Leadership Journey:
Learning Journal and Workbook

Leadership Journal for Leadership Development
Municipal Leadership and Governance Program
Preface

This Municipal Leadership and Governance Program Workbook is for the exclusive use of MLGP participants. All materials, including concepts and theories, in the workbook were collated by the Zuellig Family Foundation Institute from various sources for the sole purpose of enhancing knowledge and skills on leadership among the MLGP participants. Credit for outsourced materials, including concepts and theories, found in the workbook belong solely to the primary owners. Original sources are cited to lead participants to further read and study the reference materials.

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Notes:
Within each individual lies extraordinary potential - if only we discover and accept who we really are.

The Learning Journal and Workbook contains session notes, worksheets and reflection questions for each session. The session notes are summaries of the topics discussed while the worksheets are for individual exercises used in some of the sessions. The reflection questions are designed to capture what you have learned and to stimulate your thoughts and feelings.

There are no rules for using this Learning Journal and Workbook, except for the Worksheets which will have instructions for use. You can freely write or draw on the pages as you wish. If you don’t like a question, ask your own questions.

As you work, take the time to be still and listen inside. You have an inner voice that is your best teacher. You will hear the lessons as they resonate in your being. As you begin to heed the inner voice, you will see possibilities you could never have imagined.
Introduction

MLGP: Why A Learning Program for Municipal Health Leaders?

The main problem of the Philippine health care system is and has been the inequities among its population. The system is biased against the poor in terms of physical and financial access to appropriate health care, even to basic health care. Therefore, the poor becomes vulnerable to sickness and death.

Targeting health improvements for the poor and the community, therefore, will improve significantly health outcomes not only of the local community but the whole country as well.

Health services for all especially for the poor will likely improve if the key health stakeholders are motivated and trained to do so.

In this light, Zuellig Family Foundation (ZFF) envisions itself to be a catalyst for the achievement of better health outcomes for the poor through sustainable healthcare programs and services [universal coverage, people-centered health service delivery, public policy, and leadership and governance], with a primary focus on health inequities in the rural areas in the Philippines. With this end in mind, ZFF implements the MLGP, in partnership with the Department of Health and its regional Centers for Health Development. The program aims to improve the leading and managing practices of key local health leaders to address the inequities in the health system.

MLGP aims to facilitate transition from old arrangements, both at the level of the personal and the community, in relation to one’s involvement in the health sector as a leader, as well as in helping achieve better health outcomes for the community, especially the poor, through effective leadership and management of local health systems. The MLGP is a two (2) module, 12-month program that incorporates classroom sessions and fieldwork for key municipal stakeholders working as convergence teams anchored on Bridging Leadership and multi-stakeholder engagement. It is based on the ZFF Health Change Model for achieving MDGs for health.
### THE MLGP TECHNICAL ROADMAP FOR MAYORS AND MHOs

**Municipal Basic Health System’s Technical Roadmap**

<table>
<thead>
<tr>
<th>Leadership &amp; Governance</th>
<th>Health Financing</th>
<th>Health Human Resource</th>
<th>Access to Information &amp; Technology</th>
<th>Health Information System</th>
<th>Health Service/Delivery</th>
</tr>
</thead>
<tbody>
<tr>
<td>Municipal Health Action Plan</td>
<td>LBU Budget for Health (10% MHD)</td>
<td>Health/Human Resource Adequacy in BHS (HRH-LC)</td>
<td>BHS Health Outcomes</td>
<td>Established Health Information System (Block-based)</td>
<td>Health Services/Health Delivery (Office, BHS, BHI, DHO, DDU, Surveys)</td>
</tr>
<tr>
<td>Financial Management</td>
<td>Actual Budget Utilization (PMU Utilization)</td>
<td>RHU/HRH Capacity</td>
<td>Installed Performance Management System</td>
<td>Available Transportation</td>
<td>Logistics/Supply Chain</td>
</tr>
<tr>
<td>Financial Management</td>
<td>BLGU Health Budget (5% of revenue (PA))</td>
<td>Full Implementation of Magic Cart for Public Health Workers</td>
<td>RHU/MHS Tracking and Monitoring System</td>
<td>Pro-Natal Services (at least 80%)</td>
<td>Facility Access Reimbursements (50%)</td>
</tr>
<tr>
<td>Financial Management</td>
<td>6-in-1 Accreditation</td>
<td>Health Human Resource Adequacy in BHS (30% of MHS)</td>
<td>RHU/MHS Tracking and Monitoring System</td>
<td>Skilled Birth Attendants (50%)</td>
<td>Skilled Birth Attendants (50%)</td>
</tr>
<tr>
<td>Financial Management</td>
<td>Regular IT for Enrolled Indigents (No. 02 MM 2021)</td>
<td>BHS Health Outcomes</td>
<td>RHU/MHS Tracking and Monitoring System</td>
<td>Exclusive Breastfeeding for Infants (70%)</td>
<td>Exclusive Breastfeeding for Infants (70%)</td>
</tr>
<tr>
<td>Financial Management</td>
<td>Instrumentation Filing (POL MICS, TB-00777)</td>
<td>System for BHS Enrollment and Registration Initiatives</td>
<td>Ratio of Community-Based Primary Health Care: BHS</td>
<td>Raw Materials and Health Care Initiatives</td>
<td>Raw Materials and Health Care Initiatives</td>
</tr>
<tr>
<td>Financial Management</td>
<td>Ordinance and System for Claims Disposition and Utilization Monitoring</td>
<td>Ordinance and Training Provision of Birth Hospitalization</td>
<td>Monthly Updated Health Data Board</td>
<td>Full/Inclusive Child (50%)</td>
<td>Full/Inclusive Child (50%)</td>
</tr>
</tbody>
</table>

