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| AFYA BORA CONSORTIUM GLOBAL HEALTH LEADERSHIP FELLOWSHIP PROGRAM |

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| LEADERSHIP SKILLS MODULE: Instructor Guide |
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AFYA BORA CONSORTIUM

LEADERSHIP MODULE



Afya Bora Fellows, January 2011 – Nairobi, Kenya

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TABLE OF CONTENTS

[**OVERVIEW: GOALS OF THE MODULE** 4](#_Toc359457306)

[**WEEKLY SCHEDULE: LEADERSHIP MODULE** 5](#_Toc359457307)

[**CASE STUDIES FOR PRESENTATION** 6](#_Toc359457308)

[**CASE STUDY 1: LEADERSHIP ATTRIBUTES** 13](#_Toc359457309)

[**CASE STUDY 2: STRATEGIC THINKING** 15](#_Toc359457310)

[**CASE STUDY 3: ENTREPRENEURSHIP** 18](#_Toc359457311)

[**CASE STUDY 4: PEOPLE SKILLS: CONSENSUS BUILDING** 20](#_Toc359457312)

[**CASE STUDY 6: MENTORING** 22](#_Toc359457313)

[**APPENDIX 1** 24](#_Toc359457314)

[**LEADERSHIP ATTRIBUTES AND COMPETENCIES** 24](#_Toc359457315)

[**APPENDIX 2** 29](#_Toc359457316)

[**LEADERSHIP SKILLS ASSESSMENT** 29](#_Toc359457317)

[**APPENDIX 3** 34](#_Toc359457318)

[**INSTRUCTORS, SPEAKERS, AND FELLOWS** 34](#_Toc359457319)

[**NAMES AND RELEVANT INFORMATION** 34](#_Toc359457320)

[**APPENDIX 4** 37](#_Toc359457321)

[**BIBLIOGRAPHY** 37](#_Toc359457322)

# **OVERVIEW: GOALS OF THE MODULE**

Leadership is a complex art, easier to recognize than define. It is not a body of knowledge and cannot be "taught" using conventional didactic approaches. We have designed the leadership module to identify the attributes that are important for effective leadership, and to convey the most important of these through several approaches: (i) problem-solving exercises (“case studies”) based on current health issues in sub-Saharan Africa that also illustrate various leadership attributes; (ii) the use of African instructors from different health disciplines who will also serve as role models; (iii) talks by African role models to discuss leadership attributes and challenges based on personal histories; (iv) discussions of the leadership attributes and leadership experiences, with an explanation of the goals of the module.

The goal is NOT to inculcate a body of factual information, but rather to empower trainees to exercise leadership, by conveying the less tangible attributes that together constitute effective leadership. We hope that this module will provide trainees with a heightened awareness of the skills that are needed for effective leadership, many of which will be further developed in other modules within our curriculum.

This module will involve substantial trainee participation, presentations of personal experiences, problem-based exercises for small trainee groups followed by presentations, critiques, and discussions led by trainees. Fellows will be given case studies and challenged to analyse them and come up with innovative solutions to controversial and important health issues in southern Africa. There will be limited conventional didactic lectures.

Leadership skills can be divided into a set of competencies that are shown in APPENDIX 1. Much of the time during this module is devoted to the Case Studies that illustrate this range of leadership skills.

To help each Fellow understand the goals of this module and get the most from it, we have devised a self-assessment questionnaire (APPENDIX 2) to be completed at 3 times: (1) at the beginning of the module; (2) at the end of the module; and (3) at the completion of the whole Fellowship. Please complete the questionnaire and submit it by the end of the first day of the Leadership module.

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| Fellows will be given 15 minutes to complete the questionnaire at the end of the introductory lecture on the first day of the module. This is an anonymous questionnaire and will NOT carry their name. Fellows can submit their responses via email. |

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# **WEEKLY SCHEDULE: LEADERSHIP MODULE**

4 DAY VERSION OF MODULE

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| Time | Days of the week | | | |
| June 26  Wednesday | June 27  Thursday | June 28  Friday | June 29  Saturday |
| 9.00-10.00 | SELF ASSESSMENT Lecture:  Orientation  learning objectives,  leadership skills | Preparation for presentations Questions and Answers with Instructors | Case 1: Leadership attributes | Case 4: Consensus building |
| 10.00-10.30 | Fellows present short bios | Preparation for presentations | Case 1: Leadership attributes | Case 4: Consensus building |
| 10.30-11.00 | TEA BREAK | | | |
| 11.00-13.00 | Fellows present short bios | Preparation for presentations | Role model presentation  Case 2: Strategic thinking | Case 6: Mentorship |
| 13.00-14.00 | LUNCH BREAK | | | |
| 14.00-15.00 | Role model presentation | Preparation for presentations | Case 2: Strategic thinking | WRAP UP  Lessons learned |
| 15.00-16.30 | Fellows present short bios &  Instructor summary | Video presentation: Invictus | Case 3: Entrepre-  Neurship | WRAP UP  Lessons learned |
| 16.30-17.00 | TEA BREAK | | | |

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| COMMENTS ABOUT THE MODULE SCHEDULE:  WEDNESDAY: There will be an introductory orientation and talk about leadership that will cover the skills set forth in APPENDIX 1. We do NOT have a powerpoint for this talk which will depend upon the Instructor who gives the lecture; some instructors may not even use a powerpoint for this lecture. At the completion of the introductory lecture, Instructors should allow 15 minutes for Fellows to complete the self-assessment in APPENDIX 2. The rest of that day will be given over to individual 10-minute personal biosketches by each trainee, to introduce themselves to the group and explain their career goals. Also, there will be a talk by a local African role model. Again, the talks by African role models will be determined by each speaker and cannot be captured in a standard powerpoint.  THURSDAY: Most of this day is for trainees to work in small groups to prepare their presentations of the case studies to which they have been assigned. Instructors will be present at beginning of day to orient Fellows and answer questions. At the end of the day, there will be a showing of the movie “Invictus” that illustrates some salient leadership attributes.  FRIDAY-SATURDAY: Most of the time will be spent on presentations by each small group of Fellows. They will present their response to their case study ensuring to include plenty of time for discussion of the response. Each case study will have 2 hours, including a summary of “lessons learned” led by the instructors. There is also a presentation by a local African role model. At the end ofSaturday, the instructors will lead a wrap-up of the module. |

# **CASE STUDIES FOR PRESENTATION**

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Organization of work

Each case study will be assigned to a small group (usually 4) of Fellows. Group assignments are shown in APPENDIX 3. To prepare their presentations, Fellows will have all dayThursday. Instructors will be available to consult and answer questions.

