Leadership Development Program

The credit for this fantastic result must go to the Leadership Development Program workshop that we attended. We are very proud of the result achieved, allowing more people to get treated early on and avoiding spread of the disease.”

—Dr. Roger Mudibu

chief health zone physician, speaking of the leap from a 66% to 85% detection rate for TB within six months, in Dibindi

STRATEGY

To deliver quality services to everyone takes more than pills and nurses: a functional health system requires financing, training, reliable data, equipped facilities—and the ability to get the services, commodities, and health workers where they’re needed, when they’re needed. All this requires strong and nimble management and leadership, which is where the Leadership Development Program (LDP) improved skills.

RESULTS

78: Health zones where health teams have graduated from the Leadership Development Program

BETWEEN OCTOBER 2010 AND SEPTEMBER 2015:

254

service delivery improvement projects put in place by the health zone managers during LDP

84%

213 of these improvement projects reached more than 80% of their target
Challenge: The Democratic Republic of Congo, rocked by poor governance and violence for years, is today building a health system to serve its people. This requires strong and responsive management and leadership.

DRC-IHP response: DRC-IHP is assisting the Ministry of Health to achieve its goals through the LDP—a personal and professional development program created by Management Sciences for Health (MSH) in 2002 and adapted for use in 40 countries.

A quantum leap to effective leadership and management of the health system

In the Leadership Development Program participants work in teams for six to eight months, learning to lead and manage collaboratively and effectively. The teams develop a shared vision, identify long-term strategies, and commit to short-term results. They analyze what stands in the way of progress and create opportunities to practice their new skills at every step. Their superiors are fully aligned with the program and hold the teams accountable for intended results. Teams receive support from facilitators and coaches.

Whether they are health officials, nurses, or volunteers, participants tend to emerge from the program with increased skills, commitment, confidence and a sense of power.

Goals agreed on and achieved range from raising the number of women giving birth in facilities to increasing the percentage of mothers vaccinated against tetanus, to utilization rates at health centers, and many other pressing local issues.

DRC-IHP has helped the Ministry of Health (MOH) achieve dramatic results in nearly 50 health zones throughout the country. The MOH has written a commitment to implementing the LDP countrywide, in the National Health Development Plan.

LDP tools ensure TB patients are tested for HIV in Mulongo

In Mulongo, a health district serving around 300,000 people in eastern DRC, TB-HIV co-infection is a major health problem. Yet IHP’s baseline survey, conducted in 2014, confirmed that testing for HIV in TB patients was close to zero.

After participating in DRC-IHP’s leadership training, the health team chose as their challenge project to raise the HIV testing rate for TB patients. The health team began raising awareness in the local community both about the importance of routine HIV testing among TB patients and against the stigmatization of patients in the community, and began to monitor health workers to ensure that those who were trained to do so were indeed testing for HIV among TB patients. They also ensured that HIV tests and antiretrovirals were available in TB testing centers. As a result of these actions, the health team saw HIV screening of TB patients rise to 60% in Mulongo by the end of March 2015.