**Leadership Journey: Learning Journal and Workbook**

Module Two: Adaptive Leadership

**INTEGRATED TRAINING AND PRACTICUM ROADMAP**

<table>
<thead>
<tr>
<th>MONTH 1</th>
<th>MONTH 1-5</th>
<th>MONTH 6</th>
<th>MONTH 6-12</th>
<th>MONTH 18</th>
</tr>
</thead>
<tbody>
<tr>
<td>OWNERSHIP</td>
<td>Personal Mastery – Purpose</td>
<td>Change Mastery – Adaptive Leadership</td>
<td>Leadership Challenges (adaptive/technical)</td>
<td>Framing Leadership Story</td>
</tr>
<tr>
<td>OWNERSHIP</td>
<td>Values Clarification</td>
<td>Being Mastery – Resilience</td>
<td>Costs/Benefits of Leadership</td>
<td>Sharing/Communicating Health Sector Gains</td>
</tr>
<tr>
<td>OWNERSHIP</td>
<td>Values Clarification</td>
<td>Leadership Development</td>
<td>Leadership Development Pathway</td>
<td></td>
</tr>
<tr>
<td>OWNERSHIP</td>
<td>Values Clarification</td>
<td>Enhancing Multi-Stakeholder Engagement</td>
<td>Leadership Brand</td>
<td></td>
</tr>
<tr>
<td>OWNERSHIP</td>
<td>Values Clarification</td>
<td>Model Building and Developing</td>
<td>Performance Management</td>
<td></td>
</tr>
<tr>
<td>CO-OWNERSHIP</td>
<td>Inter-Personal Mastery – Facilitating Dialogic Exercices</td>
<td>Innovative Systems – Technical Value Creation</td>
<td>Networking and Partnership</td>
<td></td>
</tr>
<tr>
<td>CO-OWNERSHIP</td>
<td>Multi-Stakeholder Processes – Introduction to Dialogue as a Trust Building Exercise</td>
<td>Business Change Communication</td>
<td>Inter-Provincial Health Systems Development</td>
<td></td>
</tr>
<tr>
<td>CO-OWNERSHIP</td>
<td>New institutional arrangements innovative programs</td>
<td>Social Marketing Programs</td>
<td>Institutionalization/ Sustainability Mechanisms</td>
<td></td>
</tr>
</tbody>
</table>

**Zulieff Family Foundation**

**Zulieff Family Foundation**
Objectives of the MLGP

At the end of the one-year, two-module capacity building program, MLGP Fellows are expected to:

1. Demonstrate knowledge, skills and attributes of Bridging Leaders and mentor fellow leaders in the Bridging Leadership process;
2. Transform their local health system to one that is responsive, equitable, sustainable and effective in generating desired health outcomes especially for the poor;
3. Strengthen effectiveness of collaborative action among various stakeholders through the promotion of transparency and accountability between and among health partnerships; and,
4. Replicate and expand emerging best practices in public healthcare through successful models of innovation in the six pillars of universal health care (governance, financing, service delivery, human resources, regulations, ICT).

Bridging Leadership Competencies:

At the end of the course, the following Bridging Leadership Competencies would have been developed:

**OWNERSHIP**

1. **Self-Awareness**: Is conscious about strengths and limitations; is able to articulate where his/her leadership, values and beliefs are coming from.
2. **Understanding of Health Challenges (Content Mastery)**: Able to identify priority issues and interrelationships of causes and effects of the issues.
3. **Vision**: Takes a long-term view and builds a shared vision with others; acts as a catalyst for the organization
4. **Change Mastery**: Able to identify and respond to adaptive leadership challenges.
5. **Resilience**: Deals effectively with pressure; remains optimistic and persistent even under adversity; recovers quickly from setbacks.

**CO-OWNERSHIP**

6. **Multi-stakeholder Processes (Dialogue)**: Able to create a space where people can come together to build mutual understanding and trust across their differences, and to create positive outcomes.
7. **Team Development/Team Work (Interpersonal)**: Works well with people; builds trust within the team; manages and influences people to work well together in pursuit of common goals.
8. **Coaching & Mentoring**: Provides guidance and support to his/her team members and facilitates his or her personal development.
9. **Conflict Management**: Explores differences and understanding of another’s perspective; facilitates surfacing, discussion and resolution of differences within the team.
CO-CREATION

10. Creativity & Innovation: Develops new insights into situations; questions conventional approaches; Encourages new ideas and innovations, designs and implements new or cutting edge programs/processes.

11. Networking, Partnership Development & Coalition Building: Able to analyze stakeholders and interests and identify stakeholders that will pursue his/her goals and objectives in partnership, network or coalition.