Each case is presented in several parts: background information; the problem, and questions to answer. The work product should be prepared as a power-point that will be presented by members of the trainee group to the whole group of trainees and instructors, for discussion and critique.

About 2 hours have been allotted for the presentation and discussion. The oral presentation will be of about 20 minutes, supported by a power-point set of slides. The audience may interrupt the presentation for questions and discussion. Toward the end of the discussion period, the instructors will comment on the presentation and will lead a discussion of lessons learned from the case study.

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| Instructors need to be sure that Fellows understand their assignments to specific case studies, and also what work product they are expected to prepare, and what time they have to prepare it. Case studies should be presented as powerpoint presentations. |

Leadership competencies and skills

Each of the Case Studies focuses on certain leadership skills, as shown in the table below. Toward the end of the discussion of each Case Study, Fellows and Instructors will discuss which skills have been illustrated by the study and what lessons have been learned.

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| At the end of each Case Study, Instructors will plan to lead a wrap-up discussion to identify skills and competencies that were profiled. |

LEADERSHIP COMPETENCIES AND SKILLS THAT ARE ILLUSTRATED IN EACH CASE STUDY

| COMPETENCY  CATEGORY | SKILL OR CHARACTERISTIC | CASE STUDY | MODULE |
| --- | --- | --- | --- |
| STRATEGIC THINKING | Ability to think critically and to analyse a problem | Case 1: Leadership attributes  Case 2:  Strategic thinking | Leadership skills module  Implementation science module  Monitoring and evaluation module |
| Ability to develop a coherent plan for a project or programme |
| Ability to set priorities for programmatic goals |
| Ability to think boldly and come up with “out of the box” ideas |
| Willingness to take risks in order to be an “agent of change” |

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| COMPETENCY  CATEGORY | SKILL OR CHARACTERISTIC | CASE STUDY | MODULE |
| MANAGEMENT SKILLS | Ability to organize the logistics to implement a programme | Case 1: Leadership attributes  Case 2:  Strategic thinking  Case 3:  Entrepreneurship  Case 4: Consensus building | Programme and project management module  Communications module  Implementation science module  Monitoring and evaluation module |
| Ability to develop a budget and defend it |
| Ability to select effective employees and handle human resource issues |
| Concerns for your organization in contrast to your personal goals and needs |
| Ability to raise funds for your organization |

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| COMPETENCY  CATEGORY | SKILL OR CHARACTERISTIC | CASE STUDY | MODULE |
| COMMUNICATION SKILLS | Ability to write clearly and concisely | Case 1: Leadership attributes  Case 3:  Entrepreneurship | Communication skills module  Technology and informatics module |
| Ability to speak clearly and be easily heard |
| Ability to speak in a logical and persuasive manner |
| Ability to communicate with the media |

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| COMPETENCY  CATEGORY | SKILL OR CHARACTERISTIC | CASE STUDY | MODULE |
| PEOPLE SKILLS | Good listening | Case 4: Consensus building  Case 6: Mentorship | Leadership skills module  Communication skills module  Programme management module |
| Being able to maintain confidentiality where appropriate |
| Establishing rapport with colleagues |
| Ability to develop a consensus among a group or team |
| Ability to mediate disagreements among staff or colleagues |
| Ability to mentor and coach others |

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| COMPETENCY  CATEGORY | SKILL OR CHARACTERISTIC | CASE STUDY | MODULE |
| PERSONAL  CHARACTERISTICS | Personal integrity | Case 1: Leadership attributes | Leadership skills module  Communication skills module |
| Reliability and on-time completion of tasks |
| Consistency |
| Transparency and openness |
| Being a “self-starter” who takes initiative |
| Being innovative |
| Charisma |

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| Instructors. Each Case Study is followed by a “model” response. These model responses are for the Instructors and attempt to capture the issues that the Case Study is supposed to convey. The model answers are not for the Fellows, who are supposed to develop their own independent responses. Of course, there are no single “correct” answers; the goal is to launch a discussion of specific leadership skills within the context of simulated “real life” situations in our African partner countries. |

# **CASE STUDY 1: LEADERSHIP ATTRIBUTES**

In the recent years, many health professionals have been appointed to leadership positions and management of large scale health programmes in their countries. There is now a consensus that in many countries medical education training programmes are compact and do not impart to graduates sufficient knowledge and skills for the management of health care systems and programmatic services. With increasing demand for quality services, strategic planning and working in teams, there is a new vision for leadership. “*The new leadership will not be provided by a ’take charge elite’ but will emerge from the capacity that lies within each and every person. It will be leadership that does not presume to have all the answers, but one that seeks to empower others”, as stated by* Annabel Beerel, in "Leadership through Strategic Planning". Afya Bora Fellowship aims at training leaders in global health, therefore, it is important that the definition/meaning of leadership and leadership attributes are clearly understood.

Problem

You have recently been appointed Permanent Secretary to the Ministry of Health in your country after completion of a leadership training fellowship. An international organization has keen interest in your country and wants to operate a large scale health programme on Non-Communicable Diseases (NCD). However, the International Organization will not commit the funds to your ministry until it is assured that you have appointed a competent in-country Programme Manager who - in addition to being a holder of an advanced degree in a health profession - MUST have outstanding leadership attributes. You have at most two weeks to identify and appoint a person suitable for the post of Programme Manager who in your opinion has the required leadership attributes.

