 60-80 in total; we will aim for half – 30 or so (15 per region; roughly 4-5 per team, aiming to get a range of participant profiles), but repeated, so a maximum of 60 participant interviews in total.
- Resource people in participating countries: P4H, and other in-country stakeholders with insights into process; likely to be an average of 8 per focal country. This makes a total of 16 across both regions.
- Host country facilitators: These will be undertaken during the first and third modules in both regions, with an average of 1-2 host persons interviewed each, so roughly 6 in total
- L4UHC facilitators, coaches and organisers: These will be undertaken during the first and third modules in both regions, with an average of 2-3 facilitators interviewed per module, so roughly 8-10 in total
- L4UHC management team: In addition to those captured as facilitators, we expect to supplement our interviews of the managing group through in-person or phone interviews with other stakeholders in the World Bank, WHO, GIZ, Expertise France, USAID and APNHSS, estimated at ten in total.

This amounts to some 100 anticipated in-depth interviews. This will generate a considerable volume of qualitative data, which will be analysed thematically, starting from the evaluation matrix themes but allowing for additional coding as arises from the data, using NVIVO to assist with extraction.

Conducting the interviews in the periphery of the first and last modules will allow for evaluators to also observe the module process, and (in the case of the first module) to establish relationships with key people to ensure smooth communication throughout the evaluation. Finding the right time to conduct interviews will be key (e.g. in the margins of the workshop; during the evenings if participants are not too exhausted; just prior to and after the workshop etc.). If necessary, follow up interviews can be by phone or Skype/WhatsApp but in person is preferable. The interviews will be led by the evaluation lead and project manager to ensure good rapport with participants and quality of data.

3.4.2. Survey

An outline survey is contained in annex 2. The survey will be completed at the end of each module, aiming for a high coverage of 70% or more of participants. (This will rely on the active promotion of the survey by programme facilitators, and keeping it short and simple.)

It focuses on satisfaction with the core activities of the L4UHC programme and uses a simple Likert scale. Analysis will be quantitative, aiming to understand which elements of the programme are better or worse received, and complementing the more in-depth qualitative interviews and participant feedback during the programme sessions.

3.4.3. Secondary sources

The key secondary sources which will be analysed include:

- L4UHC Programme reports
- RRI/CAIs – tracking plans and outcome harvesting by participants
- Materials prepared by participants which reflect on self-assessed competences, learning, and plans and progress (individual and team), as well as any relevant summary reports produced by the facilitators, and notes taken during observation of sessions.
- Budget and expenditure data
- Country documentation – such as national health plans, reviews, evaluation, political economy analyses, health system assessments, donor mapping and routine health information system data which reports progress in areas chosen for country action by the teams (for two focal case study countries)

3.4.4. Country case studies

Two countries will be chosen for more in-depth analysis. They will include one in the Asia region and one in Africa, both chosen purposively in consultation with the L4UHC team (criteria to include: dynamic UHC policy environment; L4UHC country team participant numbers; engagement of P4H partners in-country). In these two countries, more structured extraction of data from background documents and in-person, in-country interviews will allow for more contextual depth on UHC challenges, progress and the contribution of L4UHC and other factors in the journey undertaken. For that reason, the country visits will be later in the timeline, to allow for some potential bedding in of L4UHC actions.

3.4.1 Ethics

As all participants are high-level representatives with good comprehension of concepts and risks, we do not anticipate any major risks. However, we will ask the OPM ethics committee to approve the study to ensure that any risks are foreseen and mitigated. All participants will be asked for oral consent, will be given clear information on the evaluation, and will be assured of confidentiality of reporting.

3.4.2 Timeline

A tentative timeline is provided in Annex 3, though this will have to be tailored to the final dates for the modules in both regions.

3.4.3 Roles in team

The evaluation team will be led by Professor Witter, who will undertake the following tasks: overall design and leadership of the evaluation component; leading the in-depth interviews and analysis, write up and dissemination of all evaluation components, including the final report and other dissemination products.