12. Resource Mobilization: Able to generate resources to support programs and services.

Objectives of Module Two: Adaptive Leadership

By the end of the module, the Local Chief Executives and Municipal Health Officers will be able to:

1. Deepen personal purpose and heighten leadership role;
2. Heighten self-awareness for personal mastery and leadership;
3. Appreciate strategies on communicating health gains;
4. Adapt dialogue as a skill in dealing and understanding stakeholders; and,
5. Develop a Continuity Plan and Leadership Development Plan.
My Leadership Experience

Name ________________________________________________  Date ________________________

Reflection Questions

Looking back at the last six months, my most memorable and significant experience as a member of the Health Leadership Team is/are:

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This experience is important to me because:

Notes:
<table>
<thead>
<tr>
<th>Leadership and Governance</th>
<th>Financing</th>
<th>Access to Medicines</th>
<th>Human Resources</th>
<th>Service Delivery</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Team</td>
<td>100% enrolment</td>
<td>Botika ng Barangay 1:1</td>
<td>MD 1:20,000,000</td>
<td>Zero Maternal Mortality Ratio</td>
</tr>
<tr>
<td>Activated UHB 1 session/month</td>
<td>4-in-1 accredited</td>
<td>RHN 1:20,000,000</td>
<td>at least 85% Facility Based Delivery</td>
<td></td>
</tr>
<tr>
<td>Expanded UHB</td>
<td>100% utilization of Capitalization/ Reimbursement</td>
<td>RHM 1:5000,000</td>
<td>at least 85% Skilled Birth Attendants</td>
<td></td>
</tr>
<tr>
<td>LHB resolutions: 1 resolution/month</td>
<td>100% enrolment</td>
<td>BHW 1:20 HH</td>
<td>100% Complete Neonatal Check ups</td>
<td></td>
</tr>
<tr>
<td>100% Activated Barangay Health Boards</td>
<td>15% LGU Budget for Health</td>
<td>R$ 20,000,000</td>
<td>100% mothers given TT</td>
<td></td>
</tr>
<tr>
<td>Barangay Resolutions in support of health:</td>
<td>Personnel Trained in:</td>
<td></td>
<td>Zero Infant Mortality Ratio</td>
<td></td>
</tr>
<tr>
<td>1. Facility-based delivery</td>
<td></td>
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<tr>
<td>2. Expanded Program of Immunization</td>
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<tr>
<td>3. Infant and Young Child Feeding Program</td>
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<tr>
<td>4. TB DOTS</td>
<td></td>
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<tr>
<td>5. Healthy Lifestyle Program</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Organized Community Health Teams – 1:1 ratio</td>
<td></td>
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<td></td>
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<tr>
<td>SB Ordinance on Facility-Based Delivery</td>
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<tr>
<td>SB Ordinance on TB DOTS</td>
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<tr>
<td>SB Ordinance on UHM</td>
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<tr>
<td>SB Ordinance on HTF</td>
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<tr>
<td>SB Ordinance on EPI</td>
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<tr>
<td>SB Ordinance on Nutrition</td>
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<tr>
<td>SB Ordinance related to PHNHealth</td>
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</tr>
</tbody>
</table>

**Worksheet 3. Understanding Your Health Outcomes** Using your current data, color each box of outcome with Green if it is 100% accomplished, Yellow if it's more than 50% accomplished, and Red if it is below 50% accomplished.

- **Leadership and Governance**:
  - Activated UHB 1 session/month
  - Expanded UHB
  - LHB resolutions: 1 resolution/month
  - 100% Activated Barangay Health Boards
  - Barangay Resolutions in support of health:
    - 1. Facility-based delivery
    - 2. Expanded Program of Immunization
    - 3. Infant and Young Child Feeding Program
    - 4. TB DOTS
    - 5. Healthy Lifestyle Program
  - SB Ordinance on Facility-Based Delivery
  - SB Ordinance on TB DOTS
  - SB Ordinance on UHM
  - SB Ordinance on HTF
  - SB Ordinance on EPI
  - SB Ordinance on Nutrition
  - SB Ordinance related to PHNHealth

- **Financing**:
  - 100% enrolment
  - 4-in-1 accredited
  - 100% utilization of Capitalization/ Reimbursement
  - 15% LGU Budget for Health

- **Access to Medicines**:
  - Botika ng Barangay 1:1
  - RHN 1:20,000,000
  - RHM 1:5000,000
  - BHW 1:20 HH
  - R$ 20,000,000

- **Human Resources**:
  - MD 1:20,000,000
  - RHN 1:20,000,000
  - RHM 1:5000,000
  - BHW 1:20 HH
  - R$ 20,000,000

- **Service Delivery**:
  - Zero Maternal Mortality Ratio
  - at least 85% Facility Based Delivery
  - at least 85% Skilled Birth Attendants
  - 100% Complete Neonatal Check ups
  - 100% mothers given TT
  - Personnel Trained in: Zero Infant Mortality Ratio
REPORT BACK WORKSHEET

(What are the activities/interventions done for each building block or area by each health leader for the past 6 months and what health outcomes or indicators have been affected/improved by these interventions?)

<table>
<thead>
<tr>
<th>BUILDING BLOCKS OF A LOCAL HEALTH SYSTEM</th>
<th>CONTRIBUTION</th>
<th>HEALTH OUTCOME (INDICATOR)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>MAYOR</td>
<td>MHO</td>
</tr>
<tr>
<td>Health Human Resource</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health Service Delivery</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Access To Medicines and Medical Supplies</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health Financing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health Information System</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health Leadership and Governance</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The Bridging Leadership Framework: A Review

The Need for a Leadership Approach to Address Social Inequities

Creativity - Different Levels of Change

The U Process says that sustainable change means understanding the underlying causes of the current reality. Once a leader connects to his/her passion (regenerating), s/he works to break these underlying causes (the old structures, processes, and thinking) and develops new thinking, processes, and structures (or transform leadership, build new institutional arrangements, develop pro-poor policies and develop innovative programs – essentially the ZFF Health Change Model) to support the new reality.

