

INSTITUTIONAL STRENGTHENING OF THE HIV/AIDS OFFICE IN THE MINISTRY OF HEALTH, DEMOCRATIC REPUBLIC OF CONGO



August 2012

This publication was produced for review by the United States Agency for International Development. It was prepared by Steve Yank for the Health Systems 20/20 Project.

Health Systems 20/20 is USAID's flagship project for strengthening health systems worldwide. By supporting countries to improve their health financing, governance, operations, and institutional capacities, Health Systems 20/20 helps eliminate barriers to the delivery and use of priority health care, such as HIV/AIDS services, tuberculosis treatment, reproductive health services, and maternal and child health care.

August 2012

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Cooperative Agreement No.: GHS-A-00-06-00010-00

Submitted to: Scott Stewart, AOTR
Health Systems Division
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Bureau for Global Health
United States Agency for International Development

Recommended Citation: Yank, Steve. August 2012. *Institutional Strengthening of the HIV/AIDS Office in the Ministry of Health, Democratic Republic of Congo*. Bethesda, MD: Health Systems 20/20 project, Abt Associates Inc.



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ACRONYMS

AMO CONGO	Congolese NGO
CDC	U.S. Centers for Disease Control and Prevention
CORDAID	Catholic Organization for Relief and Development
DRC	Democratic Republic of Congo
GTZ	German Agency for Technical Cooperation
IT	Information Technology
MOH	Ministry of Health
MPH	Master of Public Health
MSF	<i>Médecins Sans Frontières</i> (Doctors Without Borders)
NGO	Nongovernmental Organization
ONUSIDA	Joint United Nations Program on HIV/AIDS (UNAIDS)
PEPFAR	President's Emergency Program for AIDS Relief
PMTCT	Preventing Mother-to-Child Transmission of HIV
PNLS	<i>Programme National de Lutte contre le SIDA</i> (MOH HIV/AIDS Program)
PNSR	<i>Programme National de Santé de la Reproduction</i> (MOH Reproductive Health Program)
SANRU	<i>Soins de Santé Primaires en Milieu Rural</i> (Congolese NGO)
USAID	U.S. Agency for International Development

ACKNOWLEDGMENTS

The institutional strengthening of the HIV/AIDS Office in the Ministry of Health in the Democratic Republic of Congo would not have been possible without the support and contributions of numerous individuals.

Throughout this three-year activity, the USAID/Kinshasa health team provided important guidance, direction, and support. Laurent Kapesa, Josh Karnes, and Godefroid Mayala in particular were extremely supportive throughout the process.

Numerous Health Systems 20/20 staff and consultants were involved in this activity. Rachid Ben Amor served as lead organizational development consultant and provided high-quality technical assistance for the full duration of the activity. Jean Diwete provided superb local coordination including an exemplary attention to detail and a high level of professionalism. Claude Konan provided excellent support to PNLs in strengthening its annual planning process. Christian Tunda assisted in establishing a functional IT system in PNLs. Anne Brandjord and Christina Juan provided efficient home office backstopping.

Most important was the level of engagement and interest of PNLs central and provincial office staff. Health Systems 20/20 is particularly appreciative of the leadership of Dr. Augustin Okenge, PNLs Director, and Jean Pierre Kabuayi, Deputy Director. Without their support this activity could not have been as successful.

Steve Yank

Fred Rosensweig

EXECUTIVE SUMMARY

CONTEXT AND PURPOSE

In October 2009, USAID/Kinshasa requested Health Systems 20/20 to provide assistance to improve the management and coordination capacity of the HIV/AIDS Program (*Programme National de Lutte contre le SIDA*, or PNLS) in the Ministry of Health (MOH) in the Democratic Republic of Congo (DRC). This request was directly related to the increased emphasis in PEPFAR 2 on country ownership and sustainability including the development of the capacity of host governments to manage and oversee HIV/AIDS programs.

With the increase of funding available in the DRC for HIV/AIDS in recent years, the demands on PNLS have increased. The national office has a staff of approximately 50 people divided into 11 operating units as well as staff in each of the provinces. To respond to the increased demand and improve its effectiveness, PNLS and USAID believed that PNLS needed to strengthen its internal management capacity, including how staff worked together as a team and the ability to coordinate with donors and other partners.

A three-year work plan implemented from 2010–2012 based on the findings of an organization assessment identified five areas of assistance. One additional area (IT system support) was later added based on requests from USAID and PNLS. The plan included the following areas of assistance:

- Role of PNLS within DRC public health system
- Leadership and management
- Organizational structure and staffing
- Communication with and coordination of partners
- Strategic leadership
- Support to central office IT system

The strengthening of PNLS used a combination of the following approaches: (1) classic organizational development activities aimed at building an effective PNLS team – developing a shared vision, leadership and management training, job descriptions, executive coaching, skills needed to coordinate effectively, and organizational restructuring; (2) real-time application of skills through strengthening of the annual planning process; and (3) tangible improvements including strengthening IT capacity and renovating a meeting room.

