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The MSH Leadership Development Program (LDP) has reached more than 40 countries over the past ten years since it was first developed in 2002 in Egypt. MSH is sponsoring several shared learning events this year to celebrate LDP's 10th birthday and support the program as it matures.

The first of these events was a two-part LeaderNet Seminar Series: Leading for Results (March 19–23), and Sustaining and Scaling up the LDP (May 14–18). LDP facilitators and managers were invited to share success stories, results, and adaptations they have made to improve the LDP. Participants were also encouraged to describe challenges and give suggestions for improving the program. All of these insights and feedback were shared with the global community of facilitators through the LeaderNet discussion board and through daily announcements.

The overall objective of the seminar was to share experiences in leadership development, and to apply this experience to improving future leadership development programs (LDPs and others) for leading sustainable health improvements.

LDP facilitators from 39 countries participated in the seminar, and 37 facilitators from 12 countries contributed to the seminar discussion threads. In Afghanistan, the LDP has reached over 115 teams – an enormous scale up. Kalimullah Fawad from Tahkar province in Afghanistan shared this inspiring story:

The Baharak Comprehensive Health Center team chose the challenge: increase the number of women delivering babies in their facility despite available trained female staff. Their root cause analysis uncovered that female health workers were not working the overnight shift, when most of the deliveries occur. They discovered that the lack of a secure surrounding wall around the facility discouraged the female health workers from working at night. To address this, the team made building the wall around the facility their priority action. They aligned their stakeholders and creatively mobilized resources to finance the construction of the wall. As a result, female staff now perform night duty regularly and deliveries in the facility have remarkably increased.

This success story shows how focusing on a critical health service indicator – women delivering in a health facility – and then working as a team to creatively analyze the obstacles and mobilize stakeholders to find resources, is an effective strategy.

This Leadernet Seminar was an opportunity to learn about the many ways the LDP has been adapted in different places, including: adding transformational leadership exercises; rearranging the timing of sessions; and adding curriculum to focus on the needs of nurses in Guyana and Nigeria, and pharmacists in South Africa. Many also pointed out the importance of improving the M&E and coaching components in the LDP.

## **From LDP to LDP Plus**

MSH's LDP team is excited to share an updated leadership program design that incorporates the feedback we have received from LDP facilitators and managers around the world, and provides a systematic way to improve the process for: engaging senior leadership; focusing on priority health areas; improving coaching and reporting of results; sharing and synthesizing local best practices; and working with senior leadership to scale up these practices to the larger health system. The Leadership Development Program Plus (LDP Plus) takes the best of the empowering and inspiring parts of the LDP and adds activities to strengthen local ownership and sustainable improvements within health systems. As MSH enters another decade of pioneering work in leadership and management development, we look forward to another decade of innovations from our global community that supports sustainable health impact.

*For more information on LDP Plus or to get involved, please contact the LDP team at [ldp@msh.org](mailto:ldp@msh.org) [1].*

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[1] <mailto:ldp@msh.org>