Bridging Leadership

The bridging leader, whose values and principles compel him to make a personal response to address inequities and societal divides, recognizes that the complexity of the problem can only be solved by convening the stakeholders to the divide.
Leader: Refers to a person who has influence over a group, either through formal or informal arrangements.

Bridge: Root word “leith”

- To go forward
- To cross the threshold
- Towards the light

} Implies an act of bridging divides

Bridging Leadership is a leadership approach for addressing Health Inequities

- Beyond the capacity of one sector alone to resolve
- Needs collaborative action of all three sectors – government, private sector, and civil society
- Resolutions to social issues must be shared by the multi-stakeholders
- Need for bridging leaders to bring diverse stakeholders to own the issue and its resolution.

Bridging Leadership consists of Ownership, Co-Ownership and Co-Creation.

The Bridging Leadership Process: Ownership

The Bridging Leader owns the issue, understands its systemic analysis and recognizes the interests of its many stakeholders. The Bridging Leader makes a personal response to the issue.

Ownership starts with the Bridging Leader developing self-awareness.

- Reflects on his/her life journey, gifts and inner divides (Life Purpose)
- The Leader owns the issue.
- Understands the systemic context of inequities (Divide)
- Makes a personal response to transform his/her reality
Ownership is a function of three realities: personal values and experiences, current involvement and societal issue.

The leader is on his/her path when he/she is able to understand himself/herself and the issue that he/she is asked to face and this is consistent in his/her current involvement.

An individual becomes a bridging leader, when he/she takes his/her life’s purpose in addressing the issue that confronts his/her society.

The Bridging Leadership Process: Co-Ownership

The Bridging Leader convenes the stakeholders of the issue. Through a process of dialogue and engagement the stakeholders arrive at a shared response.

Co-Ownership starts with the Bridging Leader

- Identifying and engaging other stakeholders through multi-stakeholder processes (Stakeholder Analysis)
- Listens and integrates the perspectives of others (Generative Dialogue)
- Facilitates space for collective reflection and ownership of the divide to come up with a collaborative response to the issue.

The Bridging Leadership Process: Co-Creation

New institutional arrangements are new and innovative rules for and ways of doing things. Over time, the new arrangements that are inclusive, accountable and transparent lead to more empowered citizens and more responsive institutions.

Empowered citizens and responsive institutions, supported by new arrangements, collaborate on responsive programs and services that bring about health equity.

Co-creation is developing new institutional arrangements that are

- inclusive,
- accountable
- transparent and
- lead to more empowered citizens and more responsive institutions.
Ownership: Technical And Adaptive Leadership Challenges

Worksheet No. 2: The Four Fields Of Change

<table>
<thead>
<tr>
<th>PERSONAL</th>
<th>INTERPERSONAL/ RELATIONAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Changes in personal assumptions, attitudes, perspectives, or behavior</td>
<td>Changes in relationships between people and how people perceive each other</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ORGANIZATIONAL</th>
<th>COMMUNITY/ SOCIETY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Changes in behavior, agreements, and arrangements within my own organization</td>
<td>Changes in perspectives, attitudes, behavior, and arrangements within my community</td>
</tr>
</tbody>
</table>

Adaptive Leadership

Adaptability is an effective change in behavior in response to an altered situation.

Leadership (Heifetz)

- Technical Aspect of change – Understanding the specific actions that need to be undertaken; knowing the solutions
- Leadership Aspect of Change – Working with people or groups to make decisions or change behavior for a greater good

Adaptive Work Calls for Leadership

<table>
<thead>
<tr>
<th>Leader's Responsibilities</th>
<th>Technical or Routine</th>
<th>Adaptive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direction</td>
<td>Define problems and provide solutions</td>
<td>Identify the adaptive challenge and frame key questions and issues</td>
</tr>
<tr>
<td>Protection</td>
<td>Shield the organization from external threats</td>
<td>Let the organization feel external pressures within a range it can stand</td>
</tr>
<tr>
<td>Orientation</td>
<td>Clarify roles and responsibilities</td>
<td>Challenge current roles and resist pressure to define new roles quickly</td>
</tr>
<tr>
<td>Managing Conflict</td>
<td>Restore order</td>
<td>Expose conflicts or let it emerge</td>
</tr>
<tr>
<td>Shaping Norms</td>
<td>Maintain norms</td>
<td>Challenge unproductive norms</td>
</tr>
</tbody>
</table>

Source: Adapted from Lederach et al.

“Each person’s task in life is to become an increasingly better person.” - Leo Tolstoy
Compliance Versus Adaptive Change

Oo na “Labas sa ilong”

Jocano says we say “Yes” when we:

- ‘do not know’
- want to impress
- are annoyed
- want to end the conversation
- have half-understood the instructions or what is being said
- are sure of ourselves
- think we know better than the one speaking

Leading through Conversations: Harnessing Dialogue to Move Through Stages of Adaptive Change

- Mabigat sa loob
- Napipilitan
- Labas sa ilong
- Bukas ang loob
- Maluwag sa loob
- Bukal sa loob
- Buog ang loob

Adaptive Change and Sustainability

- There is a gap between aspirations and reality.
- Progress requires responses outside the organization’s standard repertoire. Narrowing that gap will require difficult learning.
- Part of the learning will require distinguishing, among all that is valued, what is essential to be carried forward and what is expendable, which will involve loss.