KEY RESULTS

- PNLS now has a clearer vision and better-defined role in the HIV/AIDS response.
- Working relationships between the central and provincial office are significantly improved.
- Internal management at the central and provincial offices is improved, as evidenced by more regular staff meetings, more frequent internal communications, and quarterly monitoring and coordination meetings.
- Detailed road map and tools have been developed for the annual review and annual planning process. The 2011 Annual Plan was completed with full involvement of the provinces.

- Position descriptions, competency requirements and training plans have been developed, which provide building blocks for (1) new organizational structure and (2) managing individual and team performance.
- Partners regularly attend PNLS meetings and send high-level representatives. This is due to PNLS taking the lead and the openness of PNLS leadership.
- PNLS has a renovated meeting room and upgraded IT system.

LESSONS LEARNED

- Building organizational capacity rather than just individual capacity is one way to mitigate the effects of having qualified staff leave PNLS for better-paying jobs with donors and implementing partners.
- Working with a line office of the MOH means there are limits to what can be accomplished without addressing much larger and complex issues. Certain management systems such as financial management, procurement, or human resources are government-wide and ministry systems that are not easily strengthened when working with a single office. It is important to select interventions that are within the sphere of control of the line office.
- Everyone in the organization should be invited to participate in the change process, but at the same time it is important to identify a core group of committed managers to lead the change and provide leadership for the organization. In PNLS, this was a committed group of 10–12 managers.
- Senior leadership support is essential to the institutional strengthening process. In this activity, the PNLS Director and Deputy Director provided this support admirably.
- In an MOH program office, the provincial offices should be brought into the process in the first year since they bring a different perspective than the central office and a demand for internal accountability.
- A steering committee can play a useful role, especially in the first year, for guiding the change process.
- Real-time activities such as the annual planning process can provide an opportunity to put into practice many of the agreements and skills developed during retreats and training programs.

RECOMMENDATIONS

- In order to sustain the benefits and gains, PNLS needs to continue to have the competent and committed leadership it has had over the past three years.
- Maintaining positive relations with the provincial offices requires constant effort. PNLS needs to continue to hold quarterly meetings between central office and provincial leadership to ensure task performance and provide the opportunity to raise issues and do joint problem-solving.
- PNLS needs to continue to recognize that success in the battle against HIV/AIDS depends on successful partnerships both with partners and with other national MOH programs. The joint PNLS/*Programme National de Santé de la Reproduction* (PNSR – MOH Program for Reproductive Health) task force formed to provide oversight and coordination of prevention of mother-to-child transmission of HIV (PMTCT) activities is an excellent example of coordination between two national MOH program offices.

- Once PNLs obtains adequate operating funds, it can utilize the plans that have been made with Health Systems 20/20 for a high-performing process to develop the operational plan and provincial action plans, and to monitor central and provincial offices' implementation.
- The provincial coordinators requested on numerous occasions that Health Systems 20/20 provide support to their provincial teams. This will become increasingly important as decentralization and integration will mean a radical change in the way that provincial health teams operate under the direction of provincial health inspectors and provincial ministers of health.

I. INTRODUCTION

I.1 BACKGROUND

In October 2009, USAID/Kinshasa requested Health Systems 20/20 to provide assistance to improve the management and coordination capacity of the National AIDS Control Program (*Programme National de Lutte contre le SIDA*, or PNLS) in the Ministry of Health (MOH) in the Democratic Republic of Congo (DRC). This request was directly related to the increased emphasis in PEPFAR 2 on country ownership and sustainability including the development of the capacity of host governments to manage and oversee HIV/AIDS programs.

PNLS is a line office within the DRC's MOH and is responsible for coordinating the programs of a range of implementing partners for prevention, care, and treatment of HIV/AIDS. PNLS partners include international nongovernmental organizations (NGOs), other offices within the MOH, and other government agencies such as the National HIV/AIDS Multisectoral Program (*Programme National Multilateral de Lutte contre le SIDA*, or PNMLS).

Specifically, PNLS is responsible for the following:

- Develop norms and policies for HIV/AIDS programs
- Provide technical support to those organizations responsible for providing services
- Coordinate HIV/AIDS activities within the health sector
- Produce strategic information
- Mobilize resources

With the increase of funding available in the DRC for HIV/AIDS in recent years, the demands on PNLS have increased. The national office has a staff of approximately 50 people divided into 11 operating units as well as staff in each of the provinces. To respond to the increased demand and improve its effectiveness, PNLS and USAID believed that PNLS needed to strengthen internal management capacity, including how staff worked together as a team and their ability to coordinate with donors and other partners.

