# MOST FOR TB

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# MOST FOR TB

## Management and Organizational Sustainability Tool
## for National TB Control Programs

### A Guide for Users and Facilitators

MSH **MANAGEMENT SCIENCES** *for* **HEALTH**

Developed by The Tuberculosis Coalition for Technical Assistance (TBCTA) partners:





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Photo, back cover: Pedro G. Suarez, TB workshops in Ecuador and Uganda

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# ACKNOWLEDGMENTS

# ACRONYMS AND ABBREVIATIONS

| | |
|---|---|
| ACSM | Advocacy, Communication, and Social Mobilization |
| AIDS | acquired immunodeficiency syndrome |
| DOTS | directly observed treatment, short course |
| GFATM | Global Fund to Fight AIDS, Tuberculosis and Malaria |
| HIV | human immunodeficiency virus |
| MDGs | Millennium Development Goals |
| MDR-TB | multidrug-resistant TB |
| MOH | Ministry of Health |
| MOST | Management and Organizational Sustainability Tool |
| MOST for TB | Management and Organizational Sustainability Tool for National TB Programs |
| MSH | Management Sciences for Health |
| NGO | nongovernmental organization |
| NTP | national TB program |
| TB | tuberculosis |
| TB CAP | Tuberculosis Control Assistance Program |
| UNION | International Union Against Tuberculosis and Lung Disease |
| USAID | US Agency for International Development |
| WHO | World Health Organization |

# BACKGROUND

The World Health Organization (WHO) reports that nearly one-third of the global population is infected with *Mycobacterium tuberculosis* and is at risk of developing the disease. More than eight million people develop active tuberculosis (TB) every year, and about two million die.

Based on the WHO framework for control of TB in developing countries, the Stop TB strategy has been adopted by ministries of health (MOHs) in 183 countries. Furthermore, significant financial resources have been mobilized through the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), and several important agencies have endorsed the Millennium Development Goals (MDGs), which include combating TB and the Stop TB strategy. Recent WHO assessments, however, show that while great progress has been made toward Stop TB's target 85 percent treatment success rate (84.7 percent in 2005), the actual case detection rate for new smear-positive cases (61 percent in 2006) is well below the 70 percent target.

Although many countries have received technical and financial support ( from GFATM), scaling up and sustainability have been difficult to achieve. The rapid increase of directly observed, short course (DOTS) coverage has placed a high level of demand on program management, which is often weak.

Several factors appear to be impeding more rapid progress in detecting and reporting cases under the DOTS strategy in many countries. These include:

- weak organization and management of national TB programs (NTPs);

- lack of systems and services provided by primary health centers and hospitals for TB control;

- insufficient DOTS coverage at public health facilities, including hospitals and primary health centers;

- insufficient access to quality DOTS services;

- weak design and use of public health criteria for case detection and poor use of sputum smear testing for diagnosis of TB;

- lack of public laboratory networks to provide support to the NTPs;

- lack of public awareness and involvement of communities in DOTS activities;

- limited participation of private providers, nongovernmental organizations (NGOs), and academic institutions in proper TB care delivery as part of the NTPs' strategy;

- limited collaboration between TB and HIV control programs at all levels, particularly in countries with high TB and HIV burdens.

To address these issues, Management Sciences for Health (MSH) works closely with the Tuberculosis Control Assistance Program (TB CAP) to strengthen human capacity development, organizational and management systems, and leadership to integrate strategic program activities at all levels of PHS and private sector in TB. MOST for TB is a tool that allows TB control program managers to assess and improve the management of their programs.

Originally, MSH developed a participatory approach to management assessment called MOST (Management and Organizational Sustainability Tool), which enables client organizations to assess and strengthen their existing management processes and systems. MSH, in collaboration with TB CAP partners, has adapted the MOST approach to improve the management of NTPs and thereby

reduce disease transmission in the community, reduce mortality and morbidity due to TB, and prevent the development of multidrug-resistant TB (MDR-TB). This revised approach is known as the Management and Organizational Sustainability Tool for National TB Control Programs (MOST for TB). To date, this newly adapted management tool has been successfully applied in Ecuador (2004–2005), the Dominican Republic (2005), Pakistan (2007), and Namibia (2008).

With TB CAP funds provided in the 2005–2006 TB CAP work plan, MSH and WHO organized a three-day workshop, held in Kampala, Uganda, August 9–11, 2006, to discuss management challenges facing national TB programs and introduce a new approach for improving the management of NTPs to achieve targeted results and improve health outcomes.

Workshop participants were drawn from five countries (Mozambique, Namibia, Pakistan, Uganda, and Zambia) and included three WHO medical officers from Uganda and Mozambique, as well as one WHO Stop TB Geneva representative. The diverse country teams included NTP program managers, regional and provincial TB managers, and TB laboratory personnel.

The workshop and overall discussion process led MSH, in collaboration with TB CAP partners and NTPs, to develop and disseminate the MOST for TB guide and instrument. The broad dissemination of this tool will increase the opportunity for NTPs to strengthen their management practices as a means to improve services and make their programs sustainable.

This MOST for TB guide reflects the experiences of users and facilitators in the countries where the tool was piloted (Dominican Republic, Ecuador, Namibia, and Pakistan) and our knowledge of NTPs' needs for the expansion and implementation of the DOTS strategy.

# HOW TO USE THIS GUIDE

This guide provides complete information about the MOST for TB concept, process, and assessment instrument. It also includes all necessary materials for conducting a three-day MOST for TB workshop. The guide can therefore be used by those who want to learn about MOST for TB for the first time as well as by those who are preparing to carry out a MOST for TB assessment. Potential users should read specific sections of the guide:

- NTPs directors* who are considering undertaking the MOST for TB process should read "Making the MOST of Management" on page 48.

- NTPs directors who have decided to implement MOST for TB should read the first three sections of this guide.

- Facilitators who will be conducting the MOST for TB workshop and guiding follow-up should read the entire guide to become familiar with the foundations and process of MOST for TB, its participatory philosophy, and the steps involved. They should also use the workshop materials, which begins on page 47, to assemble a binder for workshop participants.

*Note: In some NTPs, the administrative designation may be manager, coordinator, chief, or another similar term.

# I. INTRODUCTION TO MOST FOR TB

The Management and Organizational Sustainability Tool for National TB Control Programs (MOST for TB) is a process for improving the management of an NTP, with the end result of contributing to the three main objectives of NTPs:

■ reduction of disease transmission in the community;

■ reduction of mortality and morbidity due to TB;

■ prevention of the development of multi-drug resistant TB (MDR-TB).

> ### MOST for TB is for all levels of a NTP
>
> MOST for TB can be used at any level of a national TB control program—national, regional, or local—that would like to strengthen program management in order to improve implementation and expansion of the Stop TB strategy.

This section of the MOST for TB guide explains what MOST for TB is, how it differs from other management assessment processes, how the MOST for TB process works, and how the assessment instrument is organized.

## WHAT IS MOST FOR TB?

MOST for TB is a structured, participatory process that allows NTPs to assess their own management performance and develop a concrete action plan for improvement.

Good management is the glue that holds all the internal parts of an NTP together, contributes to a positive work climate, and supports high-quality services, thus helping bring the NTP's vision to life. MOST for TB helps NTPs focus on improving their management practices as a means of improving services and making the NTP sustainable in three ways: institutionally, financially, and programmatically.

■ A well-managed NTP has a strong yet flexible functional structure (institutional sustainability). Its functional structure allows it to respond to the shifting priorities of its supporters and to new responsibilities toward TB patients and communities while also creating a positive work environment for health personnel. MOST for TB allows an NTP to assess its values and functional structure, as well as those systems traditionally identified as management related.

■ A well-managed NTP draws on various sources of revenue, which allow it to support its ongoing efforts and undertake new initiatives ( financial sustainability). MOST for TB helps the NTP determine its stage of development in terms of financial management and revenue generation.

■ A well-managed NTP delivers services that respond to TB patients' needs and anticipates new areas of need (programmatic sustainability). As a result of its success, it is able to expand its institutional, social, and community base. Using MOST for TB, an NTP can assess its mission; its strategies; its planning, monitoring, and evaluation; and its systems for delivering services.

Even a well-managed, successful NTP must constantly reassess and adapt its management practices as new demands arise and changes at the MOH affect the environment in which the NTP works. The leadership of an NTP plays a critical role in fostering a climate of continuous assessment and improvement.

## The MOST for TB Process Fosters Improvement of Management Practices

MOST for TB allows an NTP's leadership—the director and senior managers from the national, regional, and selected local levels—to put in motion a change process that involves staff from all levels of the NTP (national, intermediate, and local) as well as other key stakeholders. Working together, they:

- recognize the importance of good management to the effectiveness and long-term survival of the NTP;
- assess the current status of essential components of management;
- identify feasible changes that can make the NTP more effective;
- develop specific plans to implement these changes;
- generate the staff buy-in needed to support these management improvements;
- monitor the results over time.

## MOST FOR TB WORKSHOP AND ANTICIPATED OUTCOMES

The cornerstone of the MOST for TB process is a three-day workshop. During the workshop, the NTP leadership and selected staff come together to build consensus on the stages of development of the NTP's management components, the necessary improvements, and an action plan for making those improvements. This workshop is not an end in itself, but rather one step in a significant change process. If MOST for TB is to yield its greatest benefits, all staff must play a part, one that continues long after the workshop. They must recognize the need for change, commit to the process, and help implement the identified improvements in their day-to-day work.

By the end of the workshop, it is expected that participants will have come to agreement on how well the NTP is functioning and will have planned activities for making improvements. The specific outcomes include:

- a collective assessment of the current stage of development of the various management components;
- a prioritized list of the management components to be improved within a specified time period;
- an agreed-upon set of objectives for improving each management component;
- an action plan for reaching the objectives, identifying the broad activities, timing, resources, and people responsible for completing the activities, as well as defining data that can provide evidence of success;
- identification of a TB change leader and TB change team who will lead the implementation of the action plan and monitor progress;

■ a list of short-term activities for following up on the MOST for TB workshop: those the NTP staff can do themselves with existing resources, those for which they will need to seek additional resources, and those for which they will need technical assistance from outside the NTP;

■ agreement on post-workshop assistance from the facilitators (by phone or e-mail) and a follow-up MOST for TB exercise, usually six months to one year after the workshop.

## THE MOST FOR TB DIFFERENCE

Many traditional assessments rely on external evaluators, intensive data collection, and checklists. They result in findings and recommendations but often fall short of producing a plan for improvement. MOST for TB is different. It is about making change happen through a structured, participatory process, in which staff members use an instrument to collect data from their own experience, immediately analyze the data, and use their analysis to make concrete, practical plans for improvements. And finally, the MOST for TB process recognizes that meaningful changes in management rarely occur through a single event; the process includes a six-month or one-year follow-up exercise to review progress and make any needed changes in the action plans.

The very **structure** of the MOST for TB process builds in the key factors that will support NTP change:

■ The MOST for TB assessment is carried out by the NTP's staff, not by an external team. This self-assessment allows staff to identify the management challenges they face.

■ MOST for TB is participatory, harnessing the insights and creativity of staff from all levels of the NTP.

■ MOST for TB uses consensus-building rather than votes or top-down rulings to make decisions about management improvements. This approach makes certain that those who will be asked to implement decisions have been fully involved in making those decisions.

■ MOST for TB draws on the contributions of strong, committed leaders at every level of the NTP. The director and senior managers must identify the need for change, commit to the MOST for TB process, and bring their staff on board. Staff members lead in various ways: by contributing their ideas, by serving as change agents, and by sharing with the entire staff their personal commitment tomaking the changes happen.

The participants in the MOST for TB workshop produce a **realistic action plan** for making improvements in the identified areas of need:

■ During the MOST for TB workshop, participants prioritize the management components to be improved, identify objectives for those components, and put together a concrete plan designed for immediate action. The plan identifies short-term, feasible actions to be taken toward each identified objective, along with the person(s) responsible, timing, and resources needed.

■ The MOST for TB action plan is integrated into the NTP's other operational plans. It is seen as a way of helping to implement those plans through effective management, rather than as a stand-alone, unrelated set of activities.

■ During the workshop, the NTP sets a date for a follow-up MOST for TB exercise, aimed at assessing progress toward the objectives, revisiting the management components that were viewed as lower priority, and identifying any new needs.

The MOST for TB **data-collection instrument** is a means of eliciting information from staff, helping them analyze the information, and building agreement about their assessments:

- It allows staff to use what they each know about the NTP's management practices as evidence. The exchange among participants as they share knowledge with colleagues enables groups to analyze management components rapidly, without a lengthy data-collection process.

- It involves staff in assessing the NTP's stages of development in terms of a set of management components, rather than simply checking off the presence or absence of a component.

## HOW CAN NTPs BENEFIT FROM MOST FOR TB?

Our experience shows that NTPs can benefit from MOST for TB provided that the director and senior management meet two criteria:

1. They are committed to open self-assessment and to decision-making by consensus.

2. They believe that the organization can take action to improve its management, even though there may be some constraints beyond its control.

The first criterion requires that the decision-makers of the MOH and NTP read this guide carefully, feel comfortable with the process it describes, and express their full commitment to the staff and other key stakeholders who will engage in the process. To make the MOST for TB experience effective, the MOH's and NTP's directors must demonstrate that they are genuinely enthusiastic about staff ideas, open to the airing of issues, and willing to hear all input, including criticisms. Once the process is under way, the NTP director must act as a participant equal to all others. This commitment to democratic participation will help ease participants' fears about voicing their opinions or making unconventional suggestions. When staff and other stakeholders see their leaders' commitment to change, they in turn will be motivated to fill their roles in making changes that will improve management.

The second criterion requires that participants in the MOST for TB process use their imagination and determination to find creative ways to improve the NTP's management systems and practices. Clearly, not all challenges identified will be within the NTP's control. Most NTPs work within a legal and operational context that limits their ability to modify some management practices. For example, NTPs and government health facilities may find that many aspects of their management are determined by government authorities at the national level (MOH), national boards, or international agencies with which they work.

However, apart from these policy and regulatory constraints, NTP managers and staff do have the ability to make significant management improvements. MOST for TB helps these decision-makers assess the NTP's current management performance, agree upon ways to improve that performance, and plan activities toward that end.

## ORIENTATION TO THE ASSESSMENT INSTRUMENT

The MOST for TB assessment instrument defines critical areas of management: mission, values, strategy, structure, systems, and other program components. These management areas are explained below.

**Mission.** A NTP's mission is its purpose, the reason it exists. The mission provides guidance, consistency, and meaning to decisions and activities at all levels. It is the focal point around which staff members define strategies, establish goals, move in a common direction, and focus on what they know and do best. It also motivates them to stretch their capacity and take on new challenges. For the NTP, it answers the question: *Why do we do what we do?* MOST for TB can help an NTP assess its mission statement, if one exists, and then plan any changes needed to generate a mission that is relevant, widely known, and used.

**Values.** An NTP's values are the beliefs and ethical principles that underlie its mission. These values give meaning to the NTP's work and form the basis for staff commitment. They act as a beacon to guide strategies and shape the ways in which the managers and staff work together toward the mission. They answer the question: *What are the core beliefs and principles that the NTP staff all share and that give direction to our work?* Through MOST for TB, an NTP can assess its core values, and then make a plan for clarifying the values, if necessary, and for holding staff accountable for adhering to them.

**Strategy.** An NTP's strategies are the broad approaches used to define the objectives and activities that will fulfill the NTP's mission and goals. For the NTP, its strategies answer the question: *How will we get to where we want to go?* After assessing its current strategies through the MOST for TB workshop, an NTP can plan any changes needed to make its strategies consistent with its mission, responsive to the needs of the TB patients and communities, and able to meet the potential demands of the society, communities, and TB patients it should serve.

**Structure.** Structure refers to how the NTP is legally defined or organized in a country. The functional structure encompasses the formal lines of authority, distribution of responsibilities, and ways in which significant decisions are made and people held accountable for carrying out those decisions. Structure answers the question: *Is the NTP organized in a way that facilitates what it wants to do and where it wants to go?* An NTP can use MOST for TB to assess its functional structure and to plan ways to make the structure strong enough to fulfill the mission and carry out strategies, yet flexible enough to foster decision-making and accountability at all levels.

**Systems.** Systems are the interdependent functions that allow an NTP to do its work. MOST for TB addresses systems that form the key elements of management, which are listed on the next page. Organizational systems answer the question: *What helps us carry out our activities?* The MOST for TB process can help an NTP assess these systems, and plan and carry out the high-priority changes needed for increased efficiency and greater effectiveness.

**Other Program Components.** There are several other program components that are very important in an NTP. MOST for TB also assesses an NTP's progress with respect to research for TB control; Advocacy, Communication, and Social Mobilization (ACSM); the community participation plan for TB control; and pharmacovigilance for TB medicines.

The MOST for TB instrument divides each of these management areas into a total of 30 separate, measurable components, as listed below.

**Management Components Assessed by the MOST for TB Instrument**

**Mission**
Existence and knowledge

**Values**
Existence and application

**Strategy**
Links to mission and values
Links to Stop TB strategy
Links to HIV & AIDS control program
Links to TB patients and community

**Structure**
Institutionalization
Lines of authority and accountability
Communication
Roles and responsibilities
Decision-making

**Systems**
Strategic planning
Annual operational planning
Norms and procedures for TB prevention, detection, diagnosis, treatment, and care
Geographical and population coverage of DOTS
Human resources management
Leadership development
Staff training
Information management: Operational and epidemiological data collection
Information management: Use of operational and epidemiological information
Monitoring and evaluation
Supervision
Supply management
Financial management
Resource mobilization
Quality assurance: Norms and procedures for TB labs

**Other Program Components**
Research for TB control
Advocacy, Communication, and Social Mobilization (ACSM)
Community participation plan for TB control
Pharmacovigilance for TB medicines

## THE MOST FOR TB PROCESS

The central component of the MOST for TB process is a facilitated workshop lasting three days. The workshop brings together a range of people who hold management responsibilities in all parts of the NTP—the director and the technical NTP teams, which include physicians, nurses, lab technicians, and other health personnel at the central, intermediate, and local levels. Other stakeholders whose work is affected by, or has an effect on, day-to-day management of the NTP may also be included. This group creates a collective perspective based on their individual experiences. Their perspective guides the development of a plan to improve priority aspects of the NTP's management.