Challenge

* What do you understand by the term “leader”?
* What leadership values will you be are looking for?
* What do leaders do different from Managers?
* In your opinion, what influences leadership?
* What criteria will you use to determine the leadership potential of candidates for this new position of Programme Manager?
* How can you ensure continued building of leadership competencies in your Ministry?

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| ANSWERS: Case Study 1  Q. What do you understand by the term “leader”? In your opinion, who is an effective leader?  A. An effective leader is someone who can take responsibility for supervising a group of colleagues to successfully discharge the responsibilities of the team or organization.  Q. What leadership values will you be are looking for?  A. For the position to be filled, candidates would need an appropriate professional background relevant to the responsibilities of the position, plus at least some of the leadership skills that are enumerated in this exercise.  Comment. One leadership “challenge” is for the new Permanent Secretary to point out that it will not be possible to identify the best candidate in a two-week time frame, and to propose a practical process with a realistic time line. Also, such a plan would deal with activities in the interim while the position is being filled.  Q. What do leaders do different from managers?  A. An effective leader should likely have many of the skills of a manager, but in addition is supposed to provide a “vision” for the team or organization or project that is her/his responsibility. In organizations which are big enough to have both a leader and a manager, the manager is typically tasked with the logistical details to implement the vision of the leader.  Q. In your opinion, what influences leadership?  A. The effectiveness of a leader is partly determined by the individual’s personal characteristics, her/his training in leadership skills, and by the “culture” of the organization. The organizational culture will play a key role in the effectiveness of a potential leader.  Q. What criteria will you use to determine the leadership potential of candidates for this new position of Programme Manager?  A. In this particular case, it will be important to select a manager who is steeped in the issues of non-communicable diseases, who has the ability to develop a strategic plan, and who can develop a consensus around a practical approach to this challenge.  Q. How can you ensure continued building of leadership competencies in your Ministry?  A. It could be very helpful to have a program within the Ministry to inculcate the principles of leadership. Also, it could be useful to contract externally for short courses in leadership for selected staff members. Finally, it might be useful to include leadership potential in the evaluation of new hires and in annual evaluations of existing professional staff. |

# **CASE STUDY 2****: STRATEGIC THINKING**

Strategic thinking is an important attribute of successful leadership, and some would claim that it is the key to leadership. Strategic thinking involves collecting information about the problem, analysis of the issues, bold thinking that may challenge accepted views, and an ability to synthesize these elements into a practical proposal or solution.

Problem: Measuring the rate of mother-to-child transmission (MTCT) of HIV.

Country X in southern Africa has a population of about 10 million, and the prevalence of HIV/AIDS among persons aged 15-49 is guesstimated at about 25%. The party in power has recently changed, and there is a newly elected President and a newly appointed Minister of Health. The Minister of Health is a nurse with a professional background in nurse midwifery. The President campaigned on a platform that included a promise to try to deal with the HIV/AIDS epidemic, including a commitment to markedly reduce the number of children who acquired HIV through mother-to-child transmission (MTCT). Currently, there is a newly launched program of voluntary counselling of adults attending outpatient clinics with those tested positive being referred for evaluation and potential anti-retroviral treatment. However, there is no program directed to the prevention of mother-to-child transmission (MTCT).

As one of her first actions the Minister of Health decides to invite an external group of consultants to advise her about the issue of MTCT. You are a group of health professionals and you receive a request from the Ministry of Health to formulate a program to measure mother-to-child transmission (MTCT) of HIV, in preparation to instituting a new program for the prevention of MTCT.

Challenge

The Ministry of Health asks you to address the following questions:

* How should Country X determine the impact of their proposed program to control mother-to-child transmission?
* How can the Ministry "guesstimate" the current number of babies born each year who are infected with HIV, based on the following information?

The annual birth rate is 2.3% (2.3 births per 100 population per year); the prevalence of HIV infection among pregnant women is estimated at 25% (range 10% to 35% in different antenatal clinics), and the rate of transmission of HIV from infected mothers to their babies (absent any intervention) is 30% (range 20% to 40% in different studies)

* How can they determine their current ability to identify pregnant women who are HIV positive?
* How can they measure the actual rate of HIV transmission per 100 pregnant women who are HIV positive?
* Why is it important to develop this background information as part of the new program to prevent MTCT?

Final question

* Based on this case study what can you suggest some general principles about the process of strategic thinking?
* How is strategic thinking different from strategic planning?
* What processes are involved in strategic planning?

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| ANSWERS: Case Study 2  Q. How should Country X determine the impact of their proposed program to control mother-to-child transmission?  A. It would be necessary to develop some baseline assessment of the rate of MTCT, using an approach that could be duplicated in a consistent manner to monitor progress.  Q. How can the Ministry "guesstimate" the current number of babies born each year who are infected with HIV, based on the following information?  A. The annual birth rate is 2.3% (2.3 births per 100 population per year); the prevalence of HIV infection among pregnant women is estimated at 25% (range 10% to 35% in different antenatal clinics), and the rate of transmission of HIV from infected mothers to their babies (absent any intervention) is 30% (range 20% to 40% in different studies)?  A. Making a large number of implicit assumptions, a crude estimate could be developed as follows. Per million population, there would be 23,000 live births, of which 5,750 (25%) would be women who are HIV positive; of those 5,750 births, 1,725 would be HIV-infected, absent any intervention.  Q. How can they determine their current ability to identify pregnant women who are HIV positive?  A. If it is assumed that women who attend antenatal clinics are routinely tested for HIV status, then the question is: what proportion of pregnant women are seen at clinics during pregnancy and/or at delivery? If there is a registry of all births, then a random sample could be traced to determine the proportion who were seen at a clinic.  Q. How can they measure the actual rate of HIV transmission per 100 pregnant women who are HIV positive?  A. The rate of transmission could be determined from the programme that should be routinely conducted in all antenatal clinics, that begins with HIV testing and then follows the women who are HIV positive, likely offering them and their infants both testing and preventive and therapeutic interventions.  Q. Why is it important to develop this background information as part of the new program to prevent MTCT?  A. It is essential to include some type of evaluation for any public health intervention programme, in order to determine its effectiveness, including its cost effectiveness.  Q. Based on this case study what can you suggest some general principles about the process of strategic thinking?  A. It is important to begin by determining the goals of a programme, and then to construct a consistent logic path to achieve those goals. The resulting plan has to be reviewed and revised to reach a consensus, bringing into consideration a number of practical issues such as budget constraints and political acceptability.  Q: How does strategic thinking differs from strategic planning?  A: Strategic thinking refers to a healthy scepticism, a willingness to question, and an ability to formulate original ideas. Strategic planning refers to constructing a plan for a project or an institution. |