2. APPROACH

2.1 ASSESSMENT MODEL

For its institutional capacity building work, Health Systems 20/20 uses an assessment model based on the identification of critical core organizational competencies. For organizations such as research institutions and NGOs, the competencies typically include technical expertise, resource mobilization, technical assistance and training, management systems, organizational development, and governance. The basic premise is that technical competence, while a starting point in any organization, is not sufficient to become a self-sustaining and effective organization.

The competencies and assessment instrument are adapted for each type of institution (e.g., a university, an NGO, a regional network, or an office within the MOH) and for the purpose and goals of the capacity building. USAID had asked Health Systems 20/20 to focus on strengthening the internal management of PNLs, and its communication and coordination with partners. As PNLs is a line office within the MOH, there are a number of dimensions that are not especially relevant for government offices, such as the management systems – financial management and human resources – over which it does not have control. In the case of PNLs, a customized competency model was developed based on two competencies as defined below.

Management Capacity

- Leading and managing
- Planning and implementing
- Organizational structure and staffing
- Performance management
- Team effectiveness

Coordination Capacity

- Strategic leadership
- Establishing and utilizing coordination mechanisms
- Meeting management
- Communication with partners

An assessment instrument was then created that included specific questions in each competency area to guide the consultants in their data gathering and analysis.

2.2 ASSESSMENT PROCESS

The assessment process began with data gathering through a document review and interviews with stakeholders. Documents reviewed included:

- National Health System Strengthening Strategy (June 2006)
- National Health Sector Development Plan 2011–2015 (March 2010)
- Multisectoral Strategic Plan to Combat HIV/AIDS 2010–2014 (July 2009)
- Health Sector Strategic Plan to Combat HIV/AIDS 2008–2012 (June 2008)

Interviews and focus groups were held with PNLS leaders, managers and staff, funders, and implementing partners. Meetings were also held with organizations that had attempted, but been unsuccessful in building the capacity of the PNLS in recent years. Health Systems 20/20 analyzed the data in order to identify the findings, and developed a three-year work plan based on those findings. They shared the assessment results with USAID, the PNLS Director, PNLS managers, and PNLS partners in order to validate the findings and gain agreement on the plan forward.

2.3 WORK PLAN AND APPROACH

The three-year work plan based on the assessment findings identified five areas of assistance. The program laid out a three-year plan with a detailed work plan for the first year. One additional area (IT system support) was later added based on requests from USAID and PNLS. Activities in the first four areas below began in Year I. Strategic leadership and IT system support began in Year II and continued into Year III, albeit with reduced funding. The plan included the following areas of assistance:

- Role of PNLS within DRC public health system
- Leadership and management
- Organizational structure and staffing
- Communication with and coordination of partners
- Strategic leadership
- Support to central office IT system

A key aspect of the Health Systems 20/20 approach is the recognition that institutional strengthening is an iterative process. A plan is recognized as just that – a plan. As the consultants and client engage together in the capacity building activities, they develop new understandings of the organization's needs and possibilities, which require adjustments to the plan. The focus is on continual learning, and adapting actions based on what is learned while not losing sight of the original objectives and expected results.

The approach to staffing was to have a home office team leader provide overall management, and a senior organizational consultant (also based in Washington) serve as the technical team leader. The technical team leader and a second senior organizational consultant based in Tunis came to Kinshasa every three months for a period of two to three weeks. In the second year, a regional planning and monitoring and evaluation consultant from Cote d'Ivoire was engaged to assist PNLS in strengthening its planning processes. In addition, part-time consultants were hired locally to provide local coordination and IT expertise. The technical team leader's role was to ensure that the various activities were coordinated and leveraged in order to have the maximum possible impact.

3. ACTIVITIES AND RESULTS

3.1 ROLE OF PNLS WITHIN THE DRC PUBLIC HEALTH SYSTEM

Definition: Clarify and communicate the mission, vision, values, and role of PNLS within the national health system, including its relationship with other offices within the MOH. Ensure that PNLS activities are aligned with its mission, vision, values, and role.

Situation We Found

A fundamental challenge for PNLS was to see and fulfill its principal role as that of leading HIV/AIDS activities in the health system. This is a challenge in two ways: integrating HIV/AIDS activities into the entire health system through coordination with other MOH offices, and operating at the appropriate level for central and provincial offices so that, for example, the central office does not lead trainings at the health zone level.

PNLS came into existence during a period of time when the health system of DRC was extremely weak, and became part of an effort by donors to build a parallel delivery system for HIV/AIDS. This is a vertical approach, whereby donor funding goes to individual programs.¹ There is no incentive or requirement for those programs to integrate their activities horizontally. As a result, there was no apparent coordination of efforts between PNLS and other MOH programs. Furthermore, the organizational structure of the MOH is such that in many respects individual programs operate independently of any coordinating authority within the ministry. Thus PNLS operated from this vertical perspective, and understandably so, as the DRC health system had only recently begun the process of decentralization and integration.