During the workshop, participants express their individual perceptions of current management performance, share these perceptions with one another, and reach consensus on changes that will improve performance. They establish priorities and develop an action plan that specifies objectives and activities for making these changes. And, to make sure that the plan is carried out, they choose the people who will be responsible for implementing the plan.

Facilitation of the MOST for TB workshop is complex and demanding: it requires carefully observing and synthesizing often-heated discussions; serving as a resource to individuals and small groups throughout the workshop; and providing rapid, accurate documentation for participants to use as they move from module to module. Past experience with MOST has clearly shown the advantages of having two facilitators who are accustomed to working together as a team, complementing each other's skills, confirming each other's observations, and sharing the multiple simultaneous requirements of a successful workshop. Even a co-facilitator who is somewhat less experienced can provide a different set of eyes and ears, help individuals and small groups complete their assignments, and aid in synthesis and documentation.

## PHASES OF THE MOST FOR TB PROCESS

Although the workshop is the main activity, the MOST for TB process begins before it and extends beyond, through four phases: engagement, preparation, the MOST for TB workshop, and follow-up. The table that follows summarizes the activities that take place during each phase.

| PHASES OF THE MOST FOR TB PROCESS | |
|---|---|
| **Phase** | **Key Activities** |
| **Engagement** | ■ Directors at the MOH and NTP review the MOST for TB process to determine if MOST for TB is appropriate for the MOH and NTP at this time.<br><br>■ The NTP director negotiates an agreement with the facilitators, who will provide technical assistance during all phases of the process (preparation, workshop, and follow-up).<br><br>■ The NTP director identifies a change leader: a staff member who will champion the changes that emerge from the workshop. |
| **Preparation** | ■ The NTP director identifies the workshop participants.<br><br>■ The facilitators conduct interviews and/or written surveys of workshop participants. |
| **Workshop** | The three-day MOST for TB workshop serves to:<br><br>■ Assess management status: Where are we now?<br><br>■ Set objectives: Where do we want to go?<br><br>■ Initiate change: How will we manage the needed changes?<br><br>■ Develop an action plan: How will we reach our objectives? |
| **Follow-up** | Post-workshop follow-up may include:<br><br>■ The facilitators submit a written report of the workshop.<br><br>■ The NTP director and facilitators negotiate an agreement for any additional follow-up activities.<br><br>■ The NTP director and change team inform the entire staff and engage them in the MOST for TB plans for change.<br><br>■ The NTP director and staff integrate the MOST for TB action plan into annual operational plans.<br><br>■ The change leader and change team guide the implementation of the action plan.<br><br>■ The change leader and change team monitor the implementation of the plan and revise it as needed.<br><br>■ The NTP holds a follow-up MOST for TB review at an identified time (usually six months or one year later). |

## II. MOST FOR TB AND THE CHANGE PROCESS

A successful MOST for TB process results in change. Any significant change presents major challenges to an NTP's leadership and to the entire staff. Before committing to MOST for TB, the NTP director and other decision-makers of the MOH should be aware that:

- MOST for TB is one step in an ongoing change process;

- to improve performance, an NTP must make changes that may cause discomfort among staff and other stakeholders;

- strong leadership will be needed to initiate and sustain these changes;

- an NTP will have to draw on management practices that are working well if it is to improve the management practices that are less effective;

- it will take time for an NTP to see the effects of MOST for TB on the program's work, and, ultimately, on its services and sustainability.

This section of the guide explains the principles of change underlying the MOST for TB process and details the role of the change leader and change team in implementing MOST for TB. It also describes how MOST for TB fits an existing leadership and management model for improving health outcomes.

### PRINCIPLES OF CHANGE

Change can, of course, be imposed from the top of an NTP or MOH, with little or no staff input. But when introduced in this way, any significant change is likely to lead to some combination of reluctant acceptance and resistance among valuable health personnel.

The MOST for TB change process comes from within the NTP, the result of an open exchange of views and a successful struggle to reach consensus. MOST for TB embodies four well-established principles of managing organizational change:

**The change process must meet real organizational challenges.** Change for its own sake is likely to be strongly resisted. Staff will generally support change when they perceive it as essential for resolving issues that affect the NTP's ability to live up to its mission. The MOST for TB process applies this principle by using the NTP's own staff, rather than outsiders, to identify the areas for change. MOST for TB also requires the NTP's director, along with a change leader and change team, to clarify for all staff the priority management issues, the rationale for changes, and the details of implementation that result from the MOST for TB process.

**The change process must be "owned" and guided by key stakeholders.** Stakeholders encompass those who are responsible for making decisions about changes and those who will carry out those decisions in the MOH and NTP. For them to become supporters and effective implementers of change, these individuals must accept the proposed changes fully and see themselves as integral to the success of the process. In the MOST for TB process, this group is likely to include staff who have management responsibilities and take part in the workshop. These staff members "own" the change process fully, because it is they who conduct the management assessment, identify the changes to be made, and develop the plans, with the full support of the NTP's director. After the workshop, they will help mobilize their colleagues at all levels of the NTP to understand, support, and implement the changes.

**Short-term results can be milestones on the way to broader, more substantive changes.** Sometimes, NTPs set goals or objectives for change that are so ambitious that the staff perceive them to be unreachable. It is useful to break large goals or objectives into smaller segments and measure progress step-by-step along the way. MOST for TB is designed to foster smaller, feasible changes that will move an NTP toward a higher stage of development.

**The change process must be supported by staff with clear roles and accountability.** An NTP cannot make and sustain significant changes with casual, ad hoc oversight. To keep the change process on track and monitor progress, it is critical to assign responsibility, on a long-term basis, to one or more people whose performance will be judged, in part, by how successfully they guide the change process. The MOST for TB action plan is overseen and monitored by an assigned change leader and change team, whose authority comes from the NTP director.

One session of the MOST for TB workshop is specifically designed to prepare the NTP for the anticipated changes. However, principles of change underlie the entire MOST for TB process. A successful MOST for TB experience will bring about changes that begin during the workshop itself and continue long afterward.

## TB CHANGE LEADER AND TB CHANGE TEAM

All too often, participants leave workshops agreeing on important management changes, but the changes do not actually take place. The spirit generated by a one-time event can evaporate as participants return to their "real" work, and the proposed changes become a distant memory.

MOST for TB, however, emphasizes the importance of follow-up. Before the final phase of the MOST for TB process, individuals are assigned responsibilities and made accountable for implementing the MOST for TB action plan.

Staff members who have participated in the workshop and fully understand the issues and plans take direct responsibility for leading the implementation of the action plan. Although every participant is expected to help implement the changes agreed upon during the MOST for TB workshop, the ultimate responsibility rests with a smaller group: the TB change leader and TB change team. The TB change leader has the authority to make decisions regarding the action plan, and he or she will be held accountable for the plan's implementation. An effective TB change leader and TB change team will contribute significantly to visible improvements in the NTP. The accountability and support of the NTP director, however, are the key factors in the success of this process.

The TB change leader may be selected in one of several ways. In most instances, the NTP director identifies this person before the workshop. Occasionally, the director prefers to delay this decision—to have the facilitators clarify the qualifications for the role during the workshop and let participants choose the leader. The members of the TB change team are most often chosen by participants during Module 4 of the workshop, when action plans are developed. However the TB change leader and team are selected, it is imperative that the director and senior managers wholeheartedly approve the choice and offer full moral and material support. This support may include shifting some of the TB change team's previous duties to other staff, so that members will have time to carry out their new responsibilities.

Sometimes the NTP director assumes the role of TB change leader; however, the participants of the workshop must agree to this arrangement to ensure the success of the process.

**Qualities of the TB Change Leader**

The TB change leader is an individual who has:

- accountability for this role;

- the confidence and recognition of the NTP director, senior managers, and most staff members;

- proven ability to lead a team toward shared goals;

- a belief in the need for changes in NTP management practices;

- a demonstrated commitment to the participatory nature of the MOST for TB process;

- enthusiasm about taking on the task, with full awareness of its challenges.

## LEADING AND MANAGING FOR ORGANIZATIONAL CHANGE

Making organizational change requires committed leaders and managers. Experience shows that NTPs that have effective leaders and managers are able to improve management practices, create a positive work climate, and respond to changing environments in the MOH. These organizational changes contribute to improving the services provided and increasing the ultimate impact of the program's work. The model below shows the relationship of these elements in the context of an NTP. It illustrates that an NTP's leadership and management are equally important in achieving its desired results.
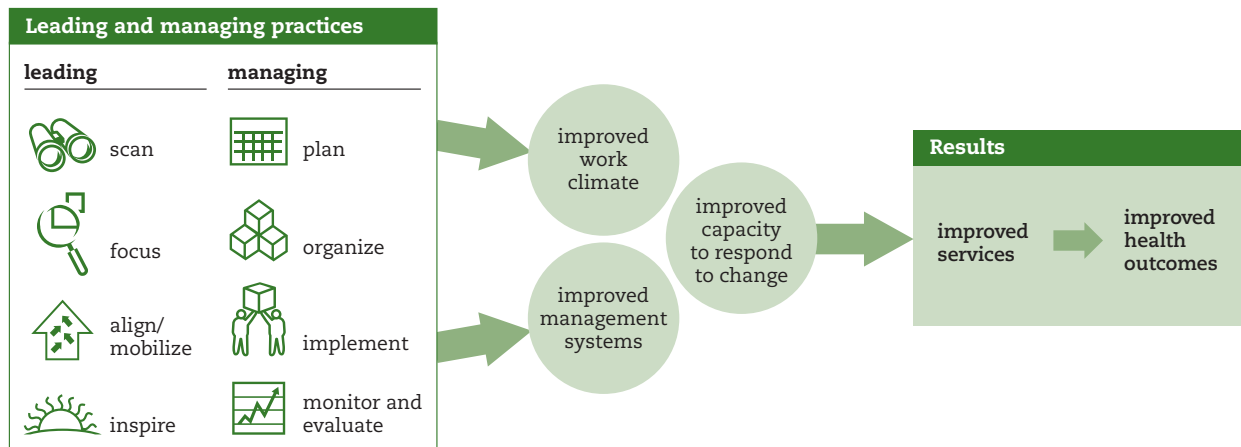


From *Managers Who Lead:*
*A Handbook for Improving Health Services*
Management Sciences for Health

The environment in which health organizations, including NTPs, work today has become increasingly complex. For example, in many countries decentralization and health reform have placed greater responsibility on local programs to set challenging objectives and achieve measurable results. To meet these challenges, managers at all levels must recognize how good leadership and management practices can make a difference and must be able to carry out these practices. By putting these practices into action, the NTP will be better able to meet the needs and requirements of TB patients, the communities, and the MOH and will foster a better work climate and, ultimately, will improve its sustainability. With its participatory focus, the MOST for TB process provides an opportunity for an NTP's staff as well as senior managers to identify and plan management improvements while building their teamwork and leadership skills. These improvements will help the MOH contribute significantly to the improved health outcomes of the population it serves.

Sound leadership and management practices are outlined below and put in the context of the MOST for TB process. A complete description of leading and managing practices is provided in the "Leading and Managing Framework," on page 83.

## Leadership Practices

**Scanning.** Good leaders keep alert to and continually examine the environment, the program, the NTP's stakeholders, and themselves to identify values, strengths, and weaknesses.

In the MOST for TB process, the NTP director begins by scanning the NTP to identify the need for change. The workshop participants then scan the NTP in relation to its mission, values, and the outside world to identify issues and challenges. After the workshop, they will continually scan for evidence of the effects of the management changes that have been implemented.

**Focusing.** Strong leaders keep themselves and their colleagues focused on the NTP's mission, strategies, priorities, and challenges.

The MOST for TB process requires the NTP director and workshop participants to identify the management components that are most critical to strengthening the NTP's performance and achievements. During the workshop, they set priorities and develop objectives that will have to be met and reviewed before lower-priority areas can be addressed. Afterward, they will maintain the focus on the identified management priorities as they return to their day-to-day responsibilities.

**Aligning and mobilizing.** Good leaders make sure that all staff work together to carry out activities that are in line with the NTP's mission, values, strategy, and resources.

The NTP director gains support from staff for the MOST for TB process and mobilizes staff to participate fully and creatively in the MOST for TB workshop. During the workshop, participants align and mobilize themselves around an action plan, specifying the resources needed to bring about the desired changes. Afterward, they will take the lead in aligning and mobilizing their NTP colleagues to carry out the MOST for TB activities; incorporating the MOST for TB action plan into the NTP's annual plan; and moving the plan forward.

**Inspiring.** Strong leaders motivate, challenge, and support staff creativity, innovation, and learning.

The success of the MOST for TB workshop depends on the participants' demonstration of the integrity, trust, and creativity that can inspire them, as a group and individually, to commit themselves to the agreed-upon changes. When they return to their day-to-day responsibilities, they will join the NTP director in inspiring their colleagues throughout the MOH and NTP, conveying their enthusiasm and building an NTP-wide commitment to change.

## Management Practices

**Planning.** Good managers define short- and long-term results targets and allocate resources accordingly.

During the MOST for TB workshop, participants engage in an intensive exercise to plan for the desired improvements. Afterward, they will use their planning skills to integrate their action plan into the NTP's annual and long-term plans.

**Organizing.** Good managers establish functional structures, systems, and work processes to support efficient operations and ensure accountability.

During the MOST for TB workshop, participants have to organize for change, selecting the TB change leaders who will oversee the action plan and specifying the time, money, and other material resources needed. After the workshop, the change leaders will organize the activities needed to implement the plan.

**Implementing.** Good managers integrate systems, coordinate work flow, and adjust plans as circumstances change.

After the MOST for TB workshop, the participants, change leader, and change team will oversee the implementation of the management changes throughout the NTP.

**Monitoring and evaluating.** Good managers check for and reflect on progress and results, and use findings to provide feedback and make needed changes.

During the MOST for TB workshop, participants build into the action plan the activities needed to monitor and evaluate the progress and results of implementing the plan. After the workshop, the change leaders and designated staff will monitor these activities and share the results with the MOH's and NTP's decision-makers.

# III. ROLES OF THE STAKEHOLDERS

The MOST for TB process depends on the active participation of the identified stakeholders. These stakeholders include the NTP's leadership—the director and senior managers from the national, regional, and selected local levels)—as well as stakeholders from other entities with which the NTP is affiliated. For example, the NTP might invite members of private health services, scientific societies (physicians, nurses, and others), universities, and nonprofit organizations to take part in some aspects of the process. An NTP might also involve representatives from the next-higher level of the MOH or from other MOH units with which the NTP works closely (e.g., representatives from the HIV & AIDS program, immunization program, or leprosy program).

> **The Three Types of Stakeholders**
>
> The MOST for TB process includes responsibilities for three types of stakeholders:
>
> - the NTP's leadership;
> - the workshop participants;
> - the facilitators.
>
> For each type of stakeholder, the guide summarizes the role before, during, and after the workshop.

## ROLE OF THE NTP'S LEADERS

At the heart of the MOST for TB process is the full commitment of the NTP's director and senior managers. No matter how productive the workshop or how much thought the participants put into the action plan, meaningful changes will not happen without the genuine, ongoing support of the NTP's leaders.

## Before the Workshop

**Understand MOST for TB.** To decide whether the NTP will benefit from MOST for TB at this time, the NTP director and senior managers should familiarize themselves with the elements of the MOST for TB process. This will help them grasp what MOST for TB can and cannot do for the NTP, what must happen if MOST for TB is to succeed, what resources will be required, and what roles the director and senior managers will play in a highly participatory series of events.

Managers can acquire this information by reading "Making the MOST of Management," on page 48. They may also want to talk with leaders of organizations and NTPs that have undertaken MOST or MOST for TB and consultants who have facilitated the MOST or MOST for TB process. MSH can put NTP directors and managers in touch with these resources and also answer their questions about MOST for TB.

**Make the decision.** Once they are convinced that they understand MOST for TB, the NTP's director and senior managers will be better equipped to make a sound decision about whether the NTP should undertake the MOST for TB process. They should carefully consider whether man-

agement changes could significantly improve the NTP's performance and have a positive effect on its services and sustainability.

**Choose the facilitators and identify a staff counterpart.** After deciding to embark on the MOST for TB process, the NTP's leadership should look for facilitators who combine MOST for TB experience with a style and approach that best fit the NTP. Most NTP directors prefer to use external facilitators, rather than staff members, to guide the process, recognizing that observant, sensitive outsiders are better able to maintain objectivity and gain the trust of all participants. In addition to the facilitation team, the director should assign a counterpart from within the NTP to serve as a resource to the facilitators for logistics before and during the workshop.

**Work with the facilitators.** After negotiating and signing an agreement, the NTP's director and senior managers should collaborate with the facilitators in selecting 12 to 25 staff members to participate in the MOST for TB workshop. They may choose a change leader at this time, or they may prefer to wait and let the change leader emerge from the workshop. Finally, they should set the stage for a successful MOST for TB experience by freely sharing their perspectives and concerns in at least one interview, responding to questions from the facilitators and offering any additional information that might help the facilitators understand the NTP.

**Inform the staff.** The NTP director should inform the entire staff of what is about to take place and how it will benefit the NTP. Those staff who have been selected to participate in the MOST for TB workshop will need additional details about their responsibilities during and after the workshop. The facilitators can provide explanatory handouts for workshop participants and non-participants alike.

## During the Workshop

**Participate fully and openly.** The NTP's director and senior managers should be present and involved throughout the workshop. They should view themselves as colleagues rather than bosses, learners rather than teachers. They must express their full commitment to openness and demonstrate this commitment by listening carefully and responding without defensiveness, no matter what opinions the other participants express. By showing their responsiveness, the leaders will help ease participants' fears about admitting their own failings or voicing criticisms.

## After the Workshop

**Provide ongoing support.** The NTP's director and senior managers will need to provide moral and material support to the change leader and change team. During all phases of the MOST for TB process, it is the NTP's leaders who can best encourage the staff to use their imagination and determination to identify creative improvements and find ways to overcome obstacles.