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# **CASE STUDY 3: ENTREPRENEURSHIP**

Leaders of the 21st Century increasingly need to explore alternative or additional funding sources for their programmes as well as learn how to use the resources in new ways. This change in perspective will not only increase programme efficiency but also programme effectiveness. Such skills are increasingly needed by leaders in the governmental public health sector because of dwindling resource allocation by the governments. Furthermore, nongovernment organizations (NGOs) are playing an increasingly important role in health care. Many NGOs have to raise funds from governments, large donors, or members of the public to support their activities. Thus, the successful health leader may have to possess entrepreneurial skills as part of her/his toolkit.

Problem

You are a private physician in country N, who specializes in diabetes and its complications. The local Diabetes Association asks you to become head of their organization in place of the present director who is retiring. You would take on a mandate to develop a prevention program particularly focused on obesity. Furthermore, the Minister of Health, who was a classmate of yours in medical school, encourages you to take on this opportunity. He recognizes that the nutritional transition is manifesting in Country N but recognizes that the Ministry of Health does not have the resources to launch a program directed at this problem. You are persuaded that a new program to deal with nutritional issues could have an important impact on health in your country, and are excited by the challenge of leading it. However, the current income of the local Diabetes Association is very limited and is based on public contributions; furthermore, these funds are already stretched to support several diabetes treatment programs for low income patients. Clearly, you must raise external funding in order to launch the new “healthy living” program.

Challenge

Devise a plan to raise funds to operate a new “healthy living” program. Include in your plan answers to several questions:

* How would you develop a program plan to “sell” to potential donors?
* What would be the salient features of the program that might attract donor support? What are the short and long term goals of your program? Can these be measured? What promises can you make to potential donors?
* Do you need “endorsement” from authorities or other sectors of your community?
* Should you align your new program with existing NGOs in your country?
* Where might you look for substantial donors? Private sector? International health organizations? National or international non-profit organizations? The public?
* What “pitch” would you make to each group?

Final question

Can you enumerate some of the leadership qualities or attributes that contribute to entrepreneurial success?

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| ANSWERS: Case Study 3  Q. How would you develop a program plan to “sell” to potential donors?  A. The first step would be to assemble some information about the prevalence of obesity and of diabetes in country X, as well as some historical information about trends in these parameters. Future projections would also be helpful. The second step would be a practical approach to dealing with obesity, perhaps with a pilot program in a small part of the country. Third, it would be useful to do an informal survey of potential donors or NGOs in country to identify possible target sponsors, and then to determine what kind of a proposal might appeal to them.  Q. What would be the salient features of the program that might attract donor support?  A. Likely, the most important feature would be a credible approach to intervention, perhaps based on examples from successful interventions in other countries.  Q. What are the short and long term goals of your program? Can these be measured? What promises can you make to potential donors?  A. The short term goals would likely be a system to measure current status and future status of obesity and diabetes; and a pilot intervention program to test one or several strategies. Some metrics would be critical to persuade potential donors to support your proposal. As to promises, likely the most honest is that there would be convincing metrics to determine what works and its cost effectiveness, rather than promising to meet specific goals.  Q. Do you need “endorsement” from authorities or other sectors of your community?  A. Yes indeed. Endorsements from health authorities, ministry of health, diabetes groups, medical and nursing societies, and the like would be critical to establishing your credibility. Also, realistic budget plans would be essential.  Q. Should you align your new program with existing NGOs in your country?  A. Absolutely, if there are relevant NGOs. They could be donors or collaborators in the proposal.  Q. Where might you look for substantial donors? Private sector? International health organizations? National or international non-profit organizations? The public?  A. You would have to cast a wide net.  Q. What “pitch” would you make to each group?  A. See comments above.  Q. Can you enumerate some of the leadership qualities or attributes that contribute to entrepreneurial success?  A. In the long run (and perhaps the short run) the success of this particular challenge would depend more upon solid credible planning than upon selling “snake oil” to naïve donors. In this instance, many of the leadership attributes, including aspects of all of the 5 competencies listed in the APPENDIX, would be important. |

# **CASE STUDY 4: PEOPLE SKILLS: CONSENSUS BUILDING**

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Leaders always work with a group that is critical to developing plans and implementing them, although members of the group may vary for each task in hand. To accomplish this, the leader has to get the group to develop a consensus about a plan and an implementation strategy. This is essential since effective implementation will depend on the contributions of each member of the task force. If individual members don’t believe in the plan and feel that they were not involved in the planning process, and have little “ownership” of the plan, implementation will be jeopardized. The ability to build a consensus in this case is therefore a key attribute of effective leaders.

Problem: The role of NGOs in southern Africa

Country Y in southern Africa has a population of 30 million and an average annual GDP (gross domestic product) per capita of $1,500. There is a national health service but much health care is provided by international NGOs (non-government organizations) which operate independently of the National Health Service. It is estimated that there are at least 1,000 such NGOs operating in Country Y and that their aggregate budgets are equal or greater than the budget of the National Health Service. However, there is no information about the impact of these NGOs on the overall health of the population.