The principal driver for behavior that leads the central office and provincial personnel to undertake activities that are not appropriate for their organizational level is financial. MOH personnel receive low salaries from the government. However, there is a great deal of donor funding for HIV/AIDS activities. The donors typically provide bonuses, transportation allowances, and per diems for participating in their funded activities. As a result, for example, PNLS central office and provincial staff deliver training at the district and local levels, rather than having central office staff focus on their national responsibilities, and provincial staff provide training at the provincial and district levels. In fact, many PNLS central office personnel were often absent from their office in order to benefit from participation in donor workshops, meetings, and trainings. On the other hand, there is no financial incentive for carrying out such critical PNLS responsibilities as, for example, coordinating activities of implementing partners and developing and communicating national norms and guidelines.

¹ There are over 54 separate programs in the MOH operating under 13 directorates.

Interventions

The first step in Health Systems 20/20's intervention was to hold a two-day residential retreat for 30 PNLS central office managers and key staff members. The Secretary General of the MOH also attended and participated in the first day of the retreat. The retreat was focused on two principal themes: (1) mission, role, values, and vision for PNLS, and (2) learning to work as a team. Small and large group activities and discussions provided the raw material that was used after the retreat in order to create a vision statement. The PNLS Director stated afterward that he was surprised to learn that so many of his personnel shared the same vision as he. The discussions and activities about teamwork provided a first conversation on this topic which would be revisited during subsequent training sessions.

The Secretary General provided Health Systems 20/20 with a list of four directorates and seven programs that he wished to have consulted regarding their relations and collaboration with PNLS. Health Systems 20/20 interviewed the directors of these directorates and programs. These interviews continued into the second year of the project. An analysis of the interviews reiterated the desire of other programs for improved collaboration and communication with PNLS. After great effort, a meeting of PNLS and all those interviewed was held, but in the end was very poorly attended.

In Year II, Health Systems 20/20 led activities to clarify the respective roles of central and provincial levels and improve their relations. The first step was a three-day residential retreat for the 11 provincial coordinators with the following objectives:

- Description and analysis of the role of the provincial PNLS offices, including their relations with the central PNLS office as well as other national, provincial, and local MOH agencies and partners.
- Exploration of the potential impact of the implementation of the national plan for development of the health sector, especially in terms of integration of programs and decentralization.
- Description and analysis of the annual review and annual plan process and results at the provincial and national levels.
- Identification of the most significant challenges they faced, and suggested solutions to these challenges.

During their next quarterly visit, the Health Systems 20/20 consultants facilitated a meeting of the PNLS central and provincial office management teams to address the concerns raised by PNLS provincial coordinators during their retreat. Mixed provincial/central office teams developed solutions in response to these concerns. The Deputy Director included these solutions in the PNLS annual work plan, and in his monitoring and supervision plan for the coming year.

Subsequent Health Systems 20/20 meetings of provincial and central office leadership provided further opportunities to clarify their roles and improve their relationship, resulting in enhanced work products such as the national annual operational plans and provincial annual action plans.

“The entire process of strengthening the national PNLS team in management, beginning with the retreat at Kisantu and continuing with other workshops, helped us to develop a sense of team within the program.”

– Freddy Salumu Mafuta,
Chief, Support Division,
PNLS Central Office

“To have created in PNLS – central and provincial levels – more than a group of people that work together, but rather a team with a vision and common objectives, understanding what is expected of himself and of others and all this while respecting professional and human relationships.”

– Dr. Jeremie Muwong,
Chief, Laboratory Division,
PNLS Central Office

“Teamwork is being developed both within the central office of the National AIDS Control Programme and between the central and provincial offices that did not exist before the support from Health Systems 20/20.”

– Jean Pierre Kabuyi,
Deputy Director, PNLS

Results

- Articulation of a shared vision for the central and provincial levels
- Respective roles agreed to by central and provincial levels
- Improved working relations between central and provincial levels
- Increased awareness by central office of the need for integration and decentralization of HIV/AIDS activities

3.2 LEADERSHIP AND MANAGEMENT

Definition: Build awareness and competency of PNLs leaders and managers in leadership and management functions. Improve internal communication and coordination practices, and create new processes if needed. Implement processes to encourage and manage individual and organizational performance.

Situation We Found

As is the case in many organizations, PNLs managers are often selected for management positions due to their technical expertise, and have not been provided with any training in management. There is a strong need for helping PNLs managers to understand their role as leaders and managers and to build the necessary competencies. One of the key responsibilities of managers is to assure that work is done and that results are achieved. PNLs does not have a performance management system that permits this to occur in a systematic way. Such a system would include job descriptions, work planning, delegation methods to organizational units and individuals, monitoring, and feedback.

There was also insufficient coordination and communication among the 11 divisions within PNLs. Staff meetings were held irregularly, and when they were held, there was no agenda or minutes. There were also no regular senior staff meetings between the Director/Deputy Director and the division chiefs. Partners reported that PNLs managers and staff were not aware of what the other divisions at PNLs were doing. They also reported that PNLs managers and staff were often not up to date on issues relating to HIV/AIDS in DRC.