Nouria Brikci will provide overall project leadership and coordination within the OPM team, and may lead the francophone interviews.

OPM will also draw on research assistants to support quantitative and qualitative analysis of data, as well as expertise on leadership development and on communication.

Survey data will be collected with the support of programme facilitators at the end of each module but collated and analysed by OPM.

3.4.4 Outputs

The main overall report will follow the evaluation matrix structure, with an additional final section for recommendations (both from the various groups consulted but also the evaluation team, drawing on the different findings).

In addition, there will be two more detailed country case studies, as described above, and other dissemination products as agreed with the L4UHC team. These are likely to include a brief on the main evaluation findings, to share online and with partners in host organisation and country levels. We also anticipate at least one academic article presenting the main lessons generated of interest for other organisations engaged in leadership development activities. Findings will be presented at international meetings and conferences as opportunities arise.¹²

¹² A full communication strategy is being developed which will dovetail with this plan

4. References

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- (7) W.K. Kellogg Foundation. Evaluating outcomes and impacts: a scan of 55 leadership development programs. 2006.
- (8) Management Science for Health. Leadership can be learned, but how is it measured? 2008

Annex 1. Interview guides

(semi-structured; with probing as relevant)

Preamble: brief explanation of evaluation; how data will be used; confidentiality etc. (see consent form)

Program participants: Initial interview

Please explain a bit about your background.

Do you know why you were selected to join the L4UHC programme?

Probe: Do you think the selection of participants was relevant in your country?

Probe: What briefing were you given prior to coming?

Understanding of UHC

What does UHC mean, in your view?

How is it best assessed?

What influences it and how can it be better achieved?

Relevance

What are the main challenges your country faces on UHC, in your view?

Probe: leadership issues

How do you see your role in relation to UHC in your country?

What are the main challenges that you personally face in your role and in relation to UHC?

What are your priorities for self-development?

Have you attended any similar programmes, courses or events in the past year or two?

Probe: Please describe them and what you learned from them?

Individual commitment

Does it matter whether UHC progresses?

Probe: Why/why not?

Who are the main stakeholders in UHC?

Probe: What is your responsibility in relation to it?

If UHC progresses or not, does that make any difference to you personally?

Competences

What do you understand by these (*discuss one by one*)?

- stakeholder mapping
- listening and dialogue skills
- coalition building
- ability to negotiate different priorities
- achieving shared vision
- engage other key stakeholders
- adaptive and innovative thinking
- collaborative working

Probe: Highlight how you have previously used these successfully and any skills which you feel need further development

Baseline for outcomes

Is there a coalition of actors supporting UHC in your country?

Probe: Please describe it.

Probe: Who is supportive and how well do they work together (and on what kind of issues)?

Probe: Are there any major organisational conflicts over UHC? Please describe them.

Within your organisation, what is the level of commitment to UHC? How would you describe it?

Probe: Who is supportive and how much collaboration is there?

Do you have any regional collaborations to support shared momentum towards UHC?

Probe: which ones? Who is engaged in these? How do they collaborate (depth and focal areas)? What do you see as the main areas to be strengthened?

What are the areas of policy development which you see as priorities now for UHC development in your country?

Probe: Which?

Are there any key opportunities on the horizon which could be seized? Which ones?

Participants: Post-module 3

Effectiveness: changes to outputs

Individual commitment

Who are the main stakeholders in UHC?

Probe: What is your responsibility in relation to it?

If UHC progresses or not, does that make any difference to you?

Probe: Will it impact on you in any way?

Does it matter whether UHC progresses?

Probe: Why/why not?

Competences

How would you assess your competence in relation to the following (*discuss one by one*)?

- stakeholder mapping
- listening and dialogue skills
- coalition building
- ability to negotiate different priorities
- achieving shared vision
- engage other key stakeholders
- adaptive and innovative thinking
- collaborative working

Probe: Highlight how you have recently used these successfully and any skills which you feel need further development

Understanding of UHC

What does UHC mean, in your view?

How is it best assessed?

What influences it and how can it be extended?