The Minister of Health has received a mandate from the Parliament and President, to review the NGO situation, with full power to recommend major revisions in the status and role of NGOs in Country Y. In turn, the Minister of Health has convened your team as a group of advisors to provide an analysis of the health services provided by the NGOs and to recommend actions to organize and harmonize the NGO programs. In particular, one goal is to ensure that the NGO programs support the activities of the National Health Service and provide sustainable capacity building for the nation's health system.

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Challenge

* Will it be important to develop a consensus among the NGOs to achieve the assigned task? Why?
* How would you develop a consensus among the NGOs? What role should representatives of the National Health Service play in developing your report? Representatives of selected NGOs? Do you need a neutral broker to develop a proposed plan?
* What information would you need to collect about the NGOs operating in Country Y?
* Should there be a national registry of all NGOs, both international and local? Should there be an application process required before an NGO is permitted to work in Country Y?
* How should the work of each NGO be harmonized with that of the National Health Service?
* How should NGOs be expected to build health worker capacity?

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Final question

* What does this case study illustrate about consensus building?

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| ANSWERS: Case Study 4  Q. Will it be important to develop a consensus among the NGOs to achieve the assigned task? Why?  A. The NGOs are quite independent financially and absent their cooperation it might be impossible to impose any order on them.  Q. How would you develop a consensus among the NGOs? What role should representatives of the National Health Service play in developing your report? Representatives of selected NGOs? Do you need a neutral broker to develop a proposed plan?  A. Usually, the carrot works better than the stick, or – as Ben Franklin liked to say “You can catch more flies with a cup of honey than with a bucket of vinegar”. So it would be important to work with the NGOs to develop a plan that would empower them as well as reducing their overlap and competition. Clearly, the National Health Service needs to play a central role, since one major goal is to use the resources of the NGOs to extend the effectiveness of the National Health Service. There might be an advantage in recruiting a “neutral broker” if one can be found with sufficient expertise and credibility. Alternatively, a team with representatives from the various categories of stakeholders might be best.  Q. What information would you need to collect about the NGOs operating in Country Y?  A. There needs to be some sort of national registry, with forms to collect consistent data from all the NGOs. Many African countries have such a registry already.  Q. Should there be a national registry of all NGOs, both international and local? Should there be an application process required before an NGO is permitted to work in Country Y?  A. Probably yes, but this is a delicate political matter. If the restrictions are seen as too difficult, that could send NGOs to other countries.  Q. How should the work of each NGO be harmonized with that of the National Health Service?  A. Not a simple matter to answer. It would require a careful inventory of which agency is doing what at present, then a negotiation to improve complementarity. This is the heart of the problem.  Q. How should NGOs be expected to build health worker capacity?  A. It could be argued that one role of all health agencies is to contribute to training their successor personnel.  Q. What does this case study illustrate about consensus building?  A. How difficult it can be in practice. That there is no simple formula for success. That leadership is an art as well as a science. |

# **CASE STUDY 6: MENTORING**

At the end of this fellowship, the graduates will either go to new positions as managers in their organizations or work in new organizations. A mentorship program helps to support this transition. Some organizations may have such a program in place and the fellows can use their knowledge to improve its effectiveness. In some cases, there may be none and the pioneer fellows may have to create one for those who will come after them.

Problem

You are the Director of the National Aids Control Program in your country. A new group of four managers that graduated from a fellowship training program is sent to you for deployment. They come from various professional backgrounds but went through a similar management training program. The Permanent Secretary in the Ministry of Health would like to track the progress of the fellows to see what difference the fellowship program can make. You decide to pair the new managers up with mentors to help them.

Challenge

* What do you understand by the term mentorship?
* What do you expect the mentorship program to achieve? Which activities would take place?
* Which characteristics will you look for in potential mentors?
* Should mentorship be mandatory or voluntary?
* Should the protégé (mentee) have input in selecting a mentor?
* How would you evaluate your new mentorship program?
* During your Fellowship, you will have a primary mentor and a mentoring committee that will advise you about your project at your Attachment Site. What are your expectations for you primary Mentor and for your mentoring committee?

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| ANSWERS: Case Study 6  Q. What do you understand by the term mentorship?  A. A relationship in which a more senior colleague provides guidance and advice to a more junior colleague.  Q. What do you expect the mentorship program to achieve? Which activities would take place?  A. In the context of the ABC Fellowship, one goal is to supervise the Fellows’ project at her/his Attachment Site. A second goal is to provide general career counselling, and a third goal is to be available to consult about any professional or personal problems that the mentee may raise.  Q. Which characteristics will you look for in potential mentors?  A. First, an enthusiasm for acting as a mentor, and second, the professional background that enables the mentor to provide relevant advice; and third, the time to spend on the mentoring relationship. This latter is often the main impediment to successful mentorship.  Q. Should mentorship be mandatory or voluntary?  A. Voluntary on the part of the mentors; mandatory for each mentee.  Q. Should the protégé (mentee) have input in selecting a mentor?  A. Yes, both to ensure that the personal “chemistry” works, and that the mentor has the same understanding as the mentee about the responsibilities and goals of the mentorship.  Q. How would you evaluate your new mentorship program?  A. Will be answered by individual Fellows on the basis of personal experience.  Q. During your Fellowship, you will have a primary mentor and a mentoring committee that will advise you about your project at your Attachment Site. What are your expectations for you primary Mentor and for your mentoring committee?  A. As described above, there are several goals for the mentorship of ABC Fellows. |

# **APPENDIX 1**

## **LEADERSHIP ATTRIBUTES AND COMPETENCIES**

The following list of leadership competencies is based on many tracts that have been written on this subject, some of which are included in the reference list. The goal of this module is to help trainees identify each of these competencies, and to discuss them in the context of several case studies. In addition, each Fellow will do a self-assessment to identify which competencies she/he has already acquired and which ones she/he needs to develop or improve.

1. STRATEGIC THINKING AND PLANNING

One key element in effective leadership is the ability to apply strategic or critical thinking to a problem, a programme, or an organization. Some of the elements that are involved in critical thinking are described below.