Interventions

The principal activities in this domain in Year I were leadership and management training, the creation of a steering committee to guide the change process, and coaching of the PNLs Director (which continued throughout the project). Health Systems 20/20 held two three-day residential leadership and management training sessions for a total of 31 PNLs central office managers and staff. The purpose of the training was to provide an overview of leadership and management behaviors, provide an opportunity to practice and develop skills, and identify how these behaviors and skills can be used at PNLs. The principal topics were:

- Management and leadership functions
- Interpersonal communication
- Work plan conversations
- Emotional intelligence
- Teams – leading and participating

“The strengthening of the capacity of the provincial medical officers in leadership and management improved our capacity to coordinate activities at the provincial level.”

– Dr. Vicky Mabilia Bonde,
MPH, Provincial Medical
Officer, Bas Congo

- Effective meetings
- Giving and receiving feedback

PNLS created a steering committee to lead the change effort and Health Systems 20/20 activities; the committee comprised three division chiefs and two technical leads. In subsequent meetings the committee (1) led the process whereby the retreat participants finalized the work they did during the retreat on creating a vision statement for PNLs, and (2) guided all the national staff of PNLs in updating and standardizing their position descriptions and competency requirements. The committee became a model and springboard for cross-divisional communication and cooperation.

During Year II, Health Systems 20/20 held a second three-day residential leadership and management training for 31 PNLs provincial staff members. The participants were PNLs provincial coordinators, subcoordinators, and technical assistants from all 11 provinces, as well as the newly appointed Central Office Deputy Director and Director of the Finance and Admin Division. The two- or three-person management teams from each of the 11 provinces developed action plans for how they would implement their new skills and knowledge in the management of their provincial teams.

Results

- All central and provincial managers trained in basics of leadership and management
- Improved communication and coordination between divisions
- Regular management meetings of division directors
- More effective senior leadership behavior

3.3 ORGANIZATIONAL STRUCTURE AND STAFFING

Definition: Support PNLs in the development and implementation of (1) a new organizational structure that is aligned with the role, mission, and vision of PNLs, and also provides for effective management and coordination including clear lines of reporting and authority; and (2) a transparent and competency-based recruitment, selection, and training process.

Situation We Found

PNLS has 11 divisions with a number of them comprising between one and three persons, all of whom are classified as managers. This organizational structure was a key reason for the problems of coordination and communication. This was simply too wide a span of control for the Director and Deputy Director to manage. In addition, there was a large number of staff who did not have the necessary competencies to succeed in their positions. Some were recent graduates who were supervising staff members with many years of experience, often resulting in tensions and low motivation. Some did not have the background or experience relevant to their position. In fact, there were divisions in which none of the managers or staff had the experience or educational background in the function of that division, due largely to a hiring process that was not transparent and not under the control of PNLs.

Furthermore, the low salaries lead to a significant amount of turnover, especially among the more competent staff members who leave to work for international organizations. Another consequence of the low remuneration was that many staff are absent from their offices and their official duties, as they are seeking any activity that will provide them with some form of additional compensation such as a per diem. As a result, staff become involved in activities that are not always aligned with the role and mission of PNLs.

All these factors led to a poor level of performance by PNLs, which hurt the agency's reputation and funding opportunities. The most critical impact, of course, was that PNLs was not able to play its important role in the health system.

Interventions

Health Systems 20/20 started with a two-fold strategy in the area of organizational structure and staffing. On the one hand, the project emphasized the support that the existing staff would receive. Developing position descriptions that include competency requirements provided an essential tool for supporting their successful performance as well as their professional development. Descriptions of the roles and responsibilities of all the divisions were developed and the position descriptions were intended to be used as building blocks for designing and implementing a new organizational structure and transparent recruitment process during the second year.

Based on this work, Health Systems 20/20 developed and presented a recommendation for a new organizational structure to the PNLs Director. The project also recommended that the competency requirements be used in selecting new central office personnel. Given various political considerations, there was no decision on making changes to the organizational structure and recruitment process.

Health Systems 20/20 helped PNLs staff and managers to develop training plans that PNLs management approved for all staff based on a comparison of their skills with their positions' required competencies. PNLs will use these training plans to seek donor funding for training opportunities.

Results

- Job descriptions, competency requirements, and training plans developed, which are building blocks for (1) a new organizational structure, and (2) managing individual and team performance.
- New organizational structure recommended to the PNLs Director.

3.4 COMMUNICATION WITH AND COORDINATION OF PARTNERS

Definition: Enhance effectiveness of communication and coordination processes and structures. Renew existing processes and structures, and if needed, create new processes and structures. Create processes and structures to provide forum for partners to solve problems and share best practices. Identify mutual expectations of PNLs and partners, and create and implement norms and practices to hold each other accountable.