**Provide follow-up.** In the follow-up phase, the NTP director will need to support the TB change leader in carrying out another MOST for TB exercise in six months or one year to review progress and plan for further management improvements. In the interim, the director should stay abreast of progress and be available to assist the change leader whenever necessary.

## ROLE OF THE PARTICIPANTS

Although the contributions of the facilitators are invaluable, it is the participants (including the NTP director) who do the greatest part of the work during the workshop and who oversee the

change process afterward. This is one of the features that distinguish MOST for TB from other kinds of assessment and planning processes—even those in which the opinions of staff and other stakeholders are solicited by skillful external evaluators.

## Before the Workshop

**Understand the MOST for TB process.** To be fully invested in MOST for TB, participants should understand the purpose and anticipated results of the workshop, the desired outcomes for each module, and the activities they will undertake to achieve those outcomes. They should review this information ( from handouts given to them by the facilitators) ahead of time, asking questions and expressing any concerns to the NTP's leadership and the facilitators.

**Provide information to the facilitators.** Whenever possible, the MOST for TB facilitators should interview each proposed workshop participant, either individually or in small groups. When interviews are not feasible, or when the facilitators wish to acquire supplementary information, participants may be asked to complete a written questionnaire. Whatever the format, participants can make powerful contributions by providing honest, thoughtful responses to the questions asked.

## During the Workshop

**Participate fully and openly.** The MOST for TB workshop draws on the individual insights of the participants. It compels them to record their assessments carefully, listen closely to one another, consider the merits of differing viewpoints, and reach common ground on the basis of evidence that they can all accept. It may require them to take risks: to speak openly in front of superiors, to acknowledge weaknesses in past performance, or to accept new responsibilities for managing some aspects of future change. The foundation of the workshop—indeed of the entire MOST for TB process—is the energy, creativity, openness, courage, and mutual respect of the workshop participants.

## After the Workshop

**Be leaders in implementing the changes.** When the workshop is over, the participants will play various roles in implementing the action plan. Some of them will be members of the change team, but even those who are not will need to serve as change agents. They will be expected to take on the functions of NTP leadership by:

- scanning for progress resulting from the planned changes, as well as scanning the reactions of their colleagues at all levels as changes are introduced;

- focusing the NTP on the agreed-upon changes;

- aligning and mobilizing their colleagues around the changes;

- inspiring their colleagues through their own enthusiastic commitment and hard work.

## ROLE OF THE FACILITATORS

At first glance, the MOST for TB process seems simple. The instrument is easy to use, and the implementation modules and forms follow a logical sequence. Nonetheless, a skillful and perceptive facilitation team can make all the difference between a superficial MOST for TB experience and one that motivates the NTP to achieve higher levels of performance and improved services.

The facilitators should carry out the following activities to set the process in motion and see it through to a successful conclusion. They may do some of these tasks together and divide others between them.

## Before the Workshop

**Get to know MOST for TB.** The first task of the facilitators is to be thoroughly familiar with every aspect of MOST for TB. They should thoroughly and carefully read the guide to be sure that they understand and are comfortable with the MOST for TB principles and process, as well as with their own roles and the roles of the NTP leadership, workshop participants, TB change leader, and TB change team. Only in this way will the facilitators be able to orient the NTP's director and senior managers and answer the many questions that can arise.

**Get to know the MOH and NTP.** The facilitators also need to find out everything possible about the MOH and NTP: purpose, history, culture, achievements, and concerns. This preliminary exploration can be made by reading such documents as legislation, technical (norms, procedures, and others) and financial reports, evaluations, studies, and MOH/NTP publications. The facilitators will use this information not only to provide a context for their work but also to help the workshop participants identify underlying issues, address the contributing causes, and build on the NTP's strengths.

**Orient and learn from the NTP's leadership.** A director who is uncertain about committing an NTP to the MOST for TB process may seek help in making the decision. The facilitators should make sure that the director reads "Making the MOST of Management" handout, on page 48. The facilitators should then arrange one or more meetings with the MOH authorities, the NTP's director, and selected senior managers to further clarify the MOST for TB process and differentiate it from other assessments the NTP may have undergone in the past. These meetings should help answer questions and shed light on any areas of confusion. At the same time, the meetings should also generate critical information for the facilitators. By asking perceptive questions, listening carefully, and observing attentively, the facilitators will be able to judge whether the NTP is ready to undertake MOST for TB.

If the MOH authorities, the NTP's director, and its senior managers decide to embark on the MOST for TB process, they should read the first three sections of this guide to confirm their understanding. At this point, the facilitators can negotiate and sign the agreement with the NTP and MOH.

**Orient workshop participants.** Even when the NTP's leadership understands MOST for TB and is committed to undertaking the process, the potential participants in the workshop may not be quite so certain. They may have a skeptical view of MOST for TB as one more event in a series of assessments and plans that have added to their work and made little difference to the NTP. The facilitators, supported by the NTP director, can differentiate the MOST for TB process from these prior efforts. The facilitators should provide the proposed participants with the "Making the MOST of Management" handout (page 48).

**Learn from workshop participants.** The facilitators should make every effort to interview each proposed participant. Face-to-face interviews will allow the participants to air their doubts and concerns while giving the facilitators important insights into the NTP's culture and work climate. As with the NTP's leadership, it is critical that the facilitators be nonjudgmental, encourage frankness, and assure participants of confidentiality. Such discussions will yield important information and establish an atmosphere of trust. If interviews are not feasible, the facilitators can develop a written

questionnaire to glean the same types of information. In some instances, the facilitators may choose to administer the written questionnaire ahead of time and supplement it later with the interviews. Suggested questions are found in the Facilitators' Plan section of this guide, on page 23.

**Make the arrangements.** The facilitators should work with a designated NTP staff counterpart to be sure that all preparations are made in advance of the workshop, including arranging for the meeting rooms, supplies ( flip-chart paper and easels, markers, overhead projector, computer, printer, photocopier, etc.), and possibly, meals and transportation. The facilitators and NTP staff counterpart can prepare workshop binders for the participants by copying the workshop materials beginning on page 47 and adding any supplementary documents they think the participants will find useful—perhaps selected reprints from the facilitators' own store of materials. This is a good time to prepare ahead, producing flip charts, overhead transparencies, or slides to support the various workshop modules, as suggested in the Facilitators' Plan in this guide.

## During the Workshop

**Explain the assessment process.** The facilitators should explain clearly how to complete the MOST for TB assessment instrument and what constitutes convincing evidence for a specific assessment. This task is of critical importance, because the quality of the assessments completed by the individual participants will affect subsequent discussions and planning. To be able to fulfill this task, the facilitators should be completely familiar and comfortable with the MOST for TB Assessment Instrument, beginning on page 53.

**Encourage full participation.** Perhaps the most important task of the facilitators is to make sure that all voices are heard, without giving undue weight to participants who hold a higher position in the NTP or who are inclined to be more assertive than others. The workshop structure itself fosters universal participation by requiring everyone to form an opinion independently and to share that opinion with a small group. To reinforce this emphasis on participation, the facilitators should point out at the start of the workshop that everyone's viewpoint is equally valid and that all perspectives must be heard to achieve genuine consensus. The facilitators can help small groups monitor themselves, encouraging the quieter members and reminding more talkative members of their responsibility to listen attentively to their colleagues. The facilitators may need to periodically remind the group of these participation guidelines, or even step in directly if some voices begin to dominate as the discussion intensifies.

**Manage time, balancing flow and flexibility.** Because different groups work at different speeds, the facilitators should be sensitive to how each small group and individual participant is functioning, and should lend support to move a group along when necessary. The facilitators will need to recognize and deal with the stumbling blocks that can distract the participants and divert their energy into unproductive discussions. It is very useful to check in with the participants at the end of each day, or more often if needed, to hear how they are feeling about the pace and to make minor adjustments to the schedule if needed.

Each activity in the MOST for TB workshop builds on the output of the previous activities. Thus, the action plan is the cumulative result of all the work that has gone before it. It is the responsibility of the facilitators to maintain the logical flow of the process, so that participants can use the results of each activity as the context for the next, building momentum toward the final action plan.

**Synthesize.** At several points in the workshop, the facilitators will need to help the participants pull together the different threads of a discussion into a set of shared perceptions. This ability to synthesize will help the group retain its focus and move forward.

**Resolve conflicts.** The MOST for TB process often releases strong emotions and brings to light long-standing areas of disagreement that cannot be ignored. This airing of hidden grievances is valuable as a means of removing obstacles that stand in the way of management improvement. At the same time, these discussions cannot be allowed to derail the MOST for TB process. It is critical, therefore, that facilitators maintain the stance of objective outsiders and intervene when necessary, helping the participants to either resolve or postpone the resolution of some issues.

Therefore, facilitators must balance forward momentum against the occasional need to address issues that arise unexpectedly in the course of small-group or plenary discussions. Participants may have underlying concerns that, if ignored, could severely impede the implementation of the action plan. One approach is for these concerns to be written on a flip-chart page or "parking lot," which remains posted throughout the workshop and is used to list important issues that will need to be addressed in the future. Sometimes, however, the workshop agenda must be diverted for a short time to untie the knots, cutting short some other activity or extending an already-long day. A skilled facilitator can define the dilemma for the group, clarify the consequences of ignoring or addressing the issue, and guide the group in making the most appropriate judgment within the time available.

**Identify or confirm the TB change leader and TB change team.** No MOST for TB workshop should end without the clear assignment of responsibility to a TB change leader and TB change team. These people should be enthusiastic supporters of the change process. They must have the full support of the NTP director and other MOH decision-makers, including the time and resources needed to carry out the activities in the action plan. The NTP director may have already appointed the TB change leader before the workshop; in that case, the facilitators can make time for the NTP director to announce this decision. If the TB change leader has not already been appointed, the facilitators should guide the group in choosing someone who fits the qualifications noted in the box on page 11. That person should be willing—even eager—to take on the assignment.

The facilitators should also help participants identify the members of the TB change team. The core of the team will be the individuals who have agreed to be responsible for key activities in the action plan. This core may be supplemented by other NTP staff members with specific skills that will be important in carrying out the action plan.

**Empower the participants.** One of the biggest challenges for the facilitators may be to dispel the sense of futility that some MOST for TB groups feel when they are a small part of a large, powerful organization—for example, the MOH. The facilitators will need to acknowledge that some changes will require higher-level interventions, but this reality should not dilute the considerable power that the group possesses to make some important changes. The facilitators should be prepared to cite examples of groups that have made realistic and substantive management improvements despite the constraints imposed by the laws, policies, and regulations of their larger organizational structure.

**Document the decisions made.** It is the responsibility of the facilitators to be sure that all points that are agreed upon are recorded. In most instances, the decisions will be documented by the workshop participants themselves, on flip-chart pages hung around the room. However, it is crucial that all decisions be entered on a computer and given to the participants as documents to verify the content and use as they move forward. During the final module, while the action plan is being developed, small groups will be working on previous group outputs, revising them, receiving feedback, and finalizing them on the same day. It will be important at the end of the day for one of the facilitators to enter the changes, print the final documents, and distribute copies to all the participants.

## After the Workshop

**Conduct follow-up activities.** Even the most highly motivated TB change leaders can find themselves overwhelmed with day-to-day pressures and lose the momentum for change. The facilitators can help them maintain momentum and move the NTP toward achieving its objectives to improve management practices by providing support at critical junctures. Responsibilities after the workshop might include:

- writing and submitting a workshop report that is complete, clear, and specific enough for the NTP director and MOH authorities, TB change leader, and TB change team to present the results of the MOST for TB workshop to the rest of the NTP and to guide their next steps;

- maintaining monthly contact (by phone or e-mail) and/or scheduling occasional meetings with the NTP director and TB change team to track the progress and results of the changes being implemented;

- providing facilitation for in-depth assessments of management components the NTP has selected for more intensive work;

- providing other kinds of technical assistance as requested, or suggesting other sources of technical assistance;

- conducting a follow-up MOST for TB exercise or workshop to review progress and tackle additional management challenges.

# IV. USING THE MOST FOR TB ASSESSMENT INSTRUMENT

This section provides an example of the MOST for TB Assessment Instrument, which serves as the basis for the MOST for TB workshop. The instrument is a matrix used to assess 30 management components related to an NTP's mission, values, strategy, structure, and systems. For each component, the instrument presents four possible stages of development, each of which is defined by a set of characteristics.

## STAGES OF MANAGEMENT DEVELOPMENT

As NTPs grow, strengthen, and mature, they evolve through a continuum of stages of development. The MOST for TB instrument describes the characteristics of management components at each of four stages of development. By comparing the NTP's management performance to the characteristics that mark the stages, workshop participants can decide for themselves what stage the NTP has reached for each management component.

> **Using the Management Characteristics to Assess Stages of Development**
>
> Participants in the MOST for TB workshop do not attempt to characterize the NTP's overall stage of development. Rather, they identify the stage of development for each management component.
>
> To be rated at a particular stage of development for a management component, the NTP must match all the characteristics of that stage—it cannot be rated at an in-between stage, such as "2.5."

Each stage of development includes and builds on the characteristics of the previous stage. At the first stage, the characteristics describe an NTP that has done very little to develop that component. At the other end of the spectrum, the fourth stage, the characteristics portray an NTP that is operating extremely effectively with regard to that component. In such a case, the NTP might consider directing its energies to components that are at lower stages of development.

It is important to note that different NTPs pass through these stages at different rates, even if the NTPs were founded at the same time. Even within one NTP, different management components may be at different stages of development at the same time. Discrepancies among NTPs and within an NTP—for example, rating a "3" on the links of the strategy to the mission but a "1" on the links of the strategy to TB patients and community—might be the result of a combination of factors: the focus of the NTP's leaders, the mandates of the MOH, the comparative strengths of staff members, and the demands of the external environment.

## PROVIDING EVIDENCE

Because workshop participants come from many parts of the MOH and NTP, they often differ in their perceptions of whether a component fits all the characteristics of a particular stage. To help resolve differing views, the instrument provides a space for the participants to individually record evidence: a brief description of an event or situation that they have seen, heard about, or experienced that supports them in rating the component at the stage they have selected. Later, in heterogeneous small groups, participants will share their evidence and take into account their different perspectives as they seek to reach consensus on the stage of development of each component.

### What Constitutes Evidence?

Many types of evidence—not simply quantitative data—may support participants' assessments. MOST for TB defines evidence as a fact or concrete observation that supports the identified stage of development. Convincing evidence answers the question: *What can we see or hear, or what do we know, that tells us that something is true?*

# V. FACILITATORS' PLAN

This section of the guide provides a suggested plan for implementing the entire MOST for TB process. This plan is a synthesis of the experience of previous MOST facilitators—it is meant to be a *guide* rather than a rigid prescription.

This plan is very detailed. You should read the previous sections of the MOST for TB guide first, to obtain an *overview* of the process and your responsibilities. When you have a solid understanding of the purpose and process of MOST for TB, you can turn to this Facilitators' Plan to fill in the details. You can decide with your co-facilitator how to divide responsibilities throughout the process.

The Facilitators' Plan is organized according to the four phases of the MOST for TB process:

- **Phase 1: Engagement of the NTP's Leaders.** During this phase, you will get to know the NTP, be sure that the NTP director fully understands MOST for TB and is prepared to undertake the process, and negotiate an agreement on the scope of work.

- **Phase 2: Preparation for the Workshop.** This phase involves interviewing potential workshop participants and making all arrangements for the workshop.

- **Phase 3: Workshop Plan.** The workshop lasts three days. The first day includes the opening session and Module 1: Where Are We Now? The second day covers Module 2: Where Are We Headed? and Module 3: How Will We Manage the Needed Changes? The third day is devoted to Module 4: How Will We Reach Our Objectives? The proposed time frames for each module are found in the Workshop Agenda, on page 29.

- **Phase 4: Follow-Up Activities.** Follow-up should be provided over a six-month to one-year period. Follow-up includes regular contact by telephone or e-mail, and possibly another MOST for TB workshop toward the end of the period to review progress and plan for future management improvements.

For each phase, the plan identifies the objectives, describes the activities in detail, explains your role in each activity, and lists the resources you will need to prepare. (Some of the resources appear in this guide, but you will need to obtain or produce others yourself.) In addition, based on the experiences of the Most for TB facilitators, the plan includes "tips," points to keep in mind that can enhance an activity.

# PHASE 1: ENGAGEMENT OF THE NTP'S LEADERS

## Objectives

- Become familiar with the NTP by reviewing documents and meeting with the NTP's leadership.
- Confirm with the NTP's leadership that MOST for TB is appropriate for the NTP at this time.
- If MOST for TB is appropriate, finalize negotiations and reach agreement on the scope of work.