Analysing a problem

Strategic thinking often begins with a critical analysis of a problem to be solved or project to be undertaken. Analysis will then prepare the way for project planning or problem solving.

Systems thinking and project planning

Successful leaders are systems thinkers who address the needs of complex environments. Acting as an agent of change for a programme or an organization requires systems thinking. Systems thinkers are aware that everything is connected to everything else. The obvious problems plaguing a programme or an organization may be symptoms rather than root causes. Systems thinkers should be able to develop a coherent plan for a project or programme that is consistent with the organizational environment and can be implemented. Fellows will be introduced to concepts of system thinking and it is anticipated that at the end of the Fellowship, they will be empowered to:

* Carry out analysis of the systems within which they work
* Apply systems thinking in implementing a programme
* Develop strategies for enhancing the efficiency and effectiveness of their programmes

Setting priorities

Leaders must set priorities and have to determine what issues will be addressed within the organization. Because of the current focus on team development and community coalition building, leaders often set priorities in concert with team or community partners. Both subjective and objective factors may influence the priority setting process. Decisions about priorities are often determined by economic and political issues as well as community concerns. At the end of the Fellowship, trainees will be empowered to:

* Critically identify issues that are a priority to be addressed within their work places
* Apply a process for priority setting

Bold thinking

Leadership involves decision making, and decision making involves risk taking. Public health leaders often confront disagreement or discontent with their decisions. Fellows need to be aware that leadership and risks go together, since risk taking is a pre-requisite for challenging the status quo and being innovative. Taking risks requires acceptance that mistakes may (will) be made. Therefore fellows will need to understand that as part of decision making they should evaluate the costs and benefits of their decisions, the expenditure necessary to carry out their decisions and the consequences, good and bad, for the functioning of their programmes. The Fellowship aims to empower trainees to:

* Build their personal capacity to take tough and bold decisions (risk taking)
* Gain skills to critically analyse the risks and benefits of their decision

1. STRATEGIC PLANNING

Is the process by which leaders of an organization determine what it intends to be in the future and how it will get there. To put it another way, they develop a vision for the organization's future and determine the necessary priorities, procedures, and operations (strategies) to achieve that vision. Included are measurable goals which are realistic and attainable, but also challenging; emphasis is on long-term goals and strategies, rather than short-term (such as annual) objectives. Before engaging in strategic planning the organization must consider the following:

* The timing: including how often, at what point in an organizational project cycle and how long should strategic planning process last?
* Who should be involved in a strategic planning process
* Who should facilitate the strategic planning process?

Steps involved in strategic planning

* Identifying core values
* Perform an environmental analysis (internal and external analysis)
* Identifying key issues
* Define or review the organization’s values, vision and mission
* Developing a shared institutional vision
* Identifying breakthrough objectives
* Key strategic
* Developing a plan
* Procedures for monitoring and evaluation

1. MANAGEMENT SKILLS

Management and leadership

In many resource-limited countries the distinction between a manager and a leader is not very clear. As a result an individual may be expected to carry out both management and leadership responsibilities. This may not be an easy task because members of the organization may be linear thinkers who are the dedicated to rules, regulations, and protocols, and resist change. Managers tend to fall in this category and can be contrasted from leaders who tend to less bound by rules, and allocate time to building relationships with external stakeholders.

Managers deal with the implementation of programmes and take responsibility for the day-to-day operation of a team or organization, small or large. They need to make plans, organize logistics, develop budgets, manage personnel, write reports, and all the other activities required to operate a programme or organization. Also, managers need to delegate as appropriate, and oversee and evaluate activities for which they are responsible.

At end of the Fellowship, trainees will:

* Understand the elements of effective management
* Reflect an understanding of the importance of being consistent and trustworthy
* Be able to deliver assignments in a timely fashion
* Learn the principles of goal-oriented and result-focused planning

A separate module is devoted to Program Management, where the components of effective management will be presented in some detail.

Entrepreneurial skills

Leaders of the 21st Century need to possess entrepreneurial skills. Traditional approaches to running organizations and programmes may not be sufficient. Leaders of today need to explore alternative or additional funding sources for their programmes as well as learn how to use their resources in new ways. Such skills are increasingly needed by leaders in the governmental public health sector because of dwindling resource allocation. At the end of the module fellows will be expected to be able to:

* Apply entrepreneurship to sustain their program

1. COMMUNICATION SKILLS

Leadership and communication

Communication skills are a critical attribute of effective leadership. They include the ability to write clearly and concisely; to speak clearly and make logical and convincing presentations; and to communicate both within an organization and externally to the media and other groups. A single exercise in this module introduces the area of communication skills. Since this is an important area, there is a separate module dedicated to communication skills. The leadership module will only define the importance of these skills, leaving skill building to the Communication module.

It is envisioned that at the end of their training, Fellows will be able to:

* Understand the range of communication skills needed for effective leadership
* Determine your personal communication skills and identify which ones you need to develop

1. PEOPLE SKILLS

Consensus building

Leadership requires consensus building, and effective leaders are good listeners, are respectful of other peoples’ opinions, and can negotiate disparate views for the common good. An effective leader helps colleagues and subordinate staff feel confident and empowered and gives them the sense that they are involved in development of an institution. Fellows will discuss the essentials of consensus building and it is anticipated that at the end of the Fellowship, they will:

* In their practices, allocate sufficient time to consensus building
* Become good listeners
* Acquire the ability to negotiate disparate views
* Acquire skills for instilling confidence to those they lead
* Be able to apply these principles in the environment in which they work

Team building

Leaders need to form coalitions and build teams. 21st century leaders are aware that their success depends on their being able to work with others. Because different people bring different expertise to the decision-making process, teams are created to solve challenges and make decisions. In view of public health’s strong community perspective, building coalitions to support the local public health agenda is critical. It is expected that at the end of their training fellows will:

* Develop enhanced capacity to lead teams
* Understand the requirements for monitoring and evaluating team performance

Mentoring and coaching

Mentoring and coaching are essential tools for leadership. Leadership development depends on experienced leaders who act as role models. Mentors and coaches need to understand leadership and promote the development of leadership skills by others. In general, mentoring is best done in a one–on–one apprenticeship relationship, which is different than traditional classroom teaching. In contrast, coaching is focused on how to do a specific job more efficiently and effectively, while mentoring is more about general issues such as career development and career choices. Therefore, mentoring and coaching are both essential in leadership development. The fellows will be empowered to develop mentorship skills including:

* Development of mentoring relationships
* Career guidance and advice about career goals

Mentoring will be a major focus in preparing Fellows for work at their Attachment Sites, and each Fellow will be supervised by a mentoring team. This will offer the opportunity to learn about mentoring from the viewpoints of both mentee and mentor.