Situation We Found

Partners indicated that that PNLs did not provide sufficient communication or coordination activities that were effective, regularly scheduled, and structured. There had been a number of task forces that were nominally coordinated by PNLs. However, they only occurred when a donor or partner organized the meeting. As a result, these meetings tended to be focused on the needs of the donor and less on the needs of PNLs or the national program.

Partners reported that PNLs needed to put processes in place to ensure that meetings were effective. This included scheduling and announcing meetings in a timely manner, preparing and communicating agendas, facilitating meetings, communicating what happens at the meeting, and following up on action items and decisions made at the meeting.

Due to the lack of effective communication and coordination and to the overall performance of PNLs, some donors had reduced their financial support for PNLs. However, they recognized the importance of PNLs and wished to support it. Several stated that given improved performance, they would be willing to consider increasing their financial support.

Interventions

During Year I, Health Systems 20/20 held two one-day workshops for PNLs partners – one with funders and the other with implementers. PNLs was represented by the Director, Deputy Director, Director of Finance and Admin, and steering committee members. The funders workshop was attended by representatives of USAID, two of its implementing partners, CDC, ONUSIDA, UNICEF, and the Clinton Foundation. The implementers workshop was attended by representatives of international and national NGOs including MSF, Médecins du Monde, GTZ, Forum SIDA, Action Santé Familiale, Croix Rouge, SANRU, CORDAID, and AMO CONGO.

The purpose of the workshops was to enhance collaboration and communication between partners and PNLs. The principal recommendations of both workshops was to create steering committees comprised of partner and PNLs representatives to put in place activities to ensure enhanced communication and coordination. In Year II, a steering committee was created for implementing partners. It held two meetings, but subsequent meetings were rescheduled and cancelled for various reasons. The committee is now defunct.

Although the committee did not flourish, the listening sessions with partners, improvements to PNLs performance, and the collaboration with partners in developing PNLs annual plans led PNLs to have improved relations with and an improved reputation among partners, and in the end contributed to a much-improved capacity by PNLs to coordinate activities of its partners. Despite the fact that these steering committees never functioned as intended, by the end of the project partners reported that PNLs was doing a much better job of coordination and that meetings with partners were well attended and productive.

“Partners regularly attend PNLs meetings and send high-level representatives. This is due to PNLs leadership in HIV/AIDS and the attitude of PNLs leadership.”

– Dr. Augustin Okenge,
Director, PNLs

Results

- Improved capacity to coordinate with partners
- Partner meetings productive and attended by high-level partner representatives

3.5 STRATEGIC LEADERSHIP

Definition: Increase (1) ability to align partners and their activities with national strategies, norms, and standards; (2) awareness of importance of planning; and (3) individual and organizational competency in planning throughout PNLs. Develop system to monitor and assure achievement of key organizational results.

Situation We Found

One of the positive achievements prior to Health Systems 20/20 involvement noted by a number of partners was PNLs’s development of the 2008–2012 Health Sector Strategic Plan for the Fight Against AIDS. The process included a strong degree of participation and input by donors and implementing partners.

However, as described earlier, PNLS did not pay sufficient attention to its role of providing strategic leadership to the national effort to combat HIV/AIDS. Strategic leadership includes setting of norms and standards, aligning partners and their activities with strategies, and building consensus. Skills in this area would permit the PNLS to use the Strategic Plan as a starting point to coordinate the activities of funders and implementing partners.

A concrete example of the lack of strategic leadership is the 2010 PNLS Annual Plan. The final plan was never communicated to implementing partners, funders, or even PNLS's provincial coordinators. The plan's targets were never validated by the provincial coordinators and there were significant questions about the quality of the data on which the plan was based.

Interventions

Towards the end of Year I, USAID and the PNLS Director requested that Health Systems 20/20 provide support in order to improve the process for the 2010–2011 provincial and national annual review and planning. Health Systems 20/20 identified an Ivorien consultant with expertise in planning and monitoring and evaluation to work with the Health Systems 20/20 organizational development consultants in developing a process that would also lead to the development of more effective plans. Unfortunately, during Years II and III, PNLS stopped receiving funding from its principal donor, the Global Fund. This led to numerous delays and changes to the schedule and process for developing its annual plans. Nevertheless, Health Systems 20/20 worked with a core group of PNLS central office personnel as well as provincial leadership during Years II and III and helped PNLS make significant improvements to its annual plan process and products.

“The most important accomplishment of Health Systems 20/20 was the assistance in our planning processes since a participatory planning process is so fundamental to an organization.”

– Dr. Elie Alimasi, Chief,
PMTCT Division,
PNLS Central Office

Health Systems 20/20 developed and adapted a number of data-gathering tools for PNLS, and provided guides and training to PNLS on the use of those tools. Some of the principal training provided was:

- Training on tools and processes to central office facilitators who in turn led provincial review meetings for 2011.
- Provincial coordinators trained and prepared to lead development of provincial annual action plans for 2012.
- Central office division chiefs trained to develop their own annual action plans for 2011 and 2012.