### PHASE 1: ENGAGEMENT OF THE NTP'S LEADERS

| Activity | Facilitators' Role | Resources Required | Keep in Mind . . . |
|---|---|---|---|
| Preparation for the first meeting with the NTP's leadership | Become familiar with the details of the MOST for TB process.<br><br>Become familiar with the NTP's mandate, history, culture, achievements, challenges, and concerns. | First three sections of the MOST for TB guide<br><br>Documents about the NTP, such as its mission statement, NTP technical norms and procedures, strategic plan, annual operational plan, annual reports, reports to donors, service flyers, and website information | |
| Meeting with the NTP director (continues on next page) | Introduce the MOST for TB process, relating it (when possible) to what you have learned about the NTP. Highlight the following:<br><br>■ The purpose of the MOST for TB process is to help an NTP change and develop its management and leadership.<br>  ▪ Management improvements can lead to improved services and contribute to sustainability.<br>  ▪ Strong leadership will be needed to initiate and sustain the changes made.<br>■ The MOST for TB process is part of an ongoing commitment to change. | "Making the MOST of Management," on page 48 | Provide MOST for TB materials several days ahead of time and encourage the director to review them before the meeting. |

| | | | |
|---|---|---|---|
| Meeting with the NTP director (continued) | ■ Change begins at the top, as an NTP's leaders demonstrate openness to the issues and ideas of staff. The leaders are on an equal footing with all other participants in the MOST for TB workshop.<br><br>■ The three-day workshop is the focal event, but not the final event. The workshop builds a collective perspective among staff, generates ideas, and creates buy-in for the actions suggested.<br><br>■ Improving management practices will require important follow-up actions led by a change leader and change team and supported with the NTP's resources.<br><br>■ It will take time to see the effects of MOST for TB on the NTP's work and, ultimately, on services and sustainability.<br><br>Review the criteria for undertaking MOST for TB, acknowledging that MOST for TB is not appropriate for every NTP. Determine with the director whether the NTP meets these criteria and is ready for MOST for TB at this time.<br><br>Answer all questions fully and honestly. | "How Can NTPs Benefit from MOST for TB?," page 4 | If the NTP director questions the need for more than one facilitator, you may want to draw on the explanation found on page 7 in "The MOST for TB Process."<br><br>**Note:** Some directors may choose to involve a small number of senior staff in this meeting. If so, you should provide them with the same MOST for TB materials. |
| Negotiation of the agreement with the NTP director or an assigned staff counterpart | With the NTP director, determine the scope of work, including:<br><br>■ your level of effort before, during, and after the workshop;<br>■ a designated staff counterpart from the NTP to handle logistics before and during the workshop;<br>■ the responsibilities of all parties to the agreement;<br>■ the anticipated results of your interventions;<br>■ (if possible) the staff member who will be the change leader and oversee the implementation of the action plan. | | In considering what will happen after the workshop, it is useful to plan for a six-month or one-year follow-up MOST for TB exercise to evaluate progress and achievements to date, and to plan for future management improvements. |

# PHASE 2: PREPARATION FOR THE WORKSHOP

## Objectives

- Arrange the details of the workshop.
- Gain information from the identified workshop participants through interviews and/or questionnaires.
- Use the participant information in planning the workshop.

| | PHASE 2: PREPARATION FOR THE WORKSHOP | |
| --- | --- | --- |
| **Activity** | **Facilitators' Role** | **Resources Required** | **Keep in Mind . . .** |
| Further meeting(s) with the NTP director | Confirm the expectations and responsibilities of the NTP director, facilitators, staff counterpart, and participants before, during, and after the workshop.<br><br>With the director, clarify how MOST for TB will fit into the NTP's overall planning process and any other current improvement initiatives. | "Roles of the Stakeholders," beginning on page 14 | |
| Making arrangements for the workshop | With the NTP director, review the following criteria to identify the workshop participants:<br><br>- Ideally, there will be 12–25 participants.<br>- There should be a mix of key senior staff and other staff who have management responsibilities.<br>- The participants may include other stakeholders the NTP director considers appropriate for management discussions (e.g., MOH national and regional staff, staff of closely related ministries or NGOs)<br>- All participants must make a commitment to be present and involved throughout the workshop.<br><br>Meet with the NTP's staff counterpart to go over the arrangements and logistics he or she is handling. Arrangements include scheduling the pre-workshop participant interviews, setting the workshop dates and location, gathering the workshop supplies, and producing the participants' workshop binders.<br><br>Confirm the workshop's location (off-site, if possible). It should have breakout space for several small groups to meet simultaneously and wall space for posting flip-chart pages. | "Role of the Participants," beginning on page 15<br><br>Workshop materials, beginning on page 47<br><br>Additional resources, as listed on page 83 | |

| Pre-workshop interviews with participants | Meet with all workshop participants, individually or in small groups, several days before the workshop.<br><br>■ Begin to know the key players and their areas of interest and concern.<br><br>■ Orient them to the MOST for TB process by going over "Making the MOST of Management" with them and answering their questions.<br><br>■ Interview the participants to gather information that will help you plan the workshop. Suggested questions include:<br><br>  ▪ What is your position?<br><br>  ▪ What are your main responsibilities?<br><br>  ▪ What is it about this NTP that motivates you to come to work every day?<br><br>  ▪ What do you think makes this NTP unique?<br><br>  ▪ What are your main concerns about the management of the NTP? What are your expectations for this workshop?<br><br>  ▪ What do you hope will be different when you return to your day-to-day responsibilities at the end of the workshop?<br><br>  ▪ What do you hope to contribute to the MOST for TB process, both during and after the workshop?<br><br>■ Identify recurring issues and concerns that might arise during the workshop.<br><br>■ Use this information to shape the workshop. | "Making the MOST of Management" handout, page 48 | You may wish to consider orienting the workshop participants ahead of time. After this group orientation, you could then proceed with the individual interviews. Although holding face-to-face interviews is the best way to get to know participants and begin to establish trust, it may not be possible. If it is not, you can substitute a written questionnaire that will be informative without placing too much of a burden on the respondents, using or adapting the questions suggested for the interview. Distribute the "Making the MOST of Management" handout and the questionnaire to the participants, with a message from you explaining the purpose of the questionnaire and setting a deadline for returning it. Be sure to allow enough time for the participants to return it so you can take their responses into account as you plan the workshop. |
| Planning the workshop | Review the session plans for the workshop, found in this guide. Use these plans as a guideline for planning the workshop. Consider what you have learned from your meetings and interviews when structuring working groups and allocating time for workshop activities. | "Phase 3: Workshop Plan," beginning on page 28 | |

## PHASE 3: WORKSHOP PLAN

The focal point of the MOST for TB process is a structured workshop in which, over the course of three days, you will help the participants pool their individual and collective experience of the NTP. The result will be a better picture of the current management practices of the NTP and a plan for making management improvements.

**Participants.** Ideally, the workshop should include from 12 to 25 participants. Having fewer than 12 participants limits the richness of discussions; having more than 25 requires more time to integrate small-group products into consensus and may strain the three-day format. The participants should include the director, senior managers, and a mix of staff with management responsibilities. Other stakeholders with an involvement in management issues (e.g., MOH and NTP central and regional staff) may also participate, as deemed appropriate by the NTP director.

**Purpose.** MOST for TB provides a framework for an ongoing NTP-wide discussion about critical management practices. The MOST for TB workshop is often the first opportunity for staff and stakeholders from different levels to share their perceptions of the NTP's management and the issues that affect their daily work. The goal of the workshop is to help participants use these perceptions to identify concrete actions they can take in the immediate future to improve management.

**Approach.** The workshop process is designed to validate the contributions of each participant. Within a highly structured environment, all participants are encouraged to express their views and listen carefully to the views of their colleagues. This process allows participants to come to consensus on the NTP's current management performance and make a practical plan for improving its performance.

### Reaching Consensus

Consensus is strongly emphasized in the MOST for TB workshop. This emphasis is based on two assumptions:

- No single participant in the workshop possesses the complete truth about the NTP and its management; instead, every person possesses some part of the truth. An accurate picture is best obtained by pooling these individual perceptions.

- Each participant's observations about his or her experiences relative to the management components can broaden the perspective of the other participants. The evidence that the participants offer to support their opinions helps the group come to agreement on what may initially seem to be incompatible viewpoints.

The workshop participants reach consensus not by voting but by patiently sorting through all opinions until they arrive at a decision that each participant can accept and work with—even if this decision does not completely match his or her initial opinion.

**Workshop Agenda.** The workshop consists of an opening session and four modules, with defined objectives for each session and module.

| | Session/ Module | Objectives | Approximate Time Frame |
|---|---|---|---|
| **WORKSHOP AGENDA** | | | |
| **DAY 1** | **Opening Session** | ■ Review the workshop agenda and anticipated outcomes.<br>■ Clarify expectations.<br>■ Introduce the MOST for TB process.<br>■ Establish ground rules for an open, honest, respectful exchange of ideas.<br>■ Explore the links between leadership, improved management, work climate, sustainability, and organizational results. | 1 ½ hours |
| | **Module 1: Where Are We Now?** | ■ Explore the meaning of the five management areas and the 30 management components.<br>■ Work in groups that cut across organizational levels and draw on the contributions of each member.<br>■ Generate consensus on the NTP's current status in terms of each component and stage of development. | 4 ½ hours |
| **DAY 2** | **Module 2: Where Are We Headed?** | ■ Agree on one or two objectives for improving each management component.<br>■ Specify evidence that will indicate progress toward these objectives. | 4 hours |
| | **Module 3: How Will We Manage the Needed Changes?** | ■ Explore the principles of change.<br>■ Explore how changes in management, together with strong leadership, can improve an NTP's services and sustainability.<br>■ Recognize participants' roles as leaders and managers of the change process. | 4 hours |
| **DAY 3** | **Module 4: How Will We Reach Our Objectives?** | ■ Select the highest-priority management components to improve during the coming period.<br>■ Prepare an action plan for these improvements.<br>■ Decide on follow-up activities that will need to be completed, and assign responsibility for the activities. | 1 day |

Specific plans for the workshop appear in the following pages. A one-page duplicate of the workshop agenda and anticipated outcomes that can be distributed to workshop participants appears on pages 51–52.

**Anticipated outcomes of the workshop.** By the end of the workshop, participants will have come to agreement on how well the NTP is functioning and will have planned activities for making improvements. The specific outcomes include:

- a collective assessment of the current stage of development of the management components;

- a prioritized list of the management components to be improved within a specified period;

- an agreed-upon set of objectives for improving each management component;

- an action plan for reaching the objectives, identifying the broad activities, timing, resources, and people responsible for completing the activities, and defining data that can provide evidence of success;

- identification of a TB change leader and TB change team who will lead the implementation of the action plan and monitor progress;

- a list of short-term activities for following up on the MOST for TB workshop: those the staff can do themselves with existing resources, those for which they need to seek additional resources, and those for which they will need technical assistance from outside the NTP;

- agreement on post-workshop assistance from the facilitators (by phone or e-mail) and a follow-up MOST for TB exercise, usually six months to one year after the workshop.

### Helping to Develop the MOST for TB Action Plan

A critical outcome of the MOST for TB workshop is a concrete plan for making the changes needed to strengthen management performance. This action plan usually covers one year, broken down by quarters or months. You can help lay the groundwork for a successful action plan by helping the participants to carry out these vital activities:

- Link the action plan to the NTP's operational plans and work plans.

- Secure the commitment and active involvement of the MOH's and NTP's leaders, especially with regard to difficult decisions about resources.

- Assign responsibility for activities only to someone who agrees to do them, preferably someone who participated in the workshop. It is unrealistic and unfair to hold people accountable for activities they have not agreed to carry out.

- Plan realistically, allowing more time than may seem necessary to complete each activity.

- Plan for incremental improvements. Small steps are often more feasible than giant leaps and may be more effective in moving the NTP toward its objectives.

- Introduce the action plan to the rest of the NTP staff and include them in the activities.

- Carefully consider the MOH/NTP organizational factors that may impede change, and seek ways to address these factors, perhaps with outside assistance.

**Setting.** Much of the discussion during the workshop will happen in small groups, with frequent plenary meetings to synthesize the findings and make decisions. Thus, the workshop should take place in a setting in which four or five small groups can work without interfering with one another. Because much of the discussion will best be captured on flip charts, you will need to hold the workshop in a room with plenty of wall space, enough for posting as many as 20 flip-chart pages at one time.

**Materials.** The materials needed are few:

- flip-chart pads, flip-chart easels (two for the facilitators and one for each small group), and markers in sufficient quantity for several small groups to work simultaneously;

- a projector for transparencies, slides, or a computerized slide show, if you choose to present basic information by any of these methods;

- data entry, printing, and copying facilities, so that the decisions made by small groups can be documented and distributed as the action planning takes place;

- a binder for each participant, containing all the workshop materials beginning on page 48, as well as any additional materials you choose.

During the workshop, one important responsibility will be to document the discussions and decisions of the sessions. You may find it useful to have a computer and printer accessible for one facilitator to use to quickly record the information and distribute the group's decisions to the participants.

# OPENING SESSION (MORNING OF DAY 1)

## Objectives

By the end of the opening session, participants will have:

- reviewed the workshop agenda and anticipated outcomes;
- clarified expectations for the workshop;
- been introduced to the MOST for TB process;
- established the ground rules for an open, honest, respectful exchange of ideas throughout the workshop;
- explored the links between improved management, organizational sustainability, and leadership.

## OPENING SESSION

| Workshop Activity | Facilitators' Role | Resources Required | Keep In Mind . . . |
|---|---|---|---|
| Introduction of participants and facilitator; presentation of the agenda and anticipated outcomes of the workshop | Introduce yourself and have the workshop participants introduce themselves, if they do not all know one another. | | Although it is possible to present this information in slides or transparencies, many facilitators prefer to use flip charts, which establish an atmosphere of informality and involvement. The pages can be posted on the wall for reference throughout the workshop. Facilitators can easily return to the flip charts at key points for review and discussion (e.g., at the end of each module, when participants can comment on the extent to which the objectives have been achieved). This can be an informal but powerful evaluation tool. |
| | Present agenda and anticipated outcomes. Review the participant binders, encouraging discussion and questions. | Participant binders containing the material beginning on page 48 | |
| | | Prepared flip charts or transparencies with the agenda, objectives, anticipated outcomes, other up-front material, as desired | |
| | Review the findings—key themes, concerns, expectations, etc.—from the pre-workshop interviews and/or questionnaires. Clarify how this workshop will and will not respond to these findings. | Flip chart or transparency summarizing the interview findings, including expectations for the workshop | |
| | Set the tone for the workshop by emphasizing the need for open, honest exchanges and respectful attention to other people's views. | Flip chart and markers | |
| | With participants, establish ground rules that will foster the desired environment. | | |

| | | | |
|---|---|---|---|
| NTP director's endorsement of MOST for TB | Ask the director to explain why he or she has chosen to use MOST for TB at this time and how MOST for TB will benefit the NTP. | | Be sure to remind the director well ahead of time and make sure that he or she is comfortable taking on this task. |
| Introduction to MOST for TB | Explain the purpose of MOST for TB:<br><br>■ Improve the NTP's management, since management is an essential feature of sustainability and contributes to the organization's outcomes.<br><br>■ build consensus among staff on the issues and plans identified.<br><br>■ provide a tool for simple, effective monitoring of management in the future.<br><br>Clarify how MOST for TB is different from other planning processes and improvement initiatives the NTP has undertaken or is currently involved in:<br><br>■ It is an NTP self-assessment, completed on site.<br><br>■ All participants' opinions are valid and must be taken into account in reaching synthesis.<br><br>■ There is no outside assessor—the only outsiders are there to facilitate rather than to judge.<br><br>Discuss how MOST for TB can fit into and enhance other planning activities. | Optional: PowerPoint slide show about MOST for TB, found on the MOST for TB CD-ROM (requires a computer and LCD projector)<br><br>Optional: transparency drawn from "The MOST for TB Difference," page 3 | |

## OPENING SESSION (continued)

| Workshop Activity | Facilitators' Role | Resources Required | Keep In Mind . . . |
|---|---|---|---|
| Clarification of procedures and methods to be used during the workshop | Return to the agenda to review the different modules of the workshop. | Workshop Agenda, page 51 | Emphasize that consensus is achieved by listening, discussing, sharing evidence, and, finally, reaching agreement. Consensus is not a vote: every member of the group must be able to live with and support the group's assessment. |
| | Explain the ways in which individuals will form their own opinions and then share and discuss them in small, heterogeneous groups. | | |
| | Explain the process for reaching consensus in small groups and plenary sessions. | Optional: Flip chart or transparency of the "Reaching Consensus" box, page 28 | |
| | Introduce the "parking lot" concept and post a large sheet of paper on the wall on which participants and facilitators will record ideas, concerns, and topics that cannot be fully explored during the workshop. These items will need to be addressed at the end of the workshop. | Flip-chart page(s) on the wall identified as the "parking lot" | |
| Description of links between good management and improved results | Use the "Leading and Managing Results Model" to introduce participants' role as managers and leaders within the NTP. Discuss briefly how their work during and after this workshop will begin to influence services. | Transparency or slide of the "Leading and Managing Results Model," page 82 | This can be a very short discussion; participants will cover the topic in detail in Module 3. |
| | Review definitions of institutional, programmatic, and financial sustainability. Lead discussion of implications for the NTP and its work. | "What Is MOST for TB," page 1 | |

# MODULE 1: WHERE ARE WE NOW? (AFTERNOON OF DAY 1 AND MORNING OF DAY 2)

## Objectives

By the end of this module, participants will have:

- explored the meanings of the five management areas and 30 management components;
- formed working groups that cut across organizational divisions and draw on the contributions of each member;
- generated consensus on the organization's current status in terms of each management component.