Common Elements Of Adaptive Change

- The losses often involve learning to refashion loyalties and develop new competencies.
- Painful choices must be made between competing loyalties and values.
- The people with the problem are the problem, and they are the solution. Problem-solving responsibility must shift from authoritative experts to the stakeholders.
- Adaptive work requires a longer time frame than technical work.
- Adaptive work involves experimentation.
- Adaptive challenges generate disequilibrium, resistance and work avoidance.
Basic Toolkit for Leading Adaptive Change

- Get off the dance floor and onto the balcony
- Think politically
- Orchestrate conflict
- Give the work back
- Hold steady

Source: *Leading with an Open Heart* by Ronald Heifetz and Marty Linsky

Challenges of Adaptive Leadership

- **Get off the dance floor and onto the balcony.** Leadership is improvisational. It cannot be scripted. On one hand, to be effective a leader must respond in the moment to what is happening. On the other hand, the leader must be able to step back out of the moment and assess what is happening from a wider perspective. We call it getting off the dance floor and onto the balcony. It may be an original metaphor, but it’s not an original idea. For centuries religious traditions have taught disciplines that enable a person to reflect in action. Jesuits call it contemplation in action. Hindus call it Karma Yoga, the yoga of action. We call it getting onto the balcony because that’s a metaphor people can easily relate to. But it’s critically important, and the reason why religious traditions have talked about it for so long is that it’s hard to do. You don’t need a major spiritual practice for something that’s easy to do. It’s hard, in the midst of action, to step back and ask yourself: What’s really going on here? Who are the key parties to this problem? What are the stakes they bring to this issue? How will progress require us all to reevaluate our stakes and change some of our ways?

- **Think politically.** Successful leaders in any field place an enormous emphasis on personal relationships. They spend a great deal of time and effort creating and nurturing networks of people they can call on, learn from, and work with to address the issues they face. They know that leadership is political — it’s about motivating and mobilizing people to change. So, thinking politically is absolutely critical, not only for the person trying to lead from below or from the middle but also for those trying to lead from authority on high. Leaders need to work hard on creating allies, keeping close to the opposition, and finding ways to generate commitment from the uncommitted.

- **Orchestrate conflict.** People don’t learn by staring in the mirror. People learn by engaging with a different point of view. When people are passionate about their different points of view, it generates conflict rather than simply disagreement. Successful leaders manage conflict; they don’t shy away from it or suppress it but see it as an engine of creativity and innovation. Some of the most creative ideas come out of people in conflict remaining in conversation with one another rather than flying into their own corners or staking out entrenched positions. The challenge for leaders is to develop structures and processes in which such conflicts can be orchestrated productively.

- **Give the work back.** To meet significant challenges requiring adaptive change, people must change their hearts and minds as well as their behaviors. Leaders cannot do this for others. This is their work, and they must do it themselves. Holding people accountable for this work is not easy to do, especially when people are looking to authority for easy answers or when people are in effect asking the authority figure to lie to them by projecting more certainty than he has. Leaders who attempt to step in and take this work off the shoulders of followers risk becoming the issue themselves.

- **Hold steady.** Confronting major change generates a great deal of conflict and resistance. Managing the conflict, dealing with the politics involved, and making people accountable requires an ability to hold steady in the heat of action. Leaders often need to refrain from immediate action and understand that the stew of conflicting views has to simmer, allowing conflicts to generate new experiments and new creative ideas. The leader’s job is to contain conflict — prevent the disequilibrium from going too high and the conflict from getting destructive — and simultaneously to keep people addressing the hard questions without opting for a technical fix, an easy solution, or a decision from on high. In doing so, in holding steady, the leader will be the recipient of considerable frustration and even anger.

Resources:

- *Leadership on the Line: Staying Alive through the Dangers of Leading*, Ronald Heifetz and Marty Linsky
- *The Fifth Discipline*, Peter Senge
Ownership: Deepening Personal Awareness

Self Awareness is having a clear perception of your personality, including strengths, weaknesses, thoughts, beliefs, motivation, and emotions. Self Awareness allows you to understand other people, how they perceive you, your attitude and your responses to them in the moment. Self awareness is a way for us to explore our individual personalities, value systems, beliefs, natural inclinations, and tendencies. Because we are all different in the way we react to things, learn, and synthesize information, it’s helpful to occasionally spend time in self-reflection to gain a better insight into ourselves.

We might quickly assume that we are self aware, but it is helpful to have a relative scale for awareness. If you have ever been in an auto accident you may have experienced everything happening in slow motion and noticing details of your thought process and the event. This is a state of heightened awareness. With practice we can learn to engage these types of heightened states and see new opportunities for interpretations in our thoughts, emotions, and conversations.

Why Develop Self Awareness?

As you develop self awareness you are able to make changes in the thoughts and interpretations you make in your mind. Changing the interpretations in your mind allows you to change your emotions. Self awareness is one of the attributes of Emotional Intelligence and an important factor in achieving success.

Self awareness is the first step in creating what you want and mastering yourself. Where you focus your attention, your emotions, reactions, personality and behavior determine where you go in life.

Having self awareness allows you to see where your thoughts and emotions are taking you. It also allows you to see the controls of your emotions, behavior, and personality so you can make changes you want. Until you are aware in the moment of the controls to your thoughts, emotions, words, and behavior, you will have difficulty making changes in the direction of your life.