Some of the principal processes instituted were:

- Planning timeframe changed to a two-year operational plan beginning with 2012–13. Annual action plans created for provinces and the central office.
- Central office developed objectives and targets for its divisions as part of the 2011 and 2012–13 operational plans. This was the first time that the central office divisions established their own performance objectives as part of the annual plan.
- Provincial offices validated 2011 and 2012–13 operational plan. These were the first times that provincial offices had the opportunity to do so.
- Provided clear and consistent information and instructions to provincial coordinators regarding the data collection and planning processes.
- Developed and implemented plan for supervision visits to monitor the activities in the provincial plans.

Results

- Two-year operational plan instituted for 2012–13, with annual provincial action plans.
- Final version of 2011 and near-final version of 2012–13 operational plans developed.
- Improvements made to PNLs annual review and annual plan process, and staff trained to lead new processes.
- Operational plans for 2011 and 2012–13 include central office results targets, and were validated by provincial coordinators.
- Monitoring plan developed and implemented beginning in 2011, and quarterly monitoring and coordination meetings held with central office and provincial managers.

3.6 IT SYSTEM

Definition: Assess the needs of the central office IT system, and develop and implement a plan to ensure that critical needs are met including: creating a local area network, increasing the quality of internet access, and creating an internal email and phone system.

Situation We Found

The central office IT system was not really a system. The local area network did not include all staff, and there was neither security/antivirus protection nor secure air-conditioned space for the servers. There was no local email or telephone system, internet access was insufficient, and the staff member responsible for IT did not have sufficient expertise to maintain an IT system.

Interventions

During Year II, Health Systems 20/20 carried out an assessment of the current PNLs central office IT system and developed recommendations for improvements. During Year III, Health Systems 20/20 purchased and installed servers and other equipment in order to make the improvements. Health Systems 20/20 also wrote an IT system policy and procedures manual and trained the PNLs IT staff person to maintain the system. The improvements included:

- Restructuring and extending the local area network to all offices, including the new office building and new conference center
- Remodeled office for servers and installed air conditioning
- Increased bandwidth for improved internet access
- Directory and authentication service
- Centralized antivirus system
- Local email system with PNLs domain name
- Local telephone system
- File sharing system
- Back-up system
- Firewalls

Results

- Upgraded IT system installed and utilized
- PNLS IT personnel trained to maintain system
- IT system policy and procedures manual written and followed

3.7 RESULTS

End-of-Project Result	Measures of Progress
<ul style="list-style-type: none"> • PNLS activities are aligned with its vision, mission, role, and values 	<ul style="list-style-type: none"> • Vision, mission, role, and values identified and affirmed at the national level. • Clarification of roles and responsibilities between central and provincial offices.
<ul style="list-style-type: none"> • Increased competence in leadership and management that results in improved performance 	<ul style="list-style-type: none"> • Improved working relationships and coordination between central and provincial levels. • Improved management at central and provincial levels, as evidenced by regular staff meetings and better and more frequent internal communications. • Individual leadership and management skills improved. • Quarterly monitoring and coordination meetings held to ensure supervisory visits are done in a consistent manner.
<ul style="list-style-type: none"> • More efficient organizational structure that ensures clarity of unit and individual roles and responsibilities 	<ul style="list-style-type: none"> • Position descriptions, competency requirements, and training plans developed, which provide building blocks for (1) new organizational structure and (2) managing individual and team performance. • New organizational structure recommended to PNLS Director and under consideration by MOH.
<ul style="list-style-type: none"> • PNLS provides strategic leadership to health sector to combat HIV/AIDS 	<ul style="list-style-type: none"> • Detailed roadmap and tools developed for annual review and annual plan process. • 2011 Annual Plan completed with full involvement of provincial coordinators. • 2011 Annual Plan included central office goals, targets, and results. • Monitoring plan developed and implemented beginning in 2011. • Two-year operational plan instituted for 2012-13, with provincial annual action plans.
<ul style="list-style-type: none"> • Effective structures and processes in place to ensure communication and coordination with partners 	<ul style="list-style-type: none"> • Partner meetings attended by high-level partner representatives.
<ul style="list-style-type: none"> • Completion of renovation of PNLS meeting room 	<ul style="list-style-type: none"> • Renovation work completed, annex in use.
<ul style="list-style-type: none"> • Upgraded IT system installed and utilized 	<ul style="list-style-type: none"> • Upgraded IT system installed and utilized. • PNLS IT personnel trained to maintain system. • IT system policy and procedures manual developed.

4. LESSONS LEARNED

Lessons learned from the PNLS institutional strengthening experience can be grouped in three different categories. The first has to do with the specific context of PNLS as an organizational entity operating in a fragile state. The second involves PNLS as a line office for a national health program in the MOH. The third category identifies themes that have to do with the institutional strengthening process itself.