### MODULE 1: WHERE ARE WE NOW?

| Workshop Activity | Facilitators' Role | Resources Required | Keep In Mind . . . |
|---|---|---|---|
| Review of objectives for Module 1 | Present on flip chart and post on wall to remain throughout the module. | Flip chart of objectives<br><br>Agenda in participant binder | |
| Presentation of the structure of the MOST for TB assessment instrument:<br><br>■ five program areas and 30 total management components;<br><br>■ four stages of development and characteristics;<br><br>■ how we determine the current stage of development and monitor improvements;<br><br>■ what constitutes convincing evidence. | Walk the group through the MOST for TB Assessment Instrument. Discuss definitions and descriptions of each management component, ensuring that all participants understand the terms used in the instrument.<br><br>Define "evidence," using examples from the MOST for TB guide. Conduct a short exercise, drawing examples from the group, first from unrelated areas (e.g., evidence of wealth, education, or power) and then related to the MOST for TB characteristics.<br><br>Post some of their examples on a flip chart and display for the duration of the workshop, to reinforce their understanding. | Transparencies of the MOST for TB Assessment Instrument, beginning on page 53<br><br>Optional: transparencies or copies based on "Orientation to the Assessment Instrument," on page 5<br><br>"What Constitutes Evidence" box on page 22 | Terminology can be confusing, especially if participants have varying levels of management experience or speak English as a second language. It is useful to acknowledge that some management terms can have several meanings. To avoid long discussions of definitions, you should have the participants use the terms as presented in the MOST for TB instrument. |

## MODULE 1: WHERE ARE WE NOW? (continued)

| Workshop Activity | Facilitators' Role | Resources Required | Keep In Mind . . . |
|---|---|---|---|
| Completion of the MOST for TB Assessment Instrument by individual participants:<br><br>■ explanation by facilitators<br><br>■ individual work | Explain: This exercise gives each participant the chance to apply MOST for TB individually. Then participants will work together to develop a shared assessment of the current stage of development of each management component.<br><br>Introduce the instrument and the process:<br><br>■ Participants will independently read the characteristics of each stage of development for each component.<br><br>■ They will then select the stage they believe best fits the current status of the NTP.<br><br>■ They should provide one or two observations in the "Evidence" column to support their choice.<br><br>Clarify: When determining the stage of development of a management component, participants must be sure that the NTP fits all the characteristics of that stage. If they have no knowledge about a certain aspect of the NTP, they may skip that management component.<br><br>As participants independently fill in their copies of the MOST for TB Assessment Instrument, provide guidance and answer any questions that arise. | One blank copy of the MOST for TB Assessment Instrument for each participant, beginning on page 53 and available on the MOST for TB CD-ROM | This exercise can be somewhat confusing at first. Take plenty of time to explain the tasks. Make participants feel comfortable asking questions about the process. |

| Session | Activity | Materials | Notes |
|---|---|---|---|
| Small-group work: Consensus on current stages of development, with supporting evidence | To expose participants to varied perceptions, form groups of 4–6 people from different parts of the NTP, creating a cross-section of experience and perceptions.<br><br>Explain: In their small groups, participants will review the choices and evidence proposed by each group member. Together they will discuss any differences and seek consensus on the stage of development and supporting evidence for each component.<br><br>Encourage participants to present their evidence persuasively but succinctly. A few words should be able to convey the observation that their group has found convincing.<br><br>Circulate among groups, offering guidance and clarification where necessary. | One "Assessment Consensus Form" for each group, beginning on page 70 | In forming heterogeneous groups, you can draw on the pre-workshop interviews and on your staff counterpart's advice. Remember that your counterpart should participate in a group.<br><br>Also emphasize that the numbers that represent stages of development cannot be averaged (e.g., 2.5). The group must agree that the NTP fulfills all the characteristics in the stage they have chosen. If they cannot agree, they should select the previous stage. |
| Plenary discussion: Review and consensus | Explain: The intention of this activity is to arrive at a stage of development that all the groups can agree on. Have small groups report their choice of the stage of development for each component and the evidence they proposed to support their choice.<br><br>Lead the participants in discussing the reasons for any differences and negotiating these differences to reach consensus, just as they did in their small groups. Remind them that the results of this process will provide the input for the work of Module 2.<br><br>After this module is completed, you will need to prepare handouts that present the consensus achieved during this discussion (stages and evidence). Participants will need this information for the first activity in Module 2. | One sheet of flip-chart paper for each of the 30 management components, with space to enter the stage of development each group has identified and the evidence they have selected (the paper can also be used to jot down notes during the discussion, as an aid to resolving differences and coming to agreement)<br><br>One "Assessment Consensus Form," beginning on page 70 to be used by one facilitator to capture the decisions made during the plenary discussion<br><br>Desirable: a computer and printer to quickly record and distribute the results of the plenary discussion | In this session, conflict often arises due to differing perceptions reflecting the participants' varied status and areas of responsibility. You will need to listen patiently and attentively and help the participants to do the same. Be on the alert for issues identified in your pre-workshop interviews that participants may not be able to discuss openly.<br><br>If you cannot bring the group to consensus on a component, you may want to put it in the "parking lot" and return to it after the other components have been addressed. Getting some distance from a controversial topic and refocusing on less contentious issues often allows participants to return to their discussion with new insights. |

# MODULE 2: WHERE ARE WE HEADED? (MID-MORNING THROUGH END OF DAY 2)

## Objectives

By the end of this module, participants will have:

■ agreed on one or two objectives for improving each management component;

■ provided evidence that will indicate progress toward these objectives.

| MODULE 2: WHERE ARE WE HEADED? | | | |
|---|---|---|---|
| **Workshop Activity** | **Facilitators' Role** | **Resources Required** | **Keep In Mind . . .** |
| Review of objectives for Module 2 | Present on flip chart and post on wall to remain throughout the module. | Flip chart of objectives<br><br>Agenda in participant binder | |
| Plenary discussion: Review of consensus decisions in Module 1 | Lead participants in review process. | Handouts with results of Module 1, and supplementary flip chart and/or transparencies, if desired | |
| Small-group work: Exploration of contributing causes | Divide the components among groups, so each group is working on a manageable number of components.<br><br>Help groups look closely at the evidence for each component and ask themselves why the component is at that stage of development. They may need to ask Why? several times to dig beneath the surface and find the most important contributing causes. | | It is a good idea to distribute different types of components among the small groups, so that each small group is dealing with a mixture of management areas, stages of development, levels of importance to the NTP, etc.<br><br>At this point, you may wish to re-configure the small groups so that participants can share their perspectives with new group members. For this module, some facilitators form groups that share the same broad area of expertise, while others prefer to maintain a mixture of perspectives. |

| | | |
|---|---|---|
| Small-group work, continued: Setting objectives and proposing evidence of their achievement | Decide in a brief introductory activity, or announce based on the director's decision, what the time frame for the MOST for TB action plan will be. Usually it is six months or one year.<br><br>For each management component, have the small groups draft between one and three objectives for that time period. The objectives should be achievable in the short term and should reflect the discussions of the contributing causes of the current situation.<br><br>Help the groups focus on objectives that will help move the management components toward the characteristics of the next stage of development.<br><br>Have each group propose one or two facts, figures, or observations that will provide convincing evidence that these objectives have been reached at the end of the time period. | Flip charts for each group (the results will need to be posted for presentation and discussion in Module 4)<br><br>Before the participants undertake this activity, emphasize that the goal is not to strive for perfection. Attempting too big a leap may result in failure and discourage staff about the potential for change. Incremental improvements provide small successes that encourage the staff to take on new challenges. Such changes build up over time to have a greater impact.<br><br>It helps to recognize that the short-term objectives at this point may or may not move the organization into the next stage of development, where all characteristics will apply. If the NTP is close to that stage, one or two improvements may suffice. However, if the management component needs a lot of work over an extended period of time, the objectives developed now may simply move the NTP in the right direction within the current stage of development. |
| Plenary discussion: Presentation of and agreement on objectives | Guide participants in reviewing small group work, choosing the most appropriate objectives and agreeing on evidence that will show that the objectives have been achieved. | |

# MODULE 3: HOW WILL WE MANAGE THE NEEDED CHANGES? (MORNING OF DAY 3)

## Objectives

By the end of this module, participants will have:

- explored the principles of change;

- seen how changes in management, together with strong leadership, can improve an NTP's services and impact;

- recognized their roles as leaders and managers of the change process.

| MODULE 3: HOW WILL WE MANAGE THE NEEDED CHANGES? | | | |
|---|---|---|---|
| Workshop Activity | Facilitators' Role | Resources Required | Keep In Mind . . . |
| Review of objectives for Module 3 | Present on flip chart and post on wall to remain throughout the module. | Flipchart of objectives<br><br>Agenda in participant binder | |
| Plenary discussion: Principles of change | Briefly present and discuss principles. | Flip chart of the four principles of change, based on pages 9–10 | In Module 4, the principles of change will provide a basis for revising the objectives developed in Module 2. |
| Plenary review and discussion: "Leading and Managing Results Model" | Present the model, highlighting its relationship to MOST for TB and to the NTP: MOST for TB fosters changes that improve management, work climate, and capacity to respond to changing environment (sustainability). These changes lead to improved services and, ultimately, improved health for TB patients.<br><br>Present and lead a discussion of the functions of leaders and managers. Relate these functions to the participants' roles: they are drawing on leadership and management practices throughout the MOST for TB workshop and will continue to use these practices as change agents to implement the action plan. | Transparency or slide of the "Leading and Managing Results Model," page 82<br><br>"Leadership Practices" and "Management Practices," pages 12–13<br><br>Optional: Transparency or slide of "Leading and Managing Framework," page 83 | You may wish to spend time going over the details of leadership and management as defined in the "Leading and Managing Framework." Or you may prefer to summarize the contents of the framework, using pages 12–13 as the basis for discussion, and simply pointing out the framework, which is included in participants' binders. |

| | | | |
|---|---|---|---|
| Director's announcement of the person who has been selected as change leader | Ahead of time: Review with the director the background information with which to frame the announcement, so he or she can announce the choice with confidence and enthusiasm:<br><br>■ reasons for having a change leader and change team;<br>■ qualities of an effective change leader;<br>■ responsibilities of the change leader in implementing the action plan. | Review "Principles of Change," pages 9–10 and "Change Leader and Change Team" and the box on "Qualities of the Change Leader," page 11 | Be sure the NTP's director—with your help, if necessary—has discussed this role with the prospective change leader, fully explained the responsibilities involved, and gotten that person's full agreement and commitment.<br><br>If the NTP's director prefers not to present the background material, you can do so and help pave the way for the director's announcement.<br><br>If the NTP's director has not yet selected the change leader and wants the group to decide, you will have to set aside the time needed for a full discussion and selection by the group during Module 4. |
| Small-group work: Revision of objectives | Encourage groups to revisit their objectives in light of the changes required and their anticipated management and leadership roles. Challenge them to revise their objectives, if necessary, so that their work will have the greatest possible effect on all areas of the model.<br><br>Circulate to answer questions. Be sure each group documents its final objectives on flip charts.<br><br>Enter the final objectives for each management component as soon as possible, so that printouts can be made for use in Module 4. | Flip charts for each group<br><br>Desirable: A computer, printer, and photocopier to quickly record and distribute the results of the plenary discussion | |
| Plenary discussion: Review of revised objectives and proposed evidence | Check that the participants accept the suggested revisions and have no further questions. | Posted flip-chart pages or distributed printouts of Module 3 results | |

# MODULE 4: HOW WILL WE REACH OUR OBJECTIVES? (MID-MORNING THROUGH END OF DAY 3)

## Objectives

By the end of this module, participants will have:

■ selected the highest-priority management components to improve during the coming period;

■ prepared an action plan for these improvements;

■ decided what activities will be needed to follow up on the MOST for TB workshop.

| | MODULE 4: HOW WILL WE REACH OUR OBJECTIVES? | | |
|---|---|---|---|
| **Workshop Activity** | **Facilitators' Role** | **Resources Required** | **Keep In Mind . . .** |
| Review of objectives for Module 4 | Present on flip chart and post on wall to remain throughout the module. | Flip chart of objectives<br><br>Agenda in participant binder | |
| Plenary exercise: Selection of priority management components | Emphasize the need to focus on improvements in a few priority components—those that meet the following criteria:<br><br>■ can be quickly accomplished, and/or;<br><br>■ require minimal human and financial resources, and/or;<br><br>■ are needed as a basis for other improvements, and/or;<br><br>■ will make the greatest contribution to the management of the NTP.<br><br>Point out that some improvements that might make great contributions to better management may be too costly and time-consuming to undertake at this time.<br><br>Provide a way for participants to register the components they consider to be of the highest priority. Two possibilities are:<br><br>■ to have each participant write down her/his top three choices; you tally and announce the results;<br><br>■ to post all components on flip charts; participants check off or stick a colored dot next to their top three choices. The entire group tallies the results.<br><br>Guide participants in using the tally to select the 4–5 components that they will work on during the coming period. | Flip chart of suggested criteria for prioritizing components, prepared in advance or during the plenary discussion<br><br><br><br><br><br><br><br><br><br>Optional: Colored self-adhesive dots | The hardest thing about setting priorities is that it means temporarily setting aside activities that have real value to the NTP. Some participants may be strongly committed to objectives in a component that the group decides is of lower priority.<br><br>You may need to help the participants through this process. Clarify that components identified as low priority at this time will not be abandoned. They will be documented in the workshop report and revisited in MOST for TB follow-up meetings. |

| Small-group work: Preparation of action plans | Create new small groups, one for each of the management components identified as a priority. Once again, be sure the groups represent a cross-section of divisions and levels. | Flip-chart pages of the revised objectives for each selected component, distributed among the small groups so they can identify the types of activities for each objective | You may rely on your staff counterpart for advice, use your own judgment in forming the groups, or ask the participants to form their own new mixed groups. |
| | | | If there are too few participants in the workshop, some small groups may need to work on two management components. |
| | Guide small groups in proposing 3 or 4 broad categories of activities that will help reach the objective for their component. Encourage them to think creatively about varied but practical ways to reach the objectives. | New flip-chart pages on each of which they will write: | It will help if you give examples of the kinds of broad activities the small groups should propose. For instance, to reach an objective related to human resources management, an activity might be "prepare personnel handbook." |
| | Guide participants in carefully considering the resources—human, material, and financial—needed to carry out each broad activity, and in classifying them as one of the following: | ■ management component | This activity could involve a number of smaller activities. |
| | ■ resources that already exist within the organization; | ■ objective | |
| | ■ resources that are not currently available but can be generated relatively easily; | ■ 3 or 4 broad activities | The workshop materials include a sample action plan form that has proven useful in former MOST for TB workshops. The participants may choose to use this or another format that corresponds to their own planning process. If they use a different format, they may need to adapt it to include all the planning elements that are identified here. |
| | ■ resources that will require considerable effort to generate. | ■ general types of resources—human, material, and financial—required for each activity | |
| | | ■ for each type of resource, "CA" (currently available), "GE" (generated easily), or "RE" (requires effort). | |
| | The participants will then complete the rest of their action plans, filling in the person responsible and time required to complete the activity. | Blank action plan forms (found on pages 80–81 and on the MOST for TB CD-ROM) | Although each activity in this action plan should be broken down into specific tasks, there is rarely enough time for that level of detail in the MOST for TB workshop. The change team should work on the details at a later time. |

## MODULE 4: HOW WILL WE REACH OUR OBJECTIVES? (continued)

| Workshop Activity | Facilitators' Role | Resources Required | Keep In Mind . . . |
|---|---|---|---|
| Plenary discussion: Presentation of and agreement on action plans | For each management component, in turn: <br><br>■ Have the small groups post their flip-chart pages or distribute copies of their completed action plans.<br><br>■ Help participants to review, revise, and reach consensus on 5 of the suggested activities that<br><br>  ▪ will best help reach the objective;<br><br>  ▪ require resources that are available or can be generated with reasonable effort.<br><br>■ Continue the process until all priority components have been addressed. Modify small groups' flip charts as needed to reflect the final result. | Flip-chart pages or action plans from small groups<br><br>A copy of the NTP's operational plan, if available | You may need to remind the participants to be realistic about what activities they can effectively undertake, given their current and future responsibilities. It is very helpful to look at existing organizational plans and see how the MOST for TB action plan will fit within—and, hopefully, enhance—other NTP initiatives. |
| Distributing action plans | Collect the action plans, enter them on a computer, print them out, arrange for photocopies to be distributed to the participants, and include them in your report. | A computer, printer, and photocopier | The change leader and change team are likely to appreciate it if you offer to enter the action plans on a computer and send them back quickly. The printed version will provide them with a clear and consistent set of plans that will help them to immediately begin to make the needed changes. They can also use it to present the results of the workshop to the rest of the NTP, and you will be able to use it as the centerpiece of your report. |

| | | |
|---|---|---|
| Plenary discussion: Decision on activities for immediate follow-up | Have the small groups briefly summarize their progress in completing their action plans and mention any issues that have arisen.<br><br>Facilitate a wrap-up discussion about the next steps to take, including:<br><br>■ sharing the findings and implications with the rest of the staff and other stakeholders;<br><br>■ holding the first change team meeting to further specify the tasks for each activity, (clarify individual assignments, set deadlines, and develop a plan for monitoring progress on the action plan);<br><br>■ monitoring progress on the action plan and revising the plan, if needed. | This might be an excellent activity for the change leader to facilitate, initiating his/her new role. If the change leader agrees to do this, you should offer any assistance needed.<br><br>For a list of suggestions of follow-up activities, see "Phase 4: Follow-Up Activities" on page 46. |
| Closing | Return to the "parking lot," crossing off issues that have been dealt with and helping participants decide when and how to take up the issues that remain. Point out that you will include these items in your report, so they will have them on record to consider whenever they find it appropriate.<br><br>Provide a few minutes for participants to reflect together on the workshop. In an informal conversation, you can ask questions that will give them a chance to express their thoughts and feelings, and that will provide you with feedback. You might ask such questions as:<br><br>■ Did the workshop achieve its anticipated outcomes?<br>■ To what extent did it meet or not meet your expectations?<br>■ What was the most useful part of this workshop for you?<br>■ What was least useful?<br>■ What do you think you personally can contribute to making the identified changes happen?<br><br>Remember to thank the participants for what they have contributed to the workshop. Your sincere appreciation will be a well-deserved reward for what has been an intense effort. | You may wish to distribute a written form for feedback on the process and outcomes of the workshop, and on the quality of facilitation. However, it is still important for participants to share some of their thoughts publicly, to capitalize on the openness that has marked their three days together.<br><br>Consider going around the group, asking everyone for one comment, so that you get feedback from each participant, not just from those who readily volunteer. |

## PHASE 4: FOLLOW-UP ACTIVITIES

A successful workshop will have set the stage for the last phase of the MOST for TB process. As quickly as possible after the workshop, you should prepare a report for the NTP, presenting the assessment findings and the resulting action plans. You should review the report in a meeting with the NTP director, TB change leader, and TB change team before it is distributed to the rest of the NTP staff. You can use this debriefing to reach agreement on follow-up activities that will move the change process forward and bring about the desired management improvements.

Suggested follow-up activities for the NTP include the following:

- The NTP director, TB change leader, and TB change team meet to clarify the responsibilities they and other leaders will take on during the change process.

- The NTP director, TB change leader, and TB change team integrate the MOST for TB action plans into the NTP's operational plan.

- The TB change team meets with the TB change leader to review and fine-tune the action plans, focusing on the specific tasks that will build progress toward the more broadly defined objectives, the timeline, and the individuals responsible for carrying out specific tasks. In addition to defining the evidence that will be used to determine the status of objectives, the action plans specify milestones the team will use to monitor progress along the way.