Views of L4UHC Programme

What are your views of the L4UHC process so far?

Probes:

- What worked well?
- Which part did you find most effective (and why)?
- What worked less well?
- Which part did you find least effective (and why)?

What would you recommend changing in relation to L4UHC in future?

Have any other activities influenced your attitudes and skills in relation to UHC over the past 9 months?

Probe: Which ones and how?

Outcomes (from perspective of participant)

Is there a coalition of actors supporting UHC in your country? Please describe it.

Probe: Who is supportive and how well do they work together (and on what kind of issues)?

Probe: How has it changed over the past year and why?

Probe: Did L4UHC play a role? Explain why or why not

Within your organisation, what is the level of commitment to UHC? How would you describe it?

Probe: Who is supportive and how much collaboration is there?

Probe: How has it changed over the past year and why?

Probe: Did L4UHC play a role? Explain why or why not

Do you have any regional collaborations to support shared momentum towards UHC?

Probe: which ones? Who is engaged in these? How do they collaborate (depth and focal areas)? What do you see as the main areas to be strengthened?

Probe: How has it changed over the past year and why?

Probe: Did L4UHC play a role? Explain why or why not

What areas of policy development have recently occurred affecting UHC in your country?

What drove them?

Probe: individual factors, institutional factors, contextual factors

Probe: Did L4UHC play a role? Explain why or why not

How could L4UHC have been more effective in supporting these areas of change, and momentum towards UHC generally?

Impact

How significant are the changes in policy and practice to which L4UHC has contributed?

What is their likely impact on UHC in the longer term?

Are there any unintended effects that you are aware of from the L4UHC programme (positive or negative)?

Sustainability

What is the overall effect of the L4UHC programme on you individually?

Probe: How long-lasting do you think that is likely to be, and why?

Probe: What could be done to ensure that any benefits are long-lasting? Would external support be needed; if so, in what form?

What is the overall effect of the L4UHC programme on your team and organisation?

Probe: what is the effect on your working (or personal?) relationship to the other team members?

Probe: How long-lasting do you think that is likely to be, and why?

Probe: What could be done to ensure that any benefits are long-lasting?

Resource people and partners in participating countries

(semi-structured; with probing as relevant)

Preamble: brief explanation of evaluation; how data will be used; confidentiality etc.

Discussion of role of resource person (organisation, their engagement in the L4UHC programme etc.).

Relevance

What are the main challenges faced by UHC in your country?

Probe: political engagement; coordination of actors; increasing coverage, quality and financial protection

Are you aware of the goals of L4UHC? What are they? How relevant are they for your country context?

At country level, how far is leadership a key bottleneck for UHC progress?

Probe: what is the evidence for this, versus other bottlenecks?

What programmes exist which address this gap?

Probe: Are there any areas of leadership which are not currently addressed by international or local initiatives? What are they, in your experience?

Views of L4UHC programme

What are your views of the L4UHC process so far, from your engagement with it?

Probes:

- What worked well?
- Which part did you find most effective (and why)?
- What worked less well?
- Which part did you find least effective (and why)?

What would you recommend changing in relation to L4UHC in future?

Outcomes

Is there a coalition of actors supporting UHC in your country? Please describe it.

Probe: Who is supportive and how well do they work together (and on what kind of issues)?

Probe: How has it changed over the past year and why?

Probe: Did L4UHC play a role? Explain why or why not

Within the main stakeholder organisations, what is the level of commitment to UHC? How would you describe it?

Probe: Who is supportive and how much collaboration is there?

Probe: How has it changed over the past year and why?

Probe: Did L4UHC play a role? Explain why or why not

Do you have any regional collaborations to support shared momentum towards UHC?

Probe: which ones? Who is engaged in these? How do they collaborate (depth and focal areas)? What do you see as the main areas to be strengthened?

Probe: How has it changed over the past year and why?

Probe: Did L4UHC play a role? Explain why or why not

What areas of policy development have recently occurred affecting UHC in your country in which L4UHC participants were involved?

What drove them?