Self Awareness in Relationships

Relationships are easy until there is emotional turmoil. This is the same whether you are at work or in your personal life. When you can change the interpretation in your mind of what you think, you can shift the emotional quality of your relationships. When you can change the emotions in your relationships, you open up entirely new possibilities in your life.

Having a clear understanding of your thought and behavior patterns helps you understand other people. This ability to empathize facilitates better personal and professional relationships.

Reflection Questions

Name: ____________________________ Municipality: ____________________________

What did I learn about myself from the exercises?
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What are the discoveries about myself that I can use to improve my leadership skills?
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What do I need to improve about myself?
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Ownership: The Story Of Self, Us And Now*

Public narrative is a practice of leadership. It is the “why” of organizing, the art of translating values into action through stories. From stories we learn how to manage ourselves, how to face difficult choices, unfamiliar situations, and uncertain outcomes, because each of us is the protagonist in our own life story, facing everyday challenges, authoring our own choices, and learning from the outcomes.

But stories not only teach us how to act – they inspire us to act.

Stories communicate our values through the language of the heart, our emotions. And it is what we feel – our hopes, our cares, our obligations – not simply what we know, that can inspire us with the courage to act.

Two Ways of Knowing: Why and How

We interpret the world in two ways – as narrative and as analysis. We develop our understanding who we are, where we are going, and why as narrative. Narrative articulates how we feel about things (affect) better than what we think about them (cognition). The “truth” of a story is in how it moves us. Psychologist Jerome Bruner argues that narrative engages us because it teaches us how to cope with uncertainty, especially with respect to others. In symbols, rituals, and celebrations, we enact shared stories. An ancient form of interpretation, this way of knowing helps us answer the question of WHY we should act – our motivation.

Analysis applies rules of critical reason and evidence to understanding data in the world. Analysis articulates what we think about things (cognition) better than how we feel about them (affect). The “truth” of analysis rests on the extent to which the data confirms or falsifies its hypotheses, as does our acceptance of the authority of those who invoke this logic. Analysis is most persuasive when it helps us achieve the outcomes we want. In organizations, we often do analytic work through deliberation, the job of many meetings. This way of knowing helps us answer the question of HOW to act – our strategy.

* Taken from files.1010global.org/docs/CommunityResourcePark/Resources
Compiled by Samantha Bailey, 350.org
Knowing Why: Emotion, Motivation, and Action

To understand motivation – that which inspires action – consider the word emotion and their shared root word, motor -- to move. Just as we map the world conceptually by noticing patterns, contrasts, and commonalities, we map the world affectively, by distinguishing bad from good from irrelevant. Information about bad and good is communicated through our emotional experience of the value that events, people and things hold for us. We use this information affectively to map the world, including our behavior.

Mobilizing Action

Which emotions inhibit action? Which emotions facilitate action? Inertia causes us to ignore signs of the need for action. Fear can paralyze, driving us to rationalize inaction. Amplified by self-doubt and isolation, we may become victims of despair.

On the other hand, urgency gets our attention, hope inspires us and, in concert with confidence and solidarity, can move us to act.

Leaders can engage people by mobilizing feelings that encourage action and challenging feelings that inhibit action. In fact, most of us hold conflicting feelings, some of which are more salient at one time than at another. Mobilizing one set of feelings to challenge another can produce an emotional dissonance, a tension that can only be resolved through action.

Public narrative combines a story of self, a story of us, and a story of now.

The process of creating your public narrative is fluid and iterative and can start at any place. Once you develop your story of self, story of us, and story of now, you’ll want to go back to the beginning to clarify the links between them.

A “story of self” tells why we have been called to serve.

The story of self expresses the values or experiences that call each person to take leadership. The key focus is on choice points – moments in our lives when values are formed because of a need to choose in the face of great uncertainty – when we believed in and put into action our ability to make a difference. When did you first care about being heard, learn that you were concerned about health, wanted to prevent mothers from dying, wanted to ensure access to medicines, clean water for yourself and others, learn to love nature or feel inspired by social justice issues? Why? When did you feel you had to do something about it? Why did you feel you could? What were the circumstances? What specific choice did you make?

A “story of us” communicates the values and experiences that a community, organisation, group or campaign shares, and what capacity or resources that community of “us” has to accomplish its goals.

Just as with a person, the key is choice points in the life of the community and/or those moments that express the values, experiences, past challenges and resources of the community or “us” that will take action. For example, tying a current effort to win a campaign to a past campaign victory and describing the effort it took to win, the people who worked hard to make it happen, their capabilities, their values, etc. is a story of us.
A “story of now” communicates the urgent challenge we are called upon to face now and what action we are being called to take.

The story of now articulates the urgent challenge in specific detail. It also includes a description of the path we can take to achieve goals relative to the mission – the unique strategy or set of ideas that will help us to overcome the challenge we face and succeed. The story of now includes an “ask” that summons the audience to a specific action they can do to achieve our collective mission. Finally, the story lays out in detail a vision for the potential outcome we could achieve if our strategy succeeds.

**Linking Self, Us, Now**

Finally, you integrate these three stories, looking for the link between them – the place where they overlap – to help explain why you are called to this work of building healthy communities, why we are called to act with you, and why we are called to act now. This means being very selective about the story you tell—for example not trying to tell your whole biography when you tell your story of self.

The Three Key Elements of Public Narrative Structure:

**Challenge – Choice – Outcome**

A plot begins with an unexpected challenge that confronts a character with an urgent need to pay attention, to make a choice, a choice for which s/he is unprepared. The choice yields an outcome -- and the outcome demonstrates the values underlying the choice and the inner resources available for dealing with challenges.