- The NTP director distributes the workshop report and informs the entire staff and management team about the process: the rationale for conducting MOST for TB, the benefits to the NTP of improved management, the main events of the workshop, and the coming changes.

- Members of the TB change team begin to achieve buy-in and engage the rest of the NTP in MOST for TB changes. They meet with individuals and work groups to discuss how the proposed management improvements will affect their work, answer questions, and allay fears.

Suggested follow-up activities for the facilitators include the following:

- Prepare the workshop report and review it with the NTP director, TB change leader, and TB change team.

- Verify that resources are allocated for a six-month or one-year follow-up MOST for TB exercise to review progress and plan for future management improvements.

- Discuss options for periodic follow-up conversations, e-mails, or meetings with the TB change leader and TB change team, to check on progress and serve as a resource in implementing the action plan.

- Assist the TB change team with fine-tuning their plan and in finding ways of engaging other NTP staff.

- Provide technical assistance in implementing the action plan, or help the NTP find other sources of technical assistance.

- Facilitate other assessment/planning exercises focusing on management components that may need more thorough consideration than was possible during the MOST for TB workshop. See the list of additional resources, on page 84, for guidelines and tools that can help NTPs conduct such assessments for several management areas.

## VI. WORKSHOP MATERIALS

This section contains materials to be distributed to all workshop participants in a workshop binder or folder. The contents may be copied directly from this section.

The materials to be included in the participants' binder are:

- Making the MOST of Management

- MOST for TB Workshop Agenda and Anticipated Outcomes

- MOST for TB Assessment Instrument (to be filled out individually by each participant)

- Assessment Consensus Form (on which participants record the assessments and comments of their colleagues, based on the individual MOST for TB instruments)

- MOST for TB Action Plan Form

- Leading and Managing Results Model

- Leading and Managing Framework

### Resources on the MOST for TB CD-ROM

To supplement the resources listed above, the MOST for TB CD-ROM includes additional materials that may be useful to the workshop facilitators and participants. These resources may be used as workshop handouts or as preparatory materials for the workshop. These additional resources are:

- Presenting MOST for TB at a Staff Meeting

- MOST for TB slide presentation

- Framework for MOST for TB Action Plan

All additional resources listed at end of this publication can also be found on the MOST for TB CD-ROM.

## MAKING THE MOST OF MANAGEMENT

### What Is MOST for TB?

The Management and Organizational Sustainability Tool for National TB Control Programs (MOST for TB) is a structured, participatory process that allows NTPs to assess their own management performance and develop a concrete action plan for NTP-wide improvement.

NTPs that have undergone traditional management assessments may be surprised by MOST for TB. Traditional assessments rely on external evaluators, intensive data collection, and check-lists. They result in findings and recommendations but often fall short of producing a plan for improvement. MOST for TB is different. It is about making change happen through a structured, participatory process, in which staff members use an instrument to collect data from their own experience, immediately analyze the data, and use their analysis to make concrete, practical plans for improvement. Finally, the MOST for TB process recognizes that meaningful changes in management rarely occur through a single event; the process includes a six-month or one-year follow-up MOST for TB exercise to review progress and make any needed changes in the action plan.

### Why Emphasize Management?

Management Sciences for Health (MSH), in collaboration with TB CAP partners, developed MOST for TB after years of experience in helping public- and private-sector organizations provide health services under complex and changing conditions. MOST for TB builds on a consistent finding that there are unbreakable linkages between good management, high-quality services, and organizational sustainability. Good management is the glue that holds all internal parts of an NTP together, creates a positive work climate, and supports high-quality services, thus helping to bring the NTP's vision to fruition.

A well-managed NTP that delivers high-quality services is able to satisfy the needs of the TB patients and the community. Its structure and financial base allow it to continue its work in a sometimes-changing environment within the country's Ministry of Health.

### What Is the MOST for TB Process?

The MOST for TB process begins with an engagement phase to determine if MOST for TB is a good fit for the NTP; continues with a preparation phase to identify and interview staff who will lead the process; focuses on the key activity—a facilitated assessment and planning workshop; and concludes with follow-up activities to implement, monitor, and support agreed-upon changes.

The three-day workshop is the central component of the process. It builds a collective perspective and plan from individual experiences. It brings together, on an equal footing, managers from all levels of the NTP—from the coordinators at the local and intermediate levels to the NTP central team and the NTP director. During the workshop, participants express their individual views on management performance, share these perceptions, and reach consensus on changes that will improve performance. They establish priorities and develop an action plan that specifies objectives and activities for making these changes, including identifying the people who will be responsible for implementing the plan.

For MOST for TB to yield its greatest benefits, workshop participants must play a part that continues long after the workshop. They must identify the need for change, commit themselves to the process, motivate their colleagues, and take the lead in implementing the planned improvements that emerge from the workshop.

## How Can NTPs Benefit from MOST for TB?

Through the MOST for TB process, an NTP will:

- recognize the importance of good management to its effectiveness and long-term survival;
- assess the current status of 30 essential components of NTP management;
- assess the current status of four other program components;
- identify feasible changes that will make the NTP more effective;
- develop specific plans to implement these changes;
- generate the staff buy-in needed to support the management improvements;
- monitor the results over time and adapt the plans to changing conditions and new demands.

Any NTP can benefit from MOST for TB if its director and senior managers meet two criteria:

- They are committed to open self-assessment and decision-making by consensus.
- They believe that the NTP can take action to improve its management, even though there may be some constraints beyond its control.

## What Management Areas Does MOST for TB Address?

**Mission.** An NTP's mission is its purpose, the reason it exists. It provides guidance, consistency, and meaning to decisions and activities at all levels. It answers the question: *Why do we do what we do?*

**Values.** An NTP's values are the beliefs and ethical principles that underlie its mission. They give meaning to the NTP's work and form the basis for staff commitment. They answer the question: *What are the core beliefs and principles that the NTP staff all share and that give direction to our work?*

**Strategy.** An NTP's strategies are the broad approaches used to define the objectives and activities that will fulfill the NTP's mission and goals. For the NTP, its strategies answer the question: *How will we get to where we want to go?*

**Structure.** Structure refers to how the NTP is legally defined or organized in a country. The functional structure encompasses the formal lines of authority, distribution of responsibilities, ways in which significant decisions are made, and the people held accountable for carrying out those decisions. Structure answers the question: *Is the NTP organized in a way that facilitates what it wants to do and where it wants to go?*

**Systems.** Systems are the interdependent functions that allow an NTP to do its work. MOST for TB addresses 15 systems that are the key elements of management: (1) strategic planning, (2) annual operational planning, (3) norms and procedures for TB prevention, detection, diagnosis, treatment, and care, (4) geographical and population coverage of DOTS, (5) human resources management, (6) leadership development, (7) staff training, (8) information management: operational and epidemiological data collection, (9) information management: use of operational and epidemiological information, (10) monitoring and evaluation, (11) supervision, (12) supply management, (13) financial management, (14) resource mobilization, (15) quality assurance: norms and procedures for TB labs. Organizational systems answer the question: *What helps us carry out our activities?* The MOST for TB process can help an NTP assess these systems and plan to carry out the high-priority changes needed for increased efficiency and greater effectiveness.

**Other Program Components.** Several other program components are very important in an NTP. MOST for TB also assesses research for TB control, ACSM, the community participation plan for TB control, and pharmacovigilance for TB medicines.

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### Principles Underlying MOST for TB

- The most effective way to initiate change in an NTP is to involve staff members at all levels in open self-assessment and consensual decision-making.

- Meaningful changes in management rarely occur through a single event. They require an ongoing effort, with frequent reevaluations and adaptations.

- To bring about management changes, there must be strong, committed leadership at every level of the NTP.

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## What Else Do I Need to Know?

If you are involved with an NTP and you sense that some management areas could be strengthened, you may want to explore MOST for TB more fully. You can talk with an experienced MOST for TB facilitator, view a slide presentation, peruse the MOST for TB guide, or speak with a representative of an NTP that has used MOST for TB.

For more information, please contact:

Management Sciences for Health
Website: www.msh.org

TB CAP Project
Website: www.tbcta.org

## MOST FOR TB WORKSHOP AGENDA AND ANTICIPATED OUTCOMES

| | Session/Module | Objectives | Approximate Time Frame |
|---|---|---|---|
| **WORKSHOP AGENDA** | | | |
| **DAY 1** | **Opening Session** | ■ Review the workshop agenda and anticipated outcomes.<br><br>■ Clarify expectations.<br><br>■ Introduce the MOST for TB process.<br><br>■ Establish ground rules for an open, honest, respectful exchange of ideas.<br><br>■ Explore the links between leadership, improved management, work climate, sustainability, and organizational results. | 1 ½ hours |
| | **Module 1: Where Are We Now?** | ■ Explore the meaning of the five management areas and the 30 management components.<br><br>■ Work in groups that cut across organizational levels and draw on the contributions of each member.<br><br>■ Generate consensus on the NTP's current status in terms of each component and stage of development. | 4 ½ hours |
| **DAY 2** | **Module 2: Where Are We Headed?** | ■ Agree on one or two objectives for improving each management component.<br><br>■ Specify evidence that will indicate progress toward these objectives. | 4 hours |
| | **Module 3: How Will We Manage the Needed Changes?** | ■ Explore the principles of change.<br><br>■ Explore how changes in management, together with strong leadership, can improve an NTP's services and sustainability.<br><br>■ Recognize participants' roles as leaders and managers of the change process. | 4 hours |
| **DAY 3** | **Module 4: How Will We Reach Our Objectives?** | ■ Select the highest-priority management components to improve during the coming period.<br><br>■ Prepare an action plan for these improvements.<br><br>■ Decide on follow-up activities that will need to be completed, and assign responsibility for the activities. | 1 day |

## Anticipated Outcomes of the Workshop

By the end of the workshop, participants will have come to agreement on how well the NTP is functioning and will have planned activities for making improvements. The specific outcomes include:

- a collective assessment of the current stage of development of the 30 management components;

- a prioritized list of the management components to be improved within a specified time period;

- an agreed-upon set of objectives for improving each management component;

- an action plan for reaching the objectives, identifying the broad activities, timing, resources, and people responsible for completing the activities, and defining data that can provide evidence of success;

- identification of a TB change leader and TB change team who will lead the implementation of the action plan and monitor progress;

- a list of short-term activities for following up on the MOST for TB workshop: those the NTP staff can do themselves with existing resources, those for which they need to seek additional resources, and those for which they will need technical assistance from outside the NTP;

- agreement on post-workshop assistance from the facilitators (by phone or e-mail) and a follow-up MOST for TB exercise, usually six months to one year after the workshop.

# MOST FOR TB ASSESSMENT INSTRUMENT

| Management Component | Stages of Development and Their Characteristics | | | | Current Stage | Evidence |
|---|---|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | | |
| **Mission** | | | | | | |
| **Existence and Knowledge** | No formal NTP mission statement exists or the existing mission statement is inconsistent with the current program purpose and the needs of intended clients. | An NTP mission statement exists, is consistent with the current NTP purpose, and is sometimes cited by senior staff. | The mission statement is frequently cited by key stakeholders—staff, advisory board members, partner agencies, and clients—but is not periodically revised to reflect the needs of the NTP. | The mission statement is widely known and regularly reviewed to assure that it reflects the current NTP purpose and the needs of intended clients. | | |
| **Values** | | | | | | |
| **Existence and Application** | NTP values and ethical principles have not been defined. | NTP values and ethical principles have been defined and are sometimes cited by senior staff. | NTP values and ethical principles are frequently cited by staff at all levels, but are inconsistently applied across the program. | NTP values and ethical principles are widely known, and staff are held accountable for adhering to them. | | |
| **Strategy** | | | | | | |
| **Links to Mission and Values** | NTP strategies are developed in response to funders' requirements or in response to the preferences of a few decision-makers, without reference to the mission and values. | NTP strategies are sometimes developed with reference to the mission and values, but more often in response to other requirements, preferences, and mandates. | NTP strategies are always developed within the general context of the mission and values. | Because NTP strategies are developed to conform to the mission and values, strategic planning is viewed as an opportunity to reaffirm or revise the mission. | | |

| Management Component | Stages of Development and Their Characteristics | | | | Current Stage | Evidence |
|---|---|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | | |
| **Strategy (continued)** | | | | | | |
| **Links to Stop TB Strategy** | The Stop TB strategy is not integrated into NTP strategies. | The Stop TB strategy is integrated into NTP strategies, but is not defined in coordination with other public health programs (e.g., immunization, leprosy), communities, and/or the private sector. | The Stop TB strategy is integrated into NTP strategies, and partially defined in coordination with other public health programs (e.g., immunization, leprosy), communities, and the private sector. | The Stop TB strategy is integrated into NTP strategies, and is always defined in coordination with other public health programs (e.g., immunization, leprosy), communities, and the private sector. | | |
| **Links to HIV & AIDS Control Programs** | A joint national TB and HIV & AIDS collaborating body has not been created to address TB and HIV & AIDS collaboration. | A joint national TB and HIV & AIDS collaborating body exists; however, no joint national plan to implement TB and HIV & AIDS collaborative activities has been developed. | A joint national plan for TB and HIV & AIDS collaborative activities has been developed and implemented in pilot sites or areas. An HIV & AIDS surveillance system for TB patients and a TB monitoring and evaluation system for HIV & AIDS patients exist in pilot sites or areas. | A joint national plan for TB and HIV & AIDS collaborative activities has been implemented nationwide. Both an HIV & AIDS surveillance system for TB patients and a TB monitoring and evaluation system for HIV & AIDS patients are operational. TB case findings have been intensified at HIV & AIDS program sites and for high-risk groups. | | |

| Management Component | Stages of Development and Their Characteristics | | | | Current Stage | Evidence |
|---|---|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | | |
| | | | **Strategy (continued)** | | | |
| **Links to TB Patients and Community** | Strategies are developed without reference to the needs of TB patients or their communities. | Strategies are developed based on assumptions about the needs of TB patients and their communities. | Strategies are developed based on a comprehensive assessment/evaluation of the needs of TB patients and their communities. | Strategies are developed based on a comprehensive assessment/evaluation of the needs of TB patients and their communities, with the participation of TB patients and community groups. | | |
| | | | **Structure** | | | |
| **Institutionalization** | The NTP is not formally defined by the MOH (e.g., does not exist in the sanitary code or organizational diagram of the MOH). | The NTP is formally defined by the MOH, but its functional structure is not consistent with international recommendations (e.g., WHO, the Union). | The NTP is formally defined, and its functional structure follows some international recommendations (e.g., WHO, the Union). | The NTP is formally defined, and its functional structure follows all the international recommendations (e.g., WHO, the Union). | | |
| **Lines of Authority and Accountability** | There are no formal documents that define current lines of authority and accountability at the different levels of the NTP. | An NTP organizational chart or similar document defines lines of authority and accountability but is not included in the MOH's manual of policies and procedures. | An NTP organizational chart or similar document is included in the MOH's manual of policies and procedures and is sometimes used when issues arise pertaining to lines of authority and accountability. | The NTP is consistently integrated within the Pubic Health Services (PHS) at all levels. The NTP organizational chart or similar document is regularly updated and consistently used to resolve issues pertaining to lines of authority and accountability. | | |

| Management Component | Stages of Development and Their Characteristics | | | | Current Stage | Evidence |
|---|---|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | | |
| | **Structure (continued)** | | | | | |
| **Communication** | There is no formal communication mechanism to share information among the different levels of the NTP. Important information is communicated mainly by word of mouth. | Communication mechanisms are used to share information at different levels of the NTP to convey necessary information from senior management at the central level to the rest of the staff. | Communication mechanisms are used regularly to share information among staff at different levels of the NTP and are used irregularly with other programs and private sector. | Communication mechanisms are used consistently to share information at different levels of the MOH/NTP and with the PHS, HIV & AIDS and immunization programs, and other stakeholders (private health services and universities). | | |
| **Roles and Responsibilities** | Roles and responsibilities are not clearly defined. Work is assigned on an ad hoc basis, according to the perceived needs of the moment. | Roles and responsibilities are in the process of being defined for all levels of the NTP and all non-NTP staff involved in TB control. Most work is still assigned in an ad hoc fashion. | Roles and responsibilities are defined in a norms and procedures manual for all levels of the NTP and all non-NTP staff involved in TB control. They are beginning to be used as the basis for assigning work. | Roles and responsibilities are clearly assigned at all levels of the NTP in a norms and procedures manual. They are regularly reviewed to be sure that staff assignments support NTP strategies. | | |
| **Decision-Making** | The NTP director makes all significant decisions without discussing them with the central, intermediate, or local technical NTP teams. | The NTP director makes all significant decisions after listening to the views of the central technical NTP team, and selected intermediate technical NTP teams. | Technical NTP intermediate teams are encouraged by the NTP director to make and carry out significant decisions regarding their own work and the work of the local teams. | All NTP staff (local, intermediate, and central) are expected to make significant decisions regarding their own work and the work of their teams, and to carry out those decisions. | | |

| Management Component | Stages of Development and Their Characteristics | | | | Current Stage | Evidence |
|---|---|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | | |
| | Systems | | | | | |
| Strategic Planning | The NTP does not have a current strategic plan. Most strategies, if they exist, are unplanned, and decided on an ad hoc basis. | The NTP is developing a strategic plan and considering strategic priorities, but it is not integrated with all levels of the PHS. | The NTP has a current strategic plan, based on a comprehensive assessment of needs and the environment inside and outside the institution, and in line with international standards. This strategic plan, however, is not fully disseminated, implemented, and monitored. | The NTP has a defined strategic plan, and it is fully implemented and integrated with all levels of the PHS and private sector and monitored on a regular basis. The strategic plan is based on a comprehensive assessment, and each new strategic planning exercise begins with a careful analysis of successes and failures in adhering to the prior plan. | | |

| Management Component | Stages of Development and Their Characteristics | | | | Current Stage | Evidence |
| | 1 | 2 | 3 | 4 | | |
|---|---|---|---|---|---|---|
| | Systems (continued) | | | | | |
| **Annual Operational Planning** | The NTP does not define any annual operational plan. Most activities are unplanned or not integrated with all levels of the PHS, and are decided on an ad hoc basis. | The NTP is developing an operational plan, but the plan is not integrated with all levels of the PHS. | The NTP has a current annual operational plan. This operational plan is not fully implemented, but it is integrated with all levels of the PHS. The operational plan is not based on an assessment of results from the previous year or new needs that have arisen. | The NTP has a current annual operational plan based on a comprehensive assessment. This operational plan is being implemented fully and is integrated with all levels of the PHS and private sector. The annual operational planning process begins with a careful analysis of the prior operational plan and includes an assessment of new needs and overall progress made by the program. | | |