Probe: individual factors, institutional factors, contextual factors

Probe: Did L4UHC play a role? Explain why or why not

How could L4UHC have been more effective in supporting these areas of change, and momentum towards UHC generally?

Probe: topics covered – would another topic have been better, and if so, which one and why?

Impact

How significant are the changes in policy and practice to which L4UHC has contributed?

Probe: reforms; changes to mobilisation of resources; building coalitions; neutralising opposition

What is their likely impact on UHC in the longer term?

Are there any unintended effects that you are aware of from the L4UHC programme (positive or negative)?

Sustainability

What is the overall effect of the L4UHC programme on the stakeholders with whom you are familiar?

Probe: How long-lasting do you think that is likely to be, and why?

Probe: What could be done to ensure that any benefits are long-lasting?

Host country facilitators

(semi-structured; with probing as relevant)

Preamble: brief explanation of evaluation; how data will be used; confidentiality etc.

Views of L4UHC programme

What was your role within the L4UHC programme?

What are your views of the L4UHC process so far, from your engagement with it?

Probes:

- What worked well?
- Which part did you find most effective (and why)?
- What worked less well?
- Which part did you find least effective (and why)?

What would you recommend changing in relation to L4UHC in future?

Were there any benefits for you as a host country? Which ones and why (or why not)?

L4UHC facilitators and organisers

(semi-structured; with probing as relevant)

Preamble: brief explanation of evaluation; how data will be used; confidentiality etc.

Views of L4UHC programme

What was your role within the L4UHC programme?

Why did you choose to take on this role/be engaged with L4UHC?

What are your views of the L4UHC process so far, from your engagement with it?

Probes:

- What worked well?
- Which part did you find most effective (and why)?
- What worked less well?
- Which part did you find least effective (and why)?

What do you see as the main challenges? What would you recommend changing in relation to L4UHC in future?

Outputs:

What changes did you observe in participants in terms of their core attitudes, competences and understanding?

Outcomes:

What do you see as the main achievements in relation to UHC coalitions in participating countries?

Probe: How did L4UHC contribute?

What were the main barriers and facilitators for progress?

Impact

How significant are the changes in policy and practice to which L4UHC has contributed?

What is their likely impact on UHC in the longer term?

Are there any unintended effects that you are aware of from the L4UHC programme (positive or negative)? Which ones?

Sustainability

What is the overall effect of the L4UHC programme on the stakeholders with whom you are familiar?

Probe: How long-lasting do you think that is likely to be, and why?

Probe: What could be done to ensure that any benefits are long-lasting?

Do you plan to play a role in L4UHC in future, and if so, what?

Efficiency

Do you think that L4UHC has been efficiently run? Please explain

Could it be more efficient? How?

L4UHC management team

(semi-structured; with probing as relevant)

Preamble: brief explanation of evaluation; how data will be used; confidentiality etc.

Background + relevance

What was your role within the L4UHC programme?

Probe: background/history of engagement

What do you see as its main objectives?

Probe: Do these remain relevant? Why?

Views of L4UHC programme

What are your views of the L4UHC process so far, from your engagement with it?

Probe: Discuss by stage of process, including early communication and engagement

- What worked well?
- Which part did you find most effective (and why)?
- What worked less well?
- Which part did you find least effective (and why)?

What would you highlight as the main challenges faced in leading the L4UHC programme?

What would you recommend changing in relation to L4UHC in future?

Outputs:

What changes did you observe in participants in terms of their core attitudes, competences and understanding?

Outcomes:

What do you see as the main achievements in relation to UHC coalitions in participating countries?

Probe: How did L4UHC contribute?

What were the main barriers and facilitators for progress?

Impact:

How significant are the changes in policy and practice to which L4UHC has contributed?

What is their likely impact on UHC in the longer term?

Are there any unintended effects that you are aware of from the L4UHC programme (positive or negative)? Which ones?

Efficiency

Do you think the L4UHC process has been efficient? Why?

Could it be delivered in a less resource-intensive way and still be effective?

Probe: How? How does it compare with other similar programmes that you are aware of?