1. PERSONAL CHARACTERISTICS

Role model

A leader is a person who inspires others and guides their undertakings. In other words, effective leaders are excellent role models for those who work with them or under their supervision. Effective role models demonstrate personal integrity, consistency and effectiveness, transparency and openness, the ability to take initiatives and be innovative. Leaders guide by inspiring others to share their vision, facilitate the way things get done, empower and enable others to behave in a positive way. They encourage and reward subordinates for their good works and inputs. Fellows will be reminded that self-esteem, efficiency, proper time management, technical expertise, self-awareness of strengths and limitations, are some of the essentials for effective leadership. It is expected that at the end of the Fellowship, trainees will:

* Self-assess personal strengths and limitations (personality profiles, learning styles etc.)
* Manage their time
* Conduct themselves in manner that inspires others
* Commit to develop their personal leadership talents and abilities

Charisma

Charisma is the ability to inspire others, particularly in a group setting. Charisma is a useful attribute that enhances leadership performance but many effective leaders do not have great charisma. Therefore, charisma will not be an important focus of the Leadership module.

# **APPENDIX 2**

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| APPENDIX 2 is a self-administered assessment that is meant to be completed at the beginning and the end of the leadership module. The purpose of this assessment is two-fold: to have the Fellows indicate what they know about the skills required for leadership and what they have learned during their fellowship; and as a personal assessment of their own leadership strengths and weaknesses, with a plan to work on selected skills as part of their career development plan.  This assessment may be a part of the materials that the programme evaluation contractor (I-TECH or other) administers gather as they are obtaining many inputs from the Fellows throughout the Fellowship. Please send your completed assessments via email. |

## **LEADERSHIP SKILLS ASSESSMENT**

(this is an anonymous questionnaire; you will be instructed how to return this when complete)

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| PLEASE ANSWER THIS QUESTION AT THE BEGINNING OF THE LEADERSHIP MODULE; and AGAIN AT THE END OF THE MODULE |

How would you rate your personal leadership skills?

| COMPETENCY  CATEGORY | SKILL OR CHARACTERISTIC | EXCELLENT | STRONG | MODERATE | WEAK |
| --- | --- | --- | --- | --- | --- |
| STRATEGIC THINKING | Ability to think critically and to analyse a problem |  |  |  |  |
|  | Ability to develop a coherent plan for a project or programme (Strategic planning) |  |  |  |  |
|  | Ability to set priorities for programmatic goals |  |  |  |  |
|  | Ability to think boldly and come up with “out of the box” ideas |  |  |  |  |
|  | Willingness to take risks in order to be an “agent of change” |  |  |  |  |
| MANAGEMENT SKILLS | Ability to organize the logistics to implement a programme |  |  |  |  |
|  | Ability to develop a budget and defend it |  |  |  |  |
|  | Ability to select effective employees and handle human resource issues |  |  |  |  |
|  | Concerns for your organization in contrast to your personal goals and needs |  |  |  |  |
|  | Ability to raise funds for your organization |  |  |  |  |
| COMMUNICATION SKILLS | Ability to write clearly and concisely |  |  |  |  |
|  | Ability to speak clearly and be easily heard |  |  |  |  |
|  | Ability to define the audience and prepare presentation relevant to the audience |  |  |  |  |
|  | Ability to speak in a logical and persuasive manner |  |  |  |  |
|  | Ability to communicate with the media |  |  |  |  |
| PEOPLE SKILLS | Being a good listener |  |  |  |  |
|  | Being able to maintain confidentiality where appropriate |  |  |  |  |
|  | Establishing rapport with your colleagues |  |  |  |  |
|  | Ability to develop a consensus among a group or team |  |  |  |  |
|  | Ability to mediate disagreements among your staff or colleagues |  |  |  |  |
|  | Ability to mentor and coach others |  |  |  |  |
| PERSONAL  CHARACTERISTICS | Personal integrity |  |  |  |  |
|  | Reliability and on-time completion of tasks |  |  |  |  |
|  | Consistency |  |  |  |  |
|  | Transparency and openness |  |  |  |  |
|  | Being a “self-starter” who takes initiative |  |  |  |  |
|  | Being innovative |  |  |  |  |
|  | Charisma |  |  |  |  |

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| PLEASE ANSWER THIS QUESTION AT THE BEGINNING OF THE LEADERSHIP MODULE |

The Afya Bora Fellowship is dedicated to helping trainees develop leadership skills to enable them to design, manage, and evaluate large health programmes. Which personal skills do you wish to focus on as one goal of the Fellowship? Please provide your confidential answer in the box below; take as much space as you need.

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| PLEASE ANSWER THIS QUESTION AT THE END OF THE LEADERSHIP MODULE |

Has the Leadership module helped to clarify and illustrate the skills needed for effective leadership? Has the module helped to focus or enhance your personal leadership skills? Please provide your confidential answer in the box below; take as much space as you need.

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| PLEASE ANSWER THIS QUESTION AT THE END OF THE FELLOWSHIP |

Has the Fellowship helped to clarify and illustrate the skills needed for effective leadership? Has the Fellowship helped to focus or enhance your personal leadership skills? Please provide your confidential answer in the box below; take as much space as you need.