## Stages of Development and Their Characteristics

### Systems (continued)

| Management Component | 1 | 2 | 3 | 4 | Current Stage | Evidence |
|---|---|---|---|---|---|---|
| **Norms and Procedures for TB Prevention, Detection, Diagnosis, Treatment, and Care** | The NTP has not defined technical norms and procedures. Most technical activities are unplanned, and are decided on an ad hoc basis. | The NTP has developed elements of the norms and procedures that will help staff regularly improve the quality of services, but the elements are not consistent with WHO and the Union recommendations. They are not systematically applied at all levels of the PHS. | The NTP has developed and disseminated norms and procedures, which are in accordance with WHO and the Union recommendations. They are regularly applied at all levels of the PHS and in some segments of the private sector. | The NTP has established and updated norms and procedures aimed at improving the quality of services, which follow all WHO and the Union recommendations. They are consistently applied at all levels of the PHS and private sector and are updated regularly. Trained staff are regularly using this system. | | |
| **Geographical and Population Coverage of DOTS** | DOTS strategy is not implemented at any level (central, provincial, or district). | DOTS strategy is implemented in some districts. | DOTS strategy has been implemented in all districts, but TB patient coverage is below 100 percent. | DOTS strategy is fully implemented at all levels, and TB patient coverage is 100 percent. | | |
| **Human Resources Management** | There are no human resources policies in the MOH or the NTP regarding job classification, salaries, hiring, promotion, grievances, or work hours. There are no procedures for performance evaluation, staff development, or maintenance of employee data. | The MOH has recognized the need for a formal human resources system and is working to clarify human resources policies and procedures. | Human resources policies and procedures are in place, and MOH/NTP managers are beginning to use them to hire and retain talented and committed NTP staff. | Human resources policies and procedures are in place, and MOH/NTP managers use them consistently to hire and retain talented and committed NTP staff. | | |

| Management Component | Stages of Development and Their Characteristics | | | | Current Stage | Evidence |
|---|---|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | | |
| | | | **Systems (continued)** | | | |
| **Leadership Development** | There is no policy regarding the development of strong TB control leadership capacity and future leaders for the NTP. | There is a policy in place regarding the development of strong TB control leadership capacity, but it is not followed on a regular basis. | The leadership development policy is in place and followed on a regular basis, but participation is selective. | An NTP plan for leadership development is in place, and there is an opportunity for people to participate based on performance and other established criteria. | | |
| **Staff Training** | No comprehensive assessment or evaluation of NTP staff development needs in the context of NTP priorities and goals and objectives has been carried out for human capacity building. The NTP does not have an annual training plan. | A limited assessment or evaluation of NTP staff development needs has been carried out. The NTP is aware of the need for a plan for human capacity building, but no annual training plan has yet been defined. Some refresher training programs are organized, but without integration at all levels of the PHS. | The NTP has a current annual staff training plan based on a comprehensive assessment of the needs and priorities for human capacity building. This training plan is not fully implemented. Refresher training programs are occasionally carried out at local and intermediate levels. | The NTP has a current annual staff training plan based on a comprehensive assessment of the needs and priorities for capacity building. This training plan is fully implemented and integrated at all levels of the PHS and private sector. Regular refresher training programs are designed and implemented at all levels to strengthen performance. | | |

| Management Component | Stages of Development and Their Characteristics | | | | Current Stage | Evidence |
|---|---|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | | |
| | Systems (continued) | | | | | |
| Information Management: Operational and Epidemiological Data Collection | The NTP has a poor information system for data collection and reporting. Routine service data are often inaccurate, and these data are rarely submitted on schedule. | The NTP has introduced systems that are beginning to improve the accuracy and timeliness of routine service and epidemiological data. Some procedures consistent with WHO and the Union recommendations are currently in use. The quality and timing of reporting still do not meet expected standards. | The information system yields routine data. The system's procedures and information tools are largely consistent with WHO and the Union recommendations. Data are generally considered accurate, and most reports are submitted on time. | A standardized information system and tools for data collection consistent with WHO and the Union recommendations exist, and the system is fully implemented at all levels of the NTP. The quality and timing of reporting meet expected standards. There are clearly enforced consequences for late reports. Other organizational systems provide cross-checking to guarantee the accuracy of routine data. | | |

| Management Component | Stages of Development and Their Characteristics | | | | Current Stage | Evidence |
|---|---|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | | |
| | | | Systems (continued) | | | |
| **Information Management: Use of Operational and Epidemiological Information** | Those who submit required data and data reports receive no feedback from their managers. Information is filed away and is not used for management or programmatic decisions. | The NTP is aware of the need to analyze and use information. Some information processes are defined, but are not used consistently at all levels to improve management and performance, achieve outcomes, and identify trends. | Information processes are integrated at all levels of the NTP and are used to provide prompt feedback and define corrective and proactive steps when needed. The NTP analyzes the information and uses its findings at some levels to improve management and performance, achieve outcomes, and analyze trends. | Information processes are integrated at all levels of the NTP and are used to provide prompt feedback and define corrective and proactive steps when needed. The NTP at all levels together analyze the information and use their findings to improve management and performance, achieve outcomes, and analyze trends. | | |
| **Monitoring and Evaluation** | The NTP does not monitor or evaluate its program results; rather, its results are evaluated by external evaluators when funders demand it. | The NTP sometimes monitors its own work to determine adherence to planned activities. Results are evaluated by internal or external teams. | The NTP regularly monitors its own work to determine progress toward achieving goals and objectives during the course of the program year. Monitoring is done with sound instruments. The NTP evaluates results at the end of each program year. | The NTP regularly monitors its program, evaluates results, and systematically uses findings to improve services and plan new activities. Technical and managerial components are formally included in the NTP annual evaluation. | | |

| Management Component | Stages of Development and Their Characteristics | | | | Current Stage | Evidence |
|---|---|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | | |
| | | | Systems (continued) | | | |
| Supervision | The NTP does not have a clear supervision system, and no consistent financial support has been allocated for supervision activities. Supervisors do not receive training on supervision skills. | The NTP has an established supervision system but supervision functions and roles are not understood, the supervision guide has not been carefully prepared, and supervision takes place sporadically and without integration at all levels of the PHS. | There are established tools for supervision in the NTP, including a supervision guide, norms and procedures for supervision, and a visit schedule. However, supervision with all of these instruments is not fully implemented at all levels of the PHS. The central team periodically supervises the intermediate levels but without adequate financial support. Technical and managerial components of the NTP are only sometimes included in supervision. | Supervision is well institutionalized within the NTP. Supervision instruments and guides are used consistently and reflect TB norms and procedures and best practice. The NTP conducts supervision regularly at all levels and integrates this work with the PHS and the private sector. Adequate financial support exists. The NTP uses findings from supervision visits to improve services at all levels of the PHS, including the private sector, and to plan new activities. | | |

| Management Component | Stages of Development and Their Characteristics | | | | Current Stage | Evidence |
|---|---|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | | |
| | | | Systems (continued) | | | |
| **Supply Management** | There is no supply management system in place to forecast, procure, track, or regulate supplies (TB medicines, laboratory reagents) used by staff at all levels of the NTP. Supplies are stored in poor conditions, and no records are kept for inventory control. Stock-outs occur frequently. | A supply management system has been designed to allow the MOH/NTP to select, forecast, procure, regulate, store, distribute, and use supplies for the NTP. Forecasting of future requirements is not consistently done; stock-outs occur periodically. Staff have not yet been trained to carry out new functions in supply management. | The MOH/NTP supply management system allows the NTP to forecast needs and procure quality affordable supplies in relation to their demand and use. A good record-keeping system has been implemented at most sites. Some staff have been trained to carry out new functions in the system. Stock-outs occur occasionally. | MOH/NTP staff have been trained to appropriately select, forecast, procure, store, distribute and use supplies, and to keep good records at all levels of the supply management system. Patient adherence to treatment and physician prescribing are both monitored. Good quality and affordable supplies are continuously available, with no stock-outs occurring in the system. | | |

| Management Component | Stages of Development and Their Characteristics | | | | Current Stage | Evidence |
|---|---|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | | |
| | | | Systems (continued) | | | |
| **Financial Management** | Financial staff at the MOH develop budgets without input from NTP managers. The financial system does not accurately track expenditures, revenues, and cash flow. | The NTP manager develops the budget and usually seeks input from regional and district NTP managers and other stakeholders. The NTP submits budgets to the MOH for funding. | The MOH financial staff work with NTP managers to define the annual operational plan and budget based on epidemiological, service, and financial data. The financial system tracks expenditures, revenues, and cash flow by line item, with some links to program outputs and services. | NTP managers work with MOH financial staff to develop budgets that support programmatic decisions. The financial system presents an accurate picture of expenditures, revenues, and cash flow in relation to program outputs and services. | | |
| **Resource Mobilization** | The NTP operates with a single source of revenue, usually government funds, whose mandates shape strategies and programs. | The NTP has stated the need for diversified funding. It has devised, but not yet implemented, a strategy for obtaining revenue from diverse sources (e.g., Global Fund, USAID). | The NTP has begun to implement its diversification strategy and has already obtained significant revenue from diverse sources to cover needs. | The NTP follows a long-term, revenue-generating strategy, balancing diverse sources of revenue to meet current and future needs. | | |

| Management Component | Stages of Development and Their Characteristics | | | | Current Stage | Evidence |
|---|---|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | | |
| **Systems (continued)** | | | | | | |
| **Quality Assurance: Norms and Procedures for TB Laboratories** | The NTP has not defined a quality assurance system. Most technical activities are unplanned, and decided on an ad hoc basis. | The NTP has developed elements of a quality assurance system that will help staff regularly assess and improve the quality of TB labs, but these are not consistent with WHO and the Union recommendations. The system is not consistently applied at all levels of the PHS. | The NTP has developed a quality assurance system for TB labs that is in accordance with WHO and the Union recommendations and is regularly applied at all levels of the PHS. | The NTP has established an ongoing system for assessing and improving the quality of TB labs that follows all WHO and the Union recommendations. It is consistently applied at all levels of the PHS and private sector, and regularly updated. Trained staff are regularly using this system. | | |
| **Other Program Components** | | | | | | |
| **Research for TB Control** | Research policy priorities and protocols are not well defined or available for the NTP. | The NTP has a research policy, but protocols have not yet been developed. The NTP has not yet established coordination with other components of the MOH/research institutions. | Research priorities and objectives exist that are based on WHO recommendations, and are defined in coordination with other components of the MOH. Protocols have been developed but are not yet coordinated with national regulations. | Research priorities and objectives are based on WHO and the Union recommendations and are defined in coordination with other components of the MOH. All protocols developed and approved are in accordance with national regulations. The research serves as a regular basis for reassessing and redefining strategies, including priorities for research. | | |

| Management Component | Stages of Development and Their Characteristics | | | | Current Stage | Evidence |
|---|---|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | | |
| **Other Program Components (continued)** | | | | | | |
| **Advocacy, Communication, and Social Mobilization (ACSM)** | The NTP has not developed an ACSM plan. Most ACSM activities are unplanned, and decided on an ad hoc basis. | The NTP has a current ACSM plan based on a comprehensive assessment of the needs and priorities for implementation and expansion of the DOTS strategy. However, TB stakeholders are not involved in the development of ACSM; and ACSM is not consistently implemented at all levels of the PHS and the community. | The NTP ACSM plan, based on a comprehensive assessment of the needs and priorities for implementation and expansion of the DOTS strategy, is current and is being implemented. TB stakeholders are involved in the development of ACSM, and sometimes it is applied at all levels of the PHS, community, and private sector. | The NTP ACSM plan, based on a comprehensive assessment of the needs and priorities for implementation and expansion of the DOTS strategy, with involvement of TB stakeholders, is consistently applied at all levels of the PHS, community, and private sector, and is regularly updated. | | |
| **Community Participation Plan for TB Control** | The NTP has not developed a community participation plan. Most activities are unplanned, and decided on an ad hoc basis. | The NTP has a defined community participation plan based on a comprehensive assessment of the needs and priorities for implementation and expansion of the DOTS strategy. The participation plan, in many instances, does not involve or consult the community stakeholders. | The NTP has defined a community participation plan based on a comprehensive assessment of the needs and priorities for implementation and expansion of the DOTS strategy. Sometimes the participation plan is applied at all levels of the PHS, and includes involvement of community stakeholders and the private sector. | The NTP community participation plan, based on a comprehensive assessment of the needs and priorities for implementation and expansion of the DOTS strategy, is developed and is being implemented. The NTP community participation plan involves community stakeholders and the private sector and is regularly updated. | | |

| Management Component | Stages of Development and Their Characteristics | | | | Current Stage | Evidence |
|---|---|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | | |
| | **Other Program Components (continued)** | | | | | |
| **Pharmacovigilance for TB Medicines** (activities relating to the detection, assessment, understanding, and prevention of adverse medicine effects) | Procedures for pharmacovigilance of TB medicines are not well defined or readily available. The NTP is not currently considering any strategy for developing pharmacovigilance for TB medicines. | Some standard procedures exist but have not been implemented, and they are not always based on international recommendations. The NTP has not yet established coordination with other components of the MOH for the definition of the policies and objectives. | A pharmacovigilance system for TB medicines exists and is based on international recommendations, and is defined in coordination with other components of the MOH. All standard procedures are available in the guidelines, but these procedures are not always consistently implemented at all levels of the PHS. | Pharmacovigilance procedures for TB medicines are well defined and readily available, are based on international recommendations, and are defined in coordination with other components of the MOH at all levels. All procedures have guidelines, and are fully implemented and regularly revised at all levels of the PHS and the private sector. | | |

## MOST FOR TB ASSESSMENT CONSENSUS FORM

Before beginning the consensus step, workshop participants should work alone to identify the stage of development for each management component of the NTP. They should also list one or two examples from their experience as evidence to support their assessment. When they have finished, the facilitator will place them in groups of up to five people.

### Instructions

1. Take notes on the Assessment Consensus Form as the members of your small group each state the stage of development he or she chose for each management component, along with the evidence for that decision. Use the central section of the form to record the name (or initials) of each group member, and under the name, the stage of development that person selected. In the larger white space beneath the names and individual stages, summarize the evidence presented by all group members.

2. Discuss each management component in turn, exploring any differences in your perceptions. Remember that:

   ■ everyone's viewpoint is equally valid because it represents that person's individual experience;

   ■ all characteristics of a given stage of development must be present to place the NTP at that stage—if any single characteristic is absent, the NTP fits an earlier stage.

3. For each management component, come to consensus on the stage of development that best describes the NTP, citing the one or two pieces of evidence that you all agree support your decision. Record these in the far-right column of the table.

## ASSESSMENT CONSENSUS FORM

| Management Component | Participant _____ | Participant _____ | Participant _____ | Participant _____ | Participant _____ | Group Consensus |
|---|---|---|---|---|---|---|
| **MISSION** Existence and Knowledge | **Individual Stage Selected** | | | | | **Consensus Stage** |
| | | | | | | |
| | **Individual Evidence** | | | | | **Consensus Evidence** |
| | | | | | | |
| **VALUES** Existence and Application | **Individual Stage Selected** | | | | | **Consensus Stage** |
| | | | | | | |
| | **Individual Evidence** | | | | | **Consensus Evidence** |
| | | | | | | |
| **STRATEGY** Links to Mission and Values | **Individual Stage Selected** | | | | | **Consensus Stage** |
| | | | | | | |
| | **Individual Evidence** | | | | | **Consensus Evidence** |
| | | | | | | |

| Management Component | Participant _____ | Participant _____ | Participant _____ | Participant _____ | Participant _____ | Group Consensus |
|---|---|---|---|---|---|---|
| **STRATEGY Links to Stop TB Strategy** | **Individual Stage Selected** | | | | | **Consensus Stage** |
| | | | | | | |
| | **Individual Evidence** | | | | | **Consensus Evidence** |
| | | | | | | |
| **STRATEGY Links to HIV & AIDS Control Program** | **Individual Stage Selected** | | | | | **Consensus Stage** |
| | | | | | | |
| | **Individual Evidence** | | | | | **Consensus Evidence** |
| | | | | | | |
| **STRATEGY Links to TB Patients and Community** | **Individual Stage Selected** | | | | | **Consensus Stage** |
| | | | | | | |
| | **Individual Evidence** | | | | | **Consensus Evidence** |
| | | | | | | |

| Management Component | Participant _____ | Participant _____ | Participant _____ | Participant _____ | Participant _____ | Group Consensus |
|---|---|---|---|---|---|---|
| **STRUCTURE Institutional-ization** | **Individual Stage Selected** | | | | | **Consensus Stage** |
| | | | | | | |
| | **Individual Evidence** | | | | | **Consensus Evidence** |
| | | | | | | |
| **STRUCTURE Lines of Authority and Accountability** | **Individual Stage Selected** | | | | | **Consensus Stage** |
| | | | | | | |
| | **Individual Evidence** | | | | | **Consensus Evidence** |
| | | | | | | |
| **STRUCTURE Communication** | **Individual Stage Selected** | | | | | **Consensus Stage** |
| | | | | | | |
| | **Individual Evidence** | | | | | **Consensus Evidence** |
| | | | | | | |

| Management Component | Participant _____ | Participant _____ | Participant _____ | Participant _____ | Participant _____ | Group Consensus |
|---|---|---|---|---|---|---|
| **STRUCTURE Roles and Responsibilities** | **Individual Stage Selected** | | | | | **Consensus Stage** |
| | | | | | | |
| | **Individual Evidence** | | | | | **Consensus Evidence** |
| | | | | | | |
| **STRUCTURE Decision-Making** | **Individual Stage Selected** | | | | | **Consensus Stage** |
| | | | | | | |
| | **Individual Evidence** | | | | | **Consensus Evidence** |
| | | | | | | |
| **SYSTEMS Strategic Planning** | **Individual Stage Selected** | | | | | **Consensus Stage** |
| | | | | | | |
| | **Individual Evidence** | | | | | **Consensus Evidence** |
| | | | | | | |

