National Rural Health Mission and Leadership Capacity Development

A Leadership Development and Organizational Effectiveness Initiative for Reproductive Health in Bihar and Jharkhand

AN INTRODUCTION

A collaboration between

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Among the core strategies of the National Rural Health Mission (NRHM) is the decentralization of health care delivery and management in the form of the District Health Action Plan (DHAP). The District then becomes the core unit of planning, budgeting and implementation of NRHM interventions.

The NRHM rationale and framework put the focus on achieving health and development goals squarely at the district level working in tandem with communities and blocks to realize its goals.

District Health Mission teams are to work with village- and block-level institutions to strengthen infrastructure, enhance capacity and expand service delivery to meet the goals of availability, accessibility and quality. Among the five main approaches embodied by the NRHM are:

a) **Improved management through capacity building.** This involves strengthening the management skills at block and district health offices, and NGOs in capacity building, as well as continuous skill development support.

b) **Communitise.** This is to decentralise planning, involving village health and sanitation committees.

The ‘District’ is the key unit for ensuring coverage and quality of these services. Senior government officials have expressed a need for leadership and management development of district-level officers to strengthen health services. Hence, the onus is on programme leaders, officers and stakeholders at these levels to use local talents, available institutions and structures to achieve NRHM goals.

Concurrently, the Government of India’s Reproductive Child Health (RCH) programme includes critical family planning and reproductive health (FP/RH) services like spacing methods of contraception, medical termination of pregnancy (MTP), comprehensive and basic emergency obstetric care, and HIV/AIDS knowledge and behaviour change, particularly for adolescents as well as child health services.

**Need for Leadership Capacity Development**

To achieve the NRHM’s ambitious agenda, a process of building capacity for leadership and management development at the district, block and community levels should be instituted. Achieving the goals of the NRHM, particularly within the auspices of the RCH programme, requires many personal and organisational skills and competencies by both government officials and civil society participants. These include creating and sharing a vision; building consensus and aligning values; inspiring couples and families to support the NRHM; mobilising resources; building strategic alliances and partnerships with private sector and NGOs; resolving conflicts; and so on. Therefore, managing district health programmes well is not enough. Leadership capacity development is needed to enhance the capabilities of those tasked with effective implementation of the NRHM.
The National Rural Health Mission

Launched in April 2005, the vision of the National Rural Health Mission (NRHM) is to improve the availability of and access to quality health care by people, especially for those residing in rural areas, the poor, women and children. Through this initiative, the Government of India (GOI) is thus committed to increasing public expenditure on health from 0.9% of GDP to 2-3%.

The NRHM (2005-12) has adopted a holistic and synergistic approach by relating health to other determinants of good health such as nutrition, sanitation, safe drinking water, and hygiene. It seeks to address imbalances in the health care delivery system by increasing public expenditure on health, reducing regional disparities in health infrastructure, pooling resources and integrating organizational structure, among others.

Recognising that the state of public health in the country is not good for a substantial proportion of the population that is the poor and other socially-excluded communities, as well as the regional imbalances, the NRHM has a special focus on 18 states considered to have weak public health indicators and/or infrastructure. Among these states are Bihar and Jharkhand.

The NRHM has seven major goals:

- Reduction in infant mortality rate and maternal mortality ratio.
- Universal access to public health services such as women’s health, child health, water, sanitation and hygiene, immunization, and nutrition.
- Prevention and control of communicable and non-communicable diseases including locally endemic diseases.
- Access to integrated comprehensive primary health care.
- Population stabilization, gender and demographic balance.
- Revitalise local health traditions and mainstream AYUSH.
- Promotion of healthy lifestyles.

Of the many strategies within the DHAP, the following are of special interest for leadership development:

- Panchayati Raj Institutions (PRIs) which should be strengthened in terms of leadership, organisational development and capacity.
- Accredited Social Health Activist (ASHA) who is tasked with promoting access to improved health care at the household level.
- District Health Mission teams to be supported and strengthened with a leadership development and organizational effectiveness process.
- NGO leaders who can effectively mobilise communities and partner with district health teams.

The leaders not only need to develop their personal competencies as leaders but also strengthen their organisations for sustained impact.
The Leadership Development and Organisational Effectiveness (LDOE) programme has the vision to create longer-term impact on the family planning and reproductive health (FP/RH) sector (for outreach and service delivery) in the eastern states of Bihar and Jharkhand, India through developing LDOE capacity of these three key players:
* District health teams
* Heads of NGOs
* Community leaders

The LDOE programme is a collaboration between the International Council on Management of Population Programmes (ICOMP) and the Ranchi-based Xavier Institute of Social Service (XISS). It is funded by the David and Lucile Packard Foundation.