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# **APPENDIX 3**

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| APPENDIX 3. Instructors and guest speakers will be different for each iteration of this module. For each iteration of this module, the actual participants should be filled in. |

## **INSTRUCTORS, SPEAKERS, AND FELLOWS**

## **NAMES AND RELEVANT INFORMATION**

|  |  |  |
| --- | --- | --- |
| NAME | BACKGROUND | CONTACT INFORMATION |
| Yohana Mashalla | Dean, Faculty of Health Sciences, University of Botswana | University of Botswana  Faculty of Health Sciences  Block 246, Private Bag 0022, Gaborone 267  Botswana; +267 355 4557  [*yohana.mashalla@mopipi.ub.bw*](mailto:yohana.mashalla@mopipi.ub.bw) |
| Neal Nathanson | Associate Dean for Global Health, U Pennsylvania, School of Medicine | B405 Richards Building, School of Medicine,  U Pennsylvania, ,  Philadelphia, PA 19104-6116, USA;  215 898 0848  [*nathansn@upenn.edu*](mailto:nathansn@upenn.edu) |
| John Cheruiyot | Consultant, Organizational Development,  Kicher and Associates, Nairobi, Kenya | Unipen Flats Hurlingham Shopping Centre, 2nd Flr, 61379-00200 City Square, [Nairobi](http://www.businesslist.co.ke/location/nairobi)  *+254 20 272 9720*  *kicher2002@yahoo.com* |
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ROLE MODELS TO TALK TO LEADERSHIP TRAINEES

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| --- | --- | --- |
| NAME | POSITION | CONTACT INFORMATION |
| Yohana Mashalla | Dean, Faculty of Health Sciences, University of Botswana | University of Botswana  Faculty of Health Sciences  Block 246, Private Bag 0022, Gaborone 267  Botswana; +267 355 4557  [*yohana.mashalla@mopipi.ub.bw*](mailto:yohana.mashalla@mopipi.ub.bw) |
| Alex Coutinho | Director, Infectious Disease Institute, Makerere University |  |

CASE STUDY INFORMATION

|  |  |  |  |
| --- | --- | --- | --- |
| NAME | COUNTRY | PROFESSION | Case Study |
| Thandi Katholo | Botswana | Nursing | 1 |
| Cordelia Katureebe | Uganda | Medical | 1 |
| Ramadhani Noor | Tanzania | Medical | 1 |
| Patrick Mburugu | Kenya | Medical | 1 |
| Onalenna Seitio | Botswana | Nursing | 2 |
| Tom Ngabirano | Uganda | Nursing | 2 |
| Alfred Meremo | Tanzania | Medical | 4 |
| Samson Mugane | Kenya | Medical | 2 |
| Rose Sianga | Botswana | Nursing | 3 |
| Dan Snejuvu | Uganda | Medical | 3 |
| Olivia Bahemaka | USA | Nursing | 3 |
| Joshua Garrison | Tanzania | Medical | 3 |
| Tsima | Botswana | Medical | Withdrew from program |
| Hilda Tibenderana | Uganda | Medical | 4 |
| Alex Bilioux | USA | Medical | 4 |
| Mary Matilu | Kenya | Medical | 4 |
| Kristen Hosey | USA | Nursing | 6 |
| Benedicta Masanja | Tanzania | Medical | 6 |
| Caroline Kosgei | Kenya | Medical | 6 |
| Richard Cherutich | Kenya | Nursing | 6 |

# **APPENDIX 4**

## **BIBLIOGRAPHY**

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| The bibliography is provided as an additional resource for Fellows who may wish to delve into leadership issues in the future. Fellows are NOT expected to use this bibliography during the module. As indicated below, some items will be made available via flashdrive for Fellows to download onto their laptops. Probably, the most useful item is the Management Sciences for Health book “Managers who lead” that is provided as a pdf. |

BOOKS

This book is being provided in pdf format on a flashdrive so interested Fellows can download it onto their laptops.

* Management Sciences for Health. Managers who lead: a handbook for improving health services.

The following two books can be purchased from online booksellers.

* Foege WF, Daulaire N, Black RE, editors. Global health leadership and management. Jossey Bass, San Francisco, 2005. 241 pages, $16 used from Amazon.com.
* Rowitz L. Public health leadership. Jones and Bartlett, Sudbury, MA, 2009. 570 pages, $43 used from Amazon.com.

REPORTS

These articles can be provided on request so interested Fellows can download them onto their laptops.

* Accordia Global Health Foundation. Building healthcare leadership in Africa, a call to action. Available at www.accordiafoundation.org, 2009, 52 pages.
* The Global Compact. Globally responsible leadership. 2009, 48 pages.

ARTICLES

These articles can be provided on request so interested Fellows can download them onto their laptops.

* Women's Campaign International. Introduction to strategic planning. Powerpoint available at [www.womenscampaigninternational.org](http://www.womenscampaigninternational.org).
* Wallace L. Multicultural critical theory. A B-School? New York Times, January 10, 2010. Available via [www.nytimes.com](http://www.nytimes.com).
* Taylor TA. Corner office, Openers. New York Times, Sunday, December 27, 2009. Available via www.nytimes.com.

PROGRAMS

These programs can be accessed via the internet.

* Yale University. Global Health Leadership Institute, [www.yale.edu/ghli](http://www.yale.edu/ghli).
* CDC. Sustainable management development program. [www.cdc.goc/globalhealth/smdp](http://www.cdc.goc/globalhealth/smdp).
* LEAD International. [www.lead.org/about/](http://www.lead.org/about/)
* IntraHealth. [www.intrahealth.org/section/about-us](http://www.intrahealth.org/section/about-us).
* Kellogg Health Scholars. [www.kellogghealthscholars.org/about/program.cfm](http://www.kellogghealthscholars.org/about/program.cfm).
* Management Sciences for Health, leadership, management & sustainability. www.msh.org/projects/lms/About/index.cfm. On this website you can access "the eMANAGER, which is issued in parts that you may find helpful.
* National public health leadership institute. http://www.phli.org/about/index.htm.

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