| Management Component | Participant _____ | Participant _____ | Participant _____ | Participant _____ | Participant _____ | Group Consensus |
|---|---|---|---|---|---|---|
| **SYSTEMS Annual Operational Planning** | Individual Stage Selected | | | | | **Consensus Stage** |
| | | | | | | |
| | Individual Evidence | | | | | **Consensus Evidence** |
| | | | | | | |
| **SYSTEMS Norms and Procedures for TB Prevention, Detection, Diagnosis, Treatment, and Care** | Individual Stage Selected | | | | | **Consensus Stage** |
| | | | | | | |
| | Individual Evidence | | | | | **Consensus Evidence** |
| | | | | | | |
| **SYSTEMS Geographical and Population Coverage of DOTS** | Individual Stage Selected | | | | | **Consensus Stage** |
| | | | | | | |
| | Individual Evidence | | | | | **Consensus Evidence** |
| | | | | | | |

| Management Component | Participant _____ | Participant _____ | Participant _____ | Participant _____ | Participant _____ | Group Consensus |
|---|---|---|---|---|---|---|
| **SYSTEMS Human Resources Management** | **Individual Stage Selected** | | | | | **Consensus Stage** |
| | | | | | | |
| | **Individual Evidence** | | | | | **Consensus Evidence** |
| | | | | | | |
| **SYSTEMS Leadership Development** | **Individual Stage Selected** | | | | | **Consensus Stage** |
| | | | | | | |
| | **Individual Evidence** | | | | | **Consensus Evidence** |
| | | | | | | |
| **SYSTEMS Staff Training** | **Individual Stage Selected** | | | | | **Consensus Stage** |
| | | | | | | |
| | **Individual Evidence** | | | | | **Consensus Evidence** |
| | | | | | | |

| Management Component | Participant _____ | Participant _____ | Participant _____ | Participant _____ | Participant _____ | Group Consensus |
|---|---|---|---|---|---|---|
| **SYSTEMS Information Management: Operational and Epidemiological Data Collection** | **Individual Stage Selected** | | | | | **Consensus Stage** |
| | | | | | | |
| | **Individual Evidence** | | | | | **Consensus Evidence** |
| | | | | | | |
| **SYSTEMS Information Management: Use of Operational and Epidemiological Information** | **Individual Stage Selected** | | | | | **Consensus Stage** |
| | | | | | | |
| | **Individual Evidence** | | | | | **Consensus Evidence** |
| | | | | | | |
| **SYSTEMS Monitoring and Evaluation** | **Individual Stage Selected** | | | | | **Consensus Stage** |
| | | | | | | |
| | **Individual Evidence** | | | | | **Consensus Evidence** |
| | | | | | | |

| Management Component | Participant _____ | Participant _____ | Participant _____ | Participant _____ | Participant _____ | Group Consensus |
|---|---|---|---|---|---|---|
| **SYSTEMS Supervision** | **Individual Stage Selected** | | | | | **Consensus Stage** |
| | | | | | | |
| | **Individual Evidence** | | | | | **Consensus Evidence** |
| | | | | | | |
| **SYSTEMS Supply Management** | **Individual Stage Selected** | | | | | **Consensus Stage** |
| | | | | | | |
| | **Individual Evidence** | | | | | **Consensus Evidence** |
| | | | | | | |
| **SYSTEMS Financial Management** | **Individual Stage Selected** | | | | | **Consensus Stage** |
| | | | | | | |
| | **Individual Evidence** | | | | | **Consensus Evidence** |
| | | | | | | |

| Management Component | Participant _____ | Participant _____ | Participant _____ | Participant _____ | Participant _____ | Group Consensus |
|---|---|---|---|---|---|---|
| **SYSTEMS Resource Mobilization** | **Individual Stage Selected** | | | | | **Consensus Stage** |
| | | | | | | |
| | **Individual Evidence** | | | | | **Consensus Evidence** |
| | | | | | | |
| **SYSTEMS Quality Assurance: Norms and Procedures for TB Labs** | **Individual Stage Selected** | | | | | **Consensus Stage** |
| | | | | | | |
| | **Individual Evidence** | | | | | **Consensus Evidence** |
| | | | | | | |
| **OTHER PROGRAM COMPONENTS Research for TB Control** | **Individual Stage Selected** | | | | | **Consensus Stage** |
| | | | | | | |
| | **Individual Evidence** | | | | | **Consensus Evidence** |
| | | | | | | |

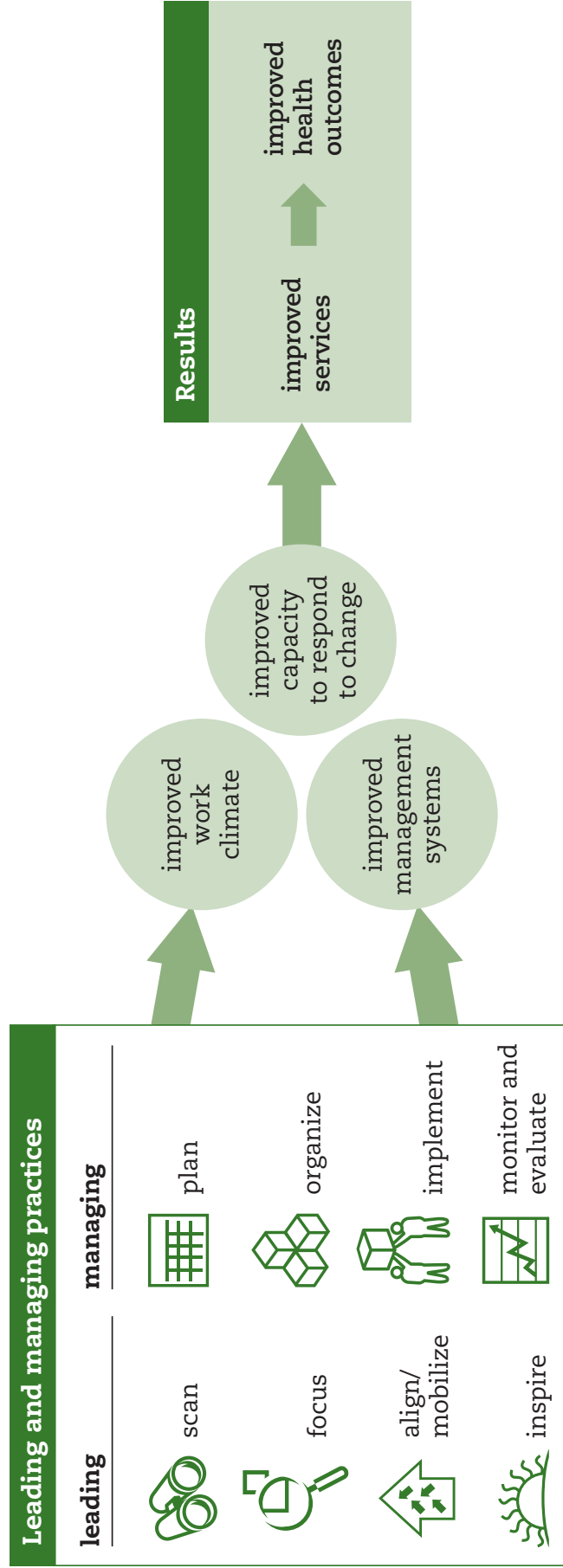| Management Component | Participant _____ | Participant _____ | Participant _____ | Participant _____ | Participant _____ | Group Consensus |
|---|---|---|---|---|---|---|
| **OTHER PROGRAM COMPONENTS Advocacy, Communica-tion, and Social Mobilization (ACSM)** | Individual Stage Selected | | | | | Consensus Stage |
| | | | | | | |
| | Individual Evidence | | | | | Consensus Evidence |
| | | | | | | |
| **OTHER PROGRAM COMPONENTS Community Participation Plan for TB Control** | Individual Stage Selected | | | | | Consensus Stage |
| | | | | | | |
| | Individual Evidence | | | | | Consensus Evidence |
| | | | | | | |
| **OTHER PROGRAM COMPONENTS Pharmaco-vigilance for TB Medicines** | Individual Stage Selected | | | | | Consensus Stage |
| | | | | | | |
| | Individual Evidence | | | | | Consensus Evidence |
| | | | | | | |

# MOST FOR TB ACTION PLAN FORM

## Instructions

Make as many copies of this form as needed to encompass all the objectives in the action plan. (The participants may choose to use this or another format that corresponds to their own planning process. If they use a different format, they may need to adapt it to include all the planning elements that are identified here.)

**Management Component:** _____

**TB Change Leader:** _____

| Objectives | Evidence of Achievement | Activities | Resources Needed (Human, Financial, Material) | People Responsible | Timeline | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | 1st Quarter | | | 2nd Quarter | | | 3rd Quarter | | | 4th Quarter | | |
| | | | | | MONTHS | | | | | | | | | | | |
| | | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |

| Objectives | Evidence of Achievement | Activities | Resources Needed (Human, Financial, Material) | People Responsible | Timeline |||||||||||||
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | 1st Quarter ||| 2nd Quarter ||| 3rd Quarter ||| 4th Quarter |||
| | | | | | MONTHS ||||||||||||
| | | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |

# LEADING AND MANAGING RESULTS MODEL

## Leading and managing practices

| **leading** | **managing** |
|---|---|
| scan | plan |
| focus | organize |
| align/mobilize | implement |
| inspire | monitor and evaluate |

improved work climate

improved management systems

improved capacity to respond to change

## Results

improved services

improved health outcomes

*From Managers Who Lead:*
*A Handbook for Improving Health Services*
Management Sciences for Health

# LEADING AND MANAGING FRAMEWORK

## Practices that Allow Work Groups and Organizations to Face Challenges and Achieve Results

| Leading | Managing |
|---|---|
| **Scanning**<br>■ Identify client and stakeholder needs and priorities.<br>■ Recognize trends and risks that affect the organization.<br>■ Look for best practices.<br>■ Identify staff capacities and constraints.<br>■ Know yourself, your staff, and your organization—values, strengths, and weaknesses.<br>*Organizational outcome:* Managers have up-to-date, valid knowledge of the organization and its context; they know how their behavior affects others.<br>**Focusing**<br>■ Articulate the organization's mission and strategy.<br>■ Identify critical challenges.<br>■ Link goals with the overall organizational strategy.<br>■ Determine key priorities for action.<br>■ Create a common picture of desired results.<br>*Organizational outcome:* Organization's work is directed by a well-defined mission, strategy, and set of priorities.<br>**Aligning and Mobilizing**<br>■ Ensure congruence of values, mission, strategy, structure, systems, and daily actions.<br>■ Facilitate teamwork.<br>■ Unite key stakeholders around an inspiring vision.<br>■ Link goals with rewards and recognition.<br>■ Enlist stakeholders to commit resources.<br>*Organizational outcome:* Internal and external stakeholders support the organizations and goals and have mobilized resources to reach these goals.<br>**Inspiring**<br>■ Match deeds to words.<br>■ Demonstrate honesty in interactions.<br>■ Show trust and confidence in staff; acknowledge the contributions of others.<br>■ Provide staff with challenges, feedback, and support.<br>■ Be a model of creativity, innovation, and learning.<br>*Organizational outcome:* Organization displays a climate of continuous learning and staff show commitment, even when setbacks occur. | **Planning**<br>■ Set short-term organizational goals and performance results.<br>■ Develop multiyear and annual plans.<br>■ Allocate adequate resources (money, people, and materials).<br>■ Anticipate and reduce risks.<br>*Organizational outcome:* Organization has defined results, assigned resources, and an operational plan.<br>**Organizing**<br>■ Ensure a structure that provides accountability and delineates authority.<br>■ Ensure that systems for human resources management, finance, logistics, quality assurance, operations, information, and marketing effectively support the plan.<br>■ Strengthen work processes to implement the plan.<br>■ Align staff capacities with planned activities.<br>*Organizational outcome:* Organization has functional structures, systems, and processes for efficient operations; staff are organized and aware of responsibilities and expectations.<br>**Implementing**<br>■ Integrate systems and coordinate work flow.<br>■ Balance competing demands.<br>■ Routinely use data for decision-making.<br>■ Coordinate activities with other programs and sectors.<br>■ Adjust plans and resources as circumstances change.<br>*Organizational outcome:* Activities are carried out efficiently, effectively, and responsibly.<br>**Monitoring and Evaluating**<br>■ Monitor and reflect on progress against plans.<br>■ Provide feedback.<br>■ Identify needed changes.<br>■ Improve work processes, procedures, and tools.<br>*Organizational outcome:* Organization continuously updates information about the status of achievements and results, and applies ongoing learning and knowledge. |

# VII. ADDITIONAL RESOURCES

The following publications may be useful for organizations planning to improve the management and sustainability of their organizations.

*The Manager* is a continuing-education quarterly published by Management Sciences for Health. Each issue focuses on a specific management topic and includes "Working Solutions" from the field, tools and techniques, and a case scenario for staff development and training. MSH also publishes management tools that can be used to improve specific management areas, many of which are available in multiple languages.

Many of the MSH's resources listed below are available on The Manager's Electronic Resource Center (ERC) at http://erc.msh.org. The ERC provides practical answers to management questions, easy-to-use tools, information on effective management practices, and reviews of recent management trends. For more information, please visit the ERC website or send an e-mail to erc@msh.org.

## TO PREPARE FOR THE MOST PROCESS

Management Sciences for Health. "Creating a Work Climate that Motivates Staff and Improves Performance," *The Manager* vol. 11, no. 3. Boston: Management Sciences for Health, 2002. This issue includes a Climate Assessment Tool.

## TO FOCUS ON IMPROVING SPECIFIC MANAGEMENT COMPONENTS

### Human Resource Management

Management Sciences for Health. *Human Resource Management Rapid Assessment Tool for HIV/AIDS Environments: A Guide for Strengthening HRM Systems.* Boston: Management Sciences for Health, 2003.

———. "Tackling the Crisis in Human Capacity Development for Health Services." *The Manager* vol. 13 no. 2: 1–20. Boston: Management Sciences for Health, 2004.

### Information Management

Sullivan, T. M., M. Strachan, and B. K. Timmons. *Guide to Monitoring and Evaluating Health Information Products and Services.* Baltimore, MD: Center for Communication Programs, Johns Hopkins Bloomberg School of Public Health; Washington, D.C.: Constella Futures; Cambridge, MA: Management Sciences for Health, 2007.

### Financial Management

Management Sciences for Health. "Assessing Your Organization's Capacity to Manage Finances." *The Manager* vol. 12, no. 1. Boston: Management Sciences for Health, 2003. This issue includes the Financial Management Assessment Tool (FIMAT).

———. "Business Planning to Transform Your Organization." *The Manager* vol. 12 no. 3: 1–30. Boston: Management Sciences for Health, 2003.

———. *Planning, Costing and Budgeting Framework.* Boston: Management Sciences for Health, 2007.

## TO MANAGE CHANGE MORE EFFECTIVELY

Management Sciences for Health. "Developing Managers Who Lead." *The Manager* vol. 10, no. 3. Boston: Management Sciences for Health, 2001.

———. "Leading Changes in Practice to Improve Health." *The Manager* vol. 13. no. 3: 1–24. Boston: Management Sciences for Health, 2004.

## MSH RESOURCES ON TUBERCULOSIS

Frye, J., ed. *International Drug Price Indicator Guide*. Arlington, VA: Management Sciences for Health Center for Pharmaceutical Management and World Health Organization, 2007.

Management Sciences for Health. "Improving Drug Management to Control Tuberculosis." *The Manager* vol. 10, no. 4: 1–22. Boston: Management Sciences for Health, 2001.

Mundy, C., G. Kahenya, and H. Vrakking. *Support to the Global TB Drug Facility: Design and In-Country Evaluation of TB Diagnostic Laboratory Kits Initiative, 2004–2006.* Management Sciences for Health*, 2006

Rational Pharmaceutical Management (RPM) Plus Program. *Managing Pharmaceuticals and Commodities for Tuberculosis: A Guide for National Tuberculosis Programs.* Arlington, VA: Management Sciences for Health, 2005.

Rational Pharmaceutical Management (RPM) Plus Program. Managing TB Medicines at the Primary Level. Arlington, VA: Management Sciences for Health, 2008.

Strengthening Pharmaceutical Systems (SPS) Program. *e-TB Manager: A Comprehensive Web-Based Tool for Programmatic Management of TB and Drug-Resistant TB.*

Weil, D., A. Beith, S. Mookherji, and R. Eichler. *Mapping the Motivations of Stakeholders to Enable Improved Tuberculosis Control: Mapping Tool for Use in Workshops.* Arlington, VA: Management Sciences for Health and Stop TB Partnership, 2004.

Zagorskiy, A., C. Owunna, and T. Moore, eds. *Pharmaceutical Management for Tuberculosis Assessment Manual.* Arlington, VA: Rational Pharmaceutical Management (RPM) Plus Program, Management Sciences for Health, 2005.

## ABOUT MANAGEMENT SCIENCES FOR HEALTH

Management Sciences for Health (MSH) is an international nonprofit organization, dedicated to closing the gap between what is known about the overwhelming public health challenges facing many nations and what is done to address those challenges.

Since 1971, MSH has worked in more than 100 countries with policymakers, health professionals, and health care consumers to improve the quality, availability, and affordability of health services. We work with governments, donors, nongovernmental organizations, and health agencies to respond to priority health problems such as HIV/AIDS, tuberculosis, malaria, child health, and reproductive health. Our publications and electronic products augment our assistance in these technical areas.

MSH's staff of more than 1,300 from almost 70 nations work in its Cambridge, Massachusetts, headquarters; offices in the Washington, DC, area; and more than 25 country offices. Through technical assistance, research, training, and systems development, MSH is committed to making a lasting difference in global health.

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