The LDOE programme aims to contribute towards the goals of the NRHM, in particular:
* Reduction in infant mortality rate and maternal mortality ratio
* Universal access to public health services such as women’s and child health
* Population stabilization, gender and demographic balance

**Goal and Outcomes**

The basic goal of LDOE is to improve FP/RH status through enhanced systemic impact in Bihar and Jharkhand by an LDOE process in targeted locations. The LDOE is implemented in six districts: Aurangabad, Gaya and Sheikhpura in Bihar, and Deoghar, Koderma and Palamau in Jharkhand. The following inter-related outcomes are to be achieved:

1. Leadership development and strengthening organizational effectiveness process leads to increased coverage and improved quality of FP/RH services.
2. Capacity of critical institutions for systemic change - regional resource centres and state health societies - is strengthened to support LDOE of NGOs and districts.
3. Sustainable in-country capacity for LDOE is established.

The LDOE leadership capacity development process will use the following framework for district health teams, NGO heads and community leaders. The respective training programmes are outlined in the following pages.
The Leadership Development Process

An approach for leadership capacity development which focuses on a few selected critical areas (such as increasing coverage of services, improving quality of care and building government-civil society partnership) is more promising for achieving specific results and could be a good entry point for subsequent overall development of health services. This approach would require:

- Forming District Health Teams comprising key district officials, NGO and private-sector representatives;
- Fashioning and implementing a “Strategic Leadership Development” process for the team. Strengthening government-NGO partnership would be a key feature of this process, which will be carefully documented for subsequent scaling-up.

District Team Leadership Development
As the NRHM is a mission-bound programme with a crucial role for the district, the district health team needs to emphasize leadership tasks. When the team carries out leadership tasks, a shared vision is created. This allows the health system efforts to be pulled in a single direction. Assessing vision-reality gap allows everyone to be aware of the gap and challenges involved. A participatory process of identifying the path/strategy brings together everyone’s experience and skills to identify the actions needed to bridge the gap. In addition, they need to prepare and implement action plans to improve performance. For this they have to work effectively with other line departments and partners in civil society such as NGOs and relevant bodies, as well as mobilise resources.

District teams should exercise leadership in both sectoral and multi-sectoral settings. They need to manage effective FP/RH programmes and ensure that they have exposure to best practices for this. In addition, they need to prepare and implement action plans to improve performance.

Strategic Leadership Development Process for District Health Teams
District health teams will go through an LDOE capacity building process that has a mix of leadership and management functions. The training and learning structure will start off with self and organisational assessments, a series of three Round Tables over a period of six months, followed by an advanced 5-day training course, and subsequent follow-up activities and initiatives such as networking, exposure and exchange visits, mentoring and so on.

Composition of District Teams
- Civil Surgeon
- Programme Manager
- Additional Chief Medical Officer
- RCH Officer

Topics for Training and Learning

a. Personal Leadership Competencies
- Leading programme development
- Leading organisational change and development
- Personal leadership skills development
- Making friends and influencing people
- Gender sensitivity
- Policy advocacy and advocacy strategies

b. Leading for Effective Health System
- Introduction to effective health system
- Empowering households and communities
- Improving functioning of systems for service delivery
- Coordinating practices among households, communities and health service delivery

- Building linkages with NGOs and private sector
- Strengthening strategic alliances among sectors
- Mobilising resources within and outside the health system
- Securing support from district and state administration
- District planning for NRHM

c. Performance Improvements
- Situation analysis, root-cause and SWOT
- Performance gap analysis
- Action plan and implementation
- Monitoring and evaluation
The NGOs

Non-governmental organisations (NGOs) are vital channels for delivering essential RH/FP services and information to underserved communities and marginalized population groups. They complement the government health system in addressing gaps in service delivery and outreach, as well as resource mobilization.

NGOs complement the government’s health delivery system. In areas where government health facilities and resources are weak or non-existent, NGOs fill in the gap in delivering essential health services to the communities. Where government has a presence, then NGOs can provide appropriate alternatives particularly in terms of quality of care. As such, they are essential partners.

NGO Leadership Development

Like any organisations, NGOs need to strengthen their own management and leadership capabilities in order to perform, deliver and sustain their mandate. Heads of selected NGOs in the selected six districts would be recruited for a leadership training and learning process that includes:

- Improving leadership and governance,
- Strengthening organisational effectiveness, and
- Enhancing sustainability through addressing organizational viability, financial continuity, program effectiveness and enduring impact.

Heads of NGOs going through this LDOE process are expected to collaborate with district health teams in their respective districts whose members are also undergoing a similar LDOE process. They are also expected to take responsibility for strengthening capacity of their affiliated community-based organisations (CBOs) through an appropriate LDOE process to increase FP/RH impact.

Strategic Leadership Development Process for NGO Executives

Heads (or executives) of NGOs will go through a LDOE capacity building process that has a mix of leadership and management functions. For them, the organisational strengthening training is emphasized. To underscore their prospective collaboration, NGO heads will join members of the District Health Teams in training.

The training and learning structure will start off with self and organisational assessments, a series of three Round Tables over a period of six months, followed by an advanced 5-day training course, and subsequent follow-up activities and initiatives such as networking, exposure and exchange visits, mentoring and so on.