Because we can empathetically identify with the character, we can “feel” the values. We not only hear “about” someone’s courage; we can also be inspired by it. The story of the character and their effort to engage around values engages the listener in their own challenge, choice, and outcome relative to the story. Each story should include the challenge, the choice and the outcome. It’s not enough to say – I was scared. You need to say – I was very scared, I needed to decide, and when I did, I learned it was possible.

**A word about challenge.** Sometimes people see the word challenge and think that they need to describe the misfortunes of their lives. Keep in mind that a struggle might be one of your own choosing – a high mountain you decided to climb as much as a hole you managed to climb out of. Any number of things may have been a challenge to you and be the source of a good story to inspire others.

Also, remember the art of story telling is in the telling, not in the writing. In other words, story telling is interactive, a form of social transaction, and can therefore only be learned by telling, and listening, and telling, and listening.

**Here’s an Example of a Public Narrative:**

**Story of Self:** “I remember when I was young and my grandfather suffered from a disease called Tuberculosis. I could not tell at that time that my grandfather was sick because he didn’t look sick. For me, my grandfather was my hero, my idol. Nothing could bring him down. But then one day I was shocked to know that my grandfather died due to TB. I never knew at that time that he could die from a simple disease. What pained me more was the thought that he could have been saved if only he took some medicines to cure him of his TB. I miss my grandfather very much.”

**Story of Us:** “Just like me, you may know of a friend, a neighbour or even family member who is now suffering or has suffered from this same disease. Like me, you also value them as much as I valued my grandfather. TB is a curable disease. No one should be dying of TB. Especially not our friends nor family members. And yet TB is still very rampant.”

**Story of Now:** “I believe it is time to act now. If we really want to eliminate this deadly disease, then we must do everything that needs to be done. Let us talk about this disease. Spread the word about how those who have it can be cured. It only takes a few minutes of our time to visit the RHU and have ourselves seen by our doctor and health workers. TB can be cured. If we don’t do anything, how many more of our loved ones will die? We can save our friends and loved ones from this disease. We can eradicate this deadly disease. But there is no time. The time to act is now.”
Worksheet 3: Linking The Three Stories

<table>
<thead>
<tr>
<th>Challenge</th>
<th>Story of Self</th>
<th>(What are your experiences and values that call you to take the leadership on tackling the health issues of your town?)</th>
<th>Story of Us</th>
<th>(What is your reason for believing in the possibility of the people you will be speaking to? What is their story?)</th>
<th>Story of Now</th>
<th>(Why is it urgent to deal with the health situation? What is your strategy to overcome this challenge? What is the first step that each person can take to be part of your solution?)</th>
</tr>
</thead>
</table>

**CO-OWNERSHIP: DEEPCENING DIALOGUE SKILLS**

Five Practices Essential to Dialogue

- **Listening**
  - We always prepare to speak but never to listen; listening is taken for granted
  - Difficult to do as we impose meaning on, or interpret in, our mind what people say
  - We end up having our own interpretation

- **Listening together**
  - Allowing a "voice/meaning" to emerge from all of us
  - Things we have been thinking about similarly surface naturally
  - The right next steps simply become obvious

- **Respecting**
  - Opposing can come from a belief that you know better than everyone else OR can come from a stance of acknowledging the wisdom in others
  - To respect is to see people as having the right to speak

- **Suspending**
  - How we see things: we can remain stuck and certain that our perspective is the correct one, OR
  - We can put aside first our perspective and acknowledge the feelings and thoughts that arise without feeling compelled to act on them
  - To suspend is to by-stand with awareness in order to see what is happening more objectively

- **Reframing**
  - Involves altering one’s beliefs about the nature of the problem, issue or challenge at hand
  - Involves breaking out of our normal categories of analysis and re-examining our beliefs and assumptions
  - Individuals identify their core assumptions and deliberately replace or reverse them in order to gain alternative perspectives.
  - The goal is to acquire a “breakthrough experience,” a significant change in outlook. The essence of this type of thinking is paradigm shifting.

Your ability to dialogue is dependent on your ability to communicate.

Communication skills are some of the most important skills that you need to succeed in the workplace. We talk to people face to face, and we listen when people talk to us. We write emails and reports, and we read the documents that are sent to us. Communication, therefore, is a process that involves at least two people – a sender and a receiver. For it to be successful, the receiver must understand the message in the way that the sender intended.

This sounds quite simple. But have you ever been in a situation where this has not happened? Misunderstanding and confusion often occur, and they can cause enormous problems.

If you want to be an expert communicator, you need to be effective at all points in the communication process – and you must be comfortable with the different channels of communication. When you communicate well, you can be very successful. On the other hand, poor communicators struggle to develop their careers beyond a certain point.

Whenever you communicate with someone else, you and the other person follow the steps of the communication process shown below.

Here, the person who is the source of the communication encodes it into a message, and transmits it through a channel. The receiver decodes the message, and, in one way or another, feeds back understanding or a lack of understanding to the source. By understanding the steps in the process, you can become more aware of your role in it, recognize what you need to do to communicate effectively, anticipate problems before they happen, and improve your overall ability to communicate effectively.


“Any single perspective is likely to be partial, limited, perhaps even distorted, and only by taking multiple perspectives and multiple contexts can the knowledge quest be fruitfully advanced. And that ‘diversity’ is the third important truth of general postmodernism.”