Sustainability

What is the overall effect of the L4UHC programme on the stakeholders with whom you are familiar?

Probe: How long-lasting do you think that is likely to be, and why?

Probe: What could be done to ensure that any benefits are long-lasting?

Do you plan to play a role in L4UHC in future, and if so, what?

Key informant information form: Leadership for UHC

Background

Oxford Policy Management, a UK-based consulting firm focused on providing support to public policy on social, economic and governance challenges in low and middle income countries (www.opml.co.uk), has been engaged to undertake an evaluation of the Leadership for UHC (L4UHC) program. The objective of the evaluation is to inform the program managers, funders and wider partners about the effectiveness of L4UHC and how it can be strengthened. The evaluation team is independent of L4UHC funders and partners.

Why we are approaching you

You are being asked to contribute your ideas and understanding as someone who has taken part in the L4UHC program in some capacity - as a participant, facilitator, host, partner or manager. Your knowledge is essential to getting an accurate and useful evaluation of the program. We highly value your honest opinions and suggestions for L4UHC.

What we are asking for

We are asking for an interview, in person or by phone/Skype/WhatsApp, which should take in the region of 45 minutes. We have a series of questions to ask you, but the interview is open and can follow areas of mutual interest.

We plan to take notes and/or record these interviews for analysis purposes.

For participants of L4UHC, we would also like to do a follow up interview towards the end of the course in order to understand how the L4UHC activities may have changed your perspective.

Risks and benefits of participation

We do not anticipate any risks to you from participating in this evaluation. We hope the interviews will provide a useful point of reflection for you personally and will contribute to better support for leadership development in future in your country and region.

Do you need to participate?

Participation is completely voluntary; if you do not feel comfortable to be interviewed, please say so. This can be before, during or after the interview. In other words, you are also free to withdraw during the interview, if you become uncomfortable at any time, or in the period after the interview. Consent can be withdrawn at any time.

Will my identity be disclosed in your report?

No – we will take the following measures to ensure your anonymity and confidentiality.

- 1) We will undertake interviews in an environment which is private in order to protect confidentiality.
- 2) We will analyse data anonymously – in other words, representing what you say, individually and as a group, but without using any names or details which might reveal your identity in any of the evaluation materials produced.
- 3) All primary evaluation data will be held by the evaluation team alone and will not be shared with funders or programme managers.

Consent

Written consent is not required, however, the interviewer will ask for your oral permission before beginning the interview, and will make note of this.

We also ask for your permission to take notes or record the interview.

Any further questions?

For further information or any concerns, please raise them directly with your interviewer, or contact Nouria Brikci, who is the evaluation project manager. Email: Nouria.Brikci@opml.co.uk

Annex 2. Participant survey

Administered online on last day of each module, using Survey Monkey

Example here is for Module 1.

CATEGORY OF RESPONDANT

Please check all that apply

What position do you hold?

- Senior Management Mid-Management Technical lead or operational staff

What sector are you from?

- Government (Ministry of Health) Other ministries or public sector organisations
 Civil Society Private sector Development Partner

What country are you working in?

- Vietnam Myanmar Pakistan Senegal Cameroon Burkina Faso Niger

1. Views on preparation for module

Likert scale: strongly agree; agree; neither agree nor disagree; disagree; strongly disagree

- 1) There was sufficient information shared in advance this module.
- 2) I had clear understanding of the objectives of the module
- 3) The support from the P4H resource person helped me to prepare for this module.

Please provide any suggestions for how to improve the preparatory phase (open question)

2. Views on organisation of module

- 1) The module was well facilitated
Likert scale: strongly agree; agree; neither agree nor disagree; disagree; strongly disagree
- 2) The module hadth a clear overall structure

Likert scale: strongly agree; agree; neither agree nor disagree; disagree; strongly disagree

3) The setting was helpful for learning

Extremely helpful/Very helpful/Somewhat helpful/Not so helpful/Not at all helpful

4) Practical arrangements were in place and ran smoothly

Likert scale: strongly agree; agree; neither agree nor disagree; disagree; strongly disagree

5) What is your overall rating of the module?