Topics for Training and Learning

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<thead>
<tr>
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<tbody>
<tr>
<td>- Leading programme development</td>
<td>- Overview and technical updates</td>
<td>- Basic concepts</td>
<td>- Situation analysis, root-cause and SWOT</td>
</tr>
<tr>
<td>- Leading organisational change and development</td>
<td>- Leadership challenges in NRHM</td>
<td>- Strategic planning and results-based management</td>
<td>- Performance gap analysis</td>
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<tr>
<td>- Personal leadership skills development</td>
<td>- Implementation of NRHM</td>
<td>- Financial management</td>
<td>- Action plan and implementation</td>
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<tr>
<td>- Making friends and influencing people</td>
<td></td>
<td>- Making Board work - development and role</td>
<td>- Monitoring and evaluation</td>
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<tr>
<td>- Gender sensitivity</td>
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<td>- Proposal development and sustainability</td>
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<td>- Policy advocacy and advocacy strategies</td>
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<td>- Resource mobilisation</td>
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</table>
Developing leaders at community level by enhancing their leadership competencies and assisting them to empower their communities can contribute towards NRHM goals through:

- Reduction in infant mortality rate and maternal mortality ratio
- Promotion of universal access to public health services such as RCH
- Population stabilisation, gender and demographic balance

**Community Leadership Development**

Community leaders could mobilise demand, promote appropriate health behaviour and monitor availability and quality of services. For this purpose, the leadership competencies of community leaders need to be enhanced to perform these roles. Some prerequisite leadership competencies are:

- Creating and sharing a vision for NRHM goals for their community
- Building consensus and aligning community values for this vision
- Communicating and public speaking effectively to get the right messages across
- Inspiring and motivating couples and families to support FP/RH
- Mobilising resources and resolving conflicts
- Managing well

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**The Community**

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**Strategic Leadership Development Process for Community Leaders**

Four main groups of community leaders have been identified. Their training and learning process is respectively defined by their roles and functions in the community, as outlined in the module structure below.

**Module Structure for Developing Community Leaders**

<table>
<thead>
<tr>
<th>Participant</th>
<th>Self-learning</th>
<th>Training</th>
<th>Team training</th>
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<tbody>
<tr>
<td>ASHA/Sahiya</td>
<td>a. Planning and monitoring</td>
<td>1. Organising work (AWW)</td>
<td>1. NRHM</td>
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<td></td>
<td>b. Problem solving</td>
<td>2. Community organising</td>
<td>2. Basic leadership</td>
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<td></td>
<td>c. Community visioning</td>
<td>3. Technical updates</td>
<td>3. Gender values</td>
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<td></td>
<td></td>
<td>(youth, gender, abortion)</td>
<td>4. Communications</td>
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<td>5. Mobilising community</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>(visioning, etc, and resource mobilisation)</td>
</tr>
<tr>
<td>Panchayat Raj or</td>
<td>d. Listening</td>
<td>4. Life skills</td>
<td>6. Team development</td>
</tr>
<tr>
<td>Village health cmts</td>
<td>e. Practice communication</td>
<td>5. Managing conflicts</td>
<td>7. Advocacy with health system</td>
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<tr>
<td></td>
<td></td>
<td>(skilled birth attendant, NRHM topics)</td>
<td>9. Monitoring and evaluation</td>
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<tr>
<td>Community leader</td>
<td>g. Creating volunteer base</td>
<td>7. Asset-based community</td>
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<tr>
<td>AWW, SHG</td>
<td>h. Community visioning</td>
<td>8. Community situation on RH, etc</td>
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<tr>
<td>Youth</td>
<td>i. Reading, presentations</td>
<td>9. Working with adults</td>
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<td></td>
<td>k. Time management</td>
<td>11. Youth group - SRH</td>
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<td></td>
<td>12. Economic resource mobilisation</td>
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<tr>
<td>Total</td>
<td>11 sessions</td>
<td>12 sessions (1 or 2 days for each category)</td>
<td>9 sessions (3 days for team training; could be mixed with individual training, depending on desired sequence)</td>
</tr>
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**On-the-job Support:**

1. **Assess current situation to identify opportunities and obstacles** - Situation analysis: Root cause; Consult stakeholders
2. **Define challenges and select priority actions** - Tailor services to local needs; Mobilise community resources
3. **Implement plan and monitor** - Work with health and other sectors
4. **Continue and revise as necessary**
International Council on Management of Population Programmes

The International Council on Management of Population Programmes (ICOMP) is committed in pursuing its mission for achieving excellence in management of population programmes, to make them more effective, efficient and equitable, for improving the quality of life of people. Since its establishment in 1973, ICOMP has been both an instrument for and was instrumental in the improvement of population programmes. ICOMP retains its unique focus on management while it continues to respond to the needs of its stakeholders towards strengthening programme capacity and effectiveness with managerial improvements in numerous developing countries.

Building on its knowledge, skills, experience and partnership, ICOMP is utilising strategies of strengthening leadership and management capacity, building good practices and promoting policy dialogues. Enhancing national capacity and promoting South-South-North sharing through partnership with a diverse range of organisations and individuals underpin the implementation of these strategies. Built on more than 30 years of experience, ICOMP is increasingly working towards ICPD goals and the Millennium Development Goals (MDGs).

ICOMP builds synergistic alliances and relationships with a number of key population management institutions. ICOMP’s clients and partners range from policymakers of government and NGO programmes to grassroots project personnel and researchers.