– Ken Wilber, as cited by Penny Tompkins and James Lawley in Multiple Perceptions, Perspectives and Perceivers.

Listening versus Hearing

<table>
<thead>
<tr>
<th>Listening</th>
<th>Hearing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Curiosity is aroused; there is learning</td>
<td>Information in and out</td>
</tr>
<tr>
<td>Exerting effort</td>
<td>No effort</td>
</tr>
<tr>
<td>Understanding</td>
<td>No real understanding</td>
</tr>
<tr>
<td>Process what is being said</td>
<td>Just hearing sound</td>
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<tr>
<td>Person remembers</td>
<td>Easily forgotten</td>
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<tr>
<td>Attentive to the message</td>
<td>Message is not given importance</td>
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</table>
“Six Thinking Hats” Method: Application of Dialogue

“Six Thinking Hats” is a good technique for looking at the effects of a decision from a number of different points of view.

It allows necessary emotion and skepticism to be brought into what would otherwise be purely rational decisions. It opens up the opportunity for creativity within Decision Making. The technique also helps, for example, persistently pessimistic people to be positive and creative.

Plans developed using the “Six Thinking Hats” technique will be sounder and more resilient than would otherwise be the case. It may also help you to avoid public relations mistakes, and spot good reasons not to follow a course of action before you have committed to it.

You can use “Six Thinking Hats” in meetings or on your own. In meetings it has the benefit of blocking the confrontations that happen when people with different thinking styles discuss the same problem.

Each ‘Thinking Hat’ is a different style of thinking.

Adapted from Edward de Bono’s Six Thinking Hats (1985)
• **Blue Hat:**
The Blue Hat stands for process control. This is the hat worn by people chairing meetings. When running into difficulties because ideas are running dry, they may direct activity into Green Hat thinking. When contingency plans are needed, they will ask for Black Hat thinking, etc.

• **White Hat:**
With this thinking hat you focus on the data available. Look at the information you have, and see what you can learn from it. Look for gaps in your knowledge, and either try to fill them or take account of them. This is where you analyze past trends, and try to extrapolate from historical data.

• **Red Hat:**
‘Wearing’ the red hat, you look at problems using intuition, gut reaction, and emotion. Also try to think how other people will react emotionally. Try to understand the responses of people who do not fully know your reasoning.

• **Green Hat:**
The Green Hat stands for creativity. This is where you can develop creative solutions to a problem. It is a freewheeling way of thinking, in which there is little criticism of ideas.

• **Yellow Hat:**
The yellow hat helps you to think positively. It is the optimistic viewpoint that helps you to see all the benefits of the decision and the value in it. Yellow Hat thinking helps you to keep going when everything looks gloomy and difficult.

• **Black Hat:**
Using black hat thinking, look at all the bad points of the decision. Look at it cautiously and defensively. Try to see why it might not work. This is important because it highlights the weak points in a plan. It allows you to eliminate them, alter them, or prepare contingency plans to counter them.

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**Six Thinking Hats®**

- **Blue Hat:** Process
- **White Hat:** Facts
- **Red Hat:** Feelings
- **Green Hat:** Creativity
- **Yellow Hat:** Benefits
- **Black Hat:** Cautions

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**Reflection Questions**

Which skill/s related to communication and dialogue do I need to improve?
What do I need to do to improve my dialogue and communication skills?

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Notes:
Co-Creation: Action Plan

At this point, you need to identify priority issues and potential areas for immediate action to sustain your leadership role and contributions. Your Leadership Development (Worksheet 5) and Colored Outcomes Worksheet (Worksheet 3) will help you systematize your re-entry plans for the next six months.

Review the Health Leadership Roadmap for this purpose. This could help you identify areas for action.
Worksheet 7: Leadership Development Plan

Think about everything that you have learned in this module and how you will apply and practice in the next six months what you have learned.

Things that affect others negatively that I should be more aware/conscious about
- Attitudes I have about work, family, etc.
- How I behave towards my colleagues, staff, family, constituents, etc.; mannerisms
- How I relate with them. How I communicate with them

New Commitments to make

New Practices to Begin

Potential Obstacles

Things that I need to help me overcome the obstacles

When will I do them? How do I know that I have succeeded?

Adapted from the Leadership Growth Plan in “Leadership From the Inside Out” by Kevin Cashman

PROBLEM PRIORITIZATION: Refer to your colored worksheets and rate your current health challenges. Rank them according to the given criteria.

<table>
<thead>
<tr>
<th>Health Problems or Challenges</th>
<th>Urgency (Can this result in death or disability?) 25 points</th>
<th>Magnitude (How many people are affected by the problem) 25 points</th>
<th>Availability of Technology to Solve the Problem (are there available protocols/drugs/facilities to solve the problem?) 25 points</th>
<th>Implications of Inaction (if not attended to, can the problem lead to more serious problems?) 25 points</th>
<th>Total Points 100 points</th>
<th>RANK</th>
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**ACTION PLAN TEMPLATE**

Review your current indicators. What health indicators are deteriorating? Group these indicators according to the 6 building blocks of a strong local health system. How will you address these health indicators to improve them? Consider the role of the Mayor and MHO. What would be the contributions of each member of the team to reach your desired outcomes?

<table>
<thead>
<tr>
<th>Municipality</th>
<th>Time Period:</th>
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<tbody>
<tr>
<td><strong>Health Issues</strong></td>
<td><strong>Strategies</strong></td>
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<td>Health Problem</td>
<td>Current Indicator</td>
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**Notes:**