Excellent, Very Good, Good, Fair, Poor

3. Views on detailed elements of module

The following statements will be asked on each main module activity:

1. I found this exercise engaging
2. It was delivered in a well-paced way
3. I found the content relevant for my work
4. I feel I learned something substantive and which I can apply

Respondents given Likert scale response options: strongly agree; agree; neither agree nor disagree; disagree; strongly disagree

Module 1: connecting individually and collectively to UHC

Day 2: Immersion

- UHC complexity
- Leading by listening
- Dialog walk

Day 3: Skills development and sensing

- Leading by dialog: advocacy and inquiry

- 3D sculpting

Day 4: Learning from the host country

- Country presentations (not confirmed yet)
- Sensing journey

Day 5: Preparing for in-country assignment

- Guided journaling
- Readiness assessment preparation

Please provide any specific suggestions for improving the follow up to the module (open question)

4. Overall views and recommendations

Please answer in as much detail as possible so we know what and how to improve the program.

1) Would you recommend this program to others?

1 not at all 2 maybe 3 Yes, with reservation 4 Yes, without hesitation

5 I prefer not to answer

2) What did you learn from the program which you can explain confidently to others?

3) What could have made the workshop more useful for you?

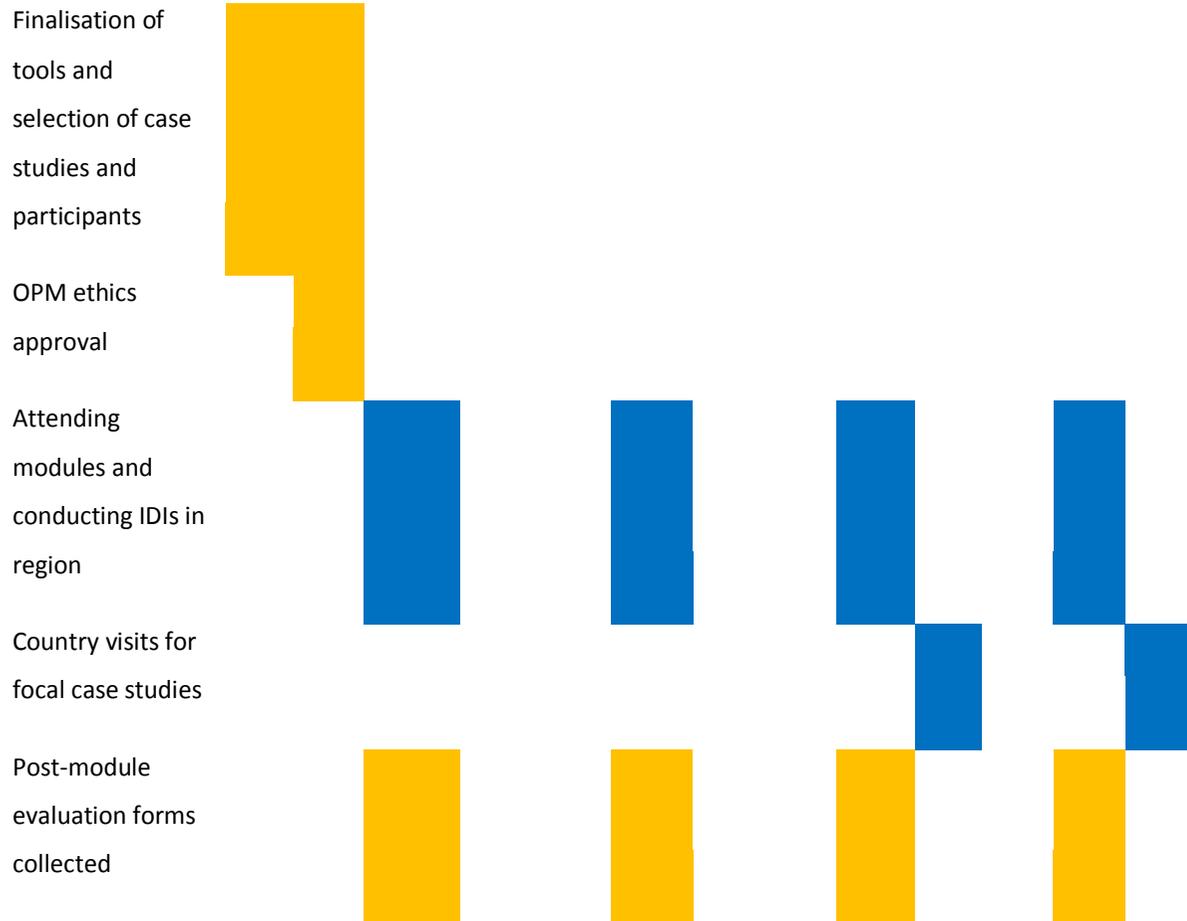
Annex 3 Timeline

Activities

2019

2020

Ja n Fe b Marc h Apri l Ma y Jun e Jul y Au g Sep t Oc t No v De c Ja n Fe b Marc h Apri l Ma y Jun e Jul y Au g Sep t



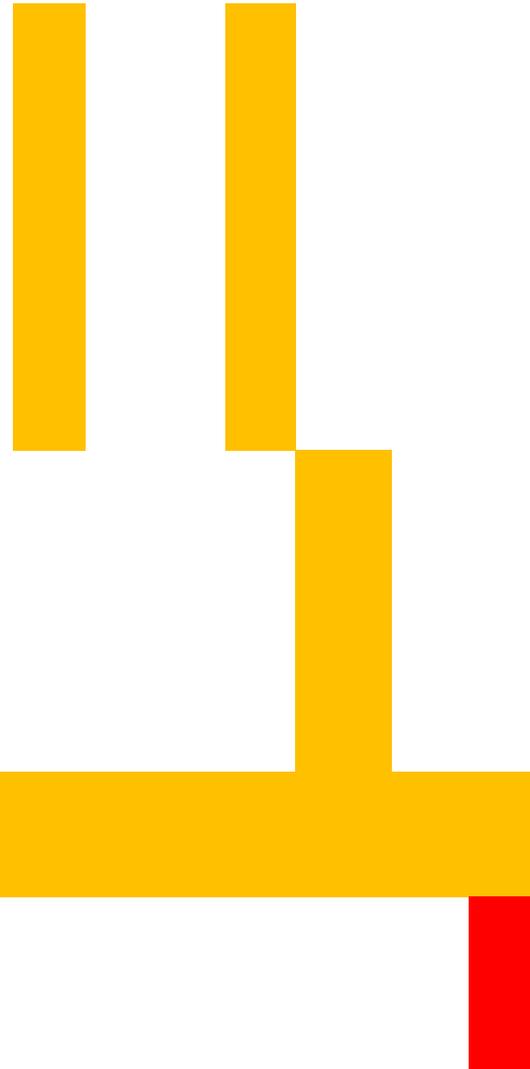
Analysis of
RRIs/CAIs

Supplementary
phone interviews
with resource
persons and
management
team

Accessing
programme
budget/expenditu
re data and
programme
reports

Analysis of all
data streams

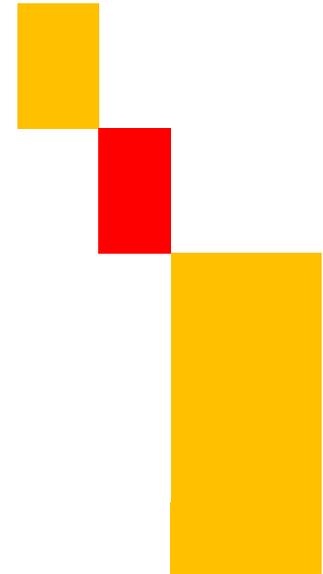
Draft report and
case studies
shared



Review and
feedback

Finalisation of
reports

Briefs, articles
and other
dissemination
products
developed and
shared



Legend