4.1 WORKING IN FRAGILE STATES

An ever-present challenge in working at PNLS is the reality that staff spend time trying to earn additional income to support themselves and their families. This is understandable in a country that has been racked with political, social, and economic uncertainty and instability. Salaries are not sufficient and historically have not always been paid. A deterioration of the political or security situation could mean the withdrawal of foreign assistance and the opportunities it provides.

The international donor community in DRC had adapted to the situation by providing bonuses, per diems, and transportation allowances to motivate people to work on their activities. Workshops have become the normal way of doing business. This approach was relatively effective at PNLS, as attendance and participation was generally quite good and participants seemed to genuinely desire the changes they identified and seemed willing to take the next steps. In the first year, there was frequently a lack of follow-up, but this improved dramatically in the second year when a new Deputy Director with strong management skills was appointed.

Another challenge caused by the low and irregular salaries for MOH personnel is that the best employees are in great demand and often leave for higher-paying positions with NGOs and international organizations. This poses difficulties in a capacity building project, and some even argue that because of this there is no point in doing capacity building. However, Health Systems 20/20 sees the brain drain as a further argument for building capacity at an organizational level. Training and other approaches to building the capacity of individuals is insufficient. This needs to be supplemented with building management capacity which will remain with the organization even when some of its highly skilled personnel move on. If management systems such as planning, monitoring, and performance management are developed, they can withstand the departure of some staff members.

4.2 WORKING WITH MOH PROGRAM OFFICES

One of the challenges of effecting change and building the capacity of a line ministry office is that the office is not an independent entity. It depends on and is bound by the larger system of the ministry in a number of ways. It does not control its financial management, human resources, or a number of other management systems, and it is in principle subject to ministry policies and strategies. An office like PNLS has some autonomy because it receives funds directly from donors. Nevertheless, it is highly dependent on the ministry.

Some might say that given this reality, it is not possible to make meaningful improvements to a national program office like PNLS. The experience of Health Systems 20/20 indicates that it is indeed possible to build the capacity of such an organization. However, one must pay attention to the larger system in assessing the capacity of the program office, in making choices of where to intervene, and in the manner of intervention.

Sphere of Control

One of the most important distinctions to make when strengthening a line office of a government ministry is to determine which interventions are within the sphere of control of the client organization and which are beyond its control. The danger is in putting too much time and energy into interventions for which success depends on forces outside the client organization. Our experience is that even when the client organization believes it has sufficient support, and even when ministry leaders state that they support certain changes, that support may not occur.

This is especially true in matters that relate to personnel. Everyone at the MOH recognized that PNLs suffered from an excess of personnel, and that many personnel did not have the requisite profiles to succeed in their positions. They also recognized that the unwieldy 11-division organizational structure of PNLs made coordination, communication, and management extremely difficult. There was agreement on the need to base selection of personnel on competencies required by the positions, to reassign unneeded and unskilled personnel, and to change the organizational structure. However, despite this agreement, none of these changes took place.

The lesson is to be clear which interventions are outside the control of the client organization. The consultant should either not undertake these interventions, or if the consultant goes ahead with such interventions, he or she should be sure there is a secondary benefit for the work that is done and products that are produced.

For example, one reason for developing descriptions of the roles and responsibilities of each division and the position descriptions and competency requirements for each position was to create the building blocks for redesigning the organizational structure and rationalizing the workforce. However, there were also secondary benefits that did occur despite the fact that the redesign and rationalization did not occur. There was improved coordination and communication because of the development and sharing of division and position descriptions. Training plans were developed for all personnel by comparing their profiles with the required competencies of their positions. In this way, the effort was not wasted and these tasks and products were an essential part of the capacity building process.

The MOH in the Midst of Change: Integration, Decentralization, and Reorganization

Another challenge in building the capacity of a national program such as PNLs is that the larger health system is in the midst of change. The MOH has developed documents such as the National Health Sector Development Plan and the National Health Sector Strengthening Plan. Two of the principal policy changes in these documents were integration and decentralization. The policy had been communicated, but these policy directions were not yet fully put in place.

One of the fundamental issues identified in the Health Systems 20/20 organizational assessment of PNLs was that it was operating as an independent organization with a vertical rather than an integrated framework, and that its central office staff did not respect the principle of decentralization. How was PNLs to move in the direction of integration and decentralization when there was no clear plan, timetable, or structures at the macro level?

PNLs's leadership recognized that integration and decentralization were the direction of the future not only because it is MOH policy, but also because of the support for these policies from donors and other partners. PNLs recognized that funders and partners wanted and needed them to play their appropriate role given integration and decentralization and that it was in their interest to move in this direction.

How did the project respond to this situation? Health Systems 20/20 took advantage of these new policies in order to justify the goal of moving PNLs to reorient itself to fulfill its role as a national program office. Workshops with the central office and provincial PNLs leaders included analyzing the implications of integration and decentralization in the MOH documents. These discussions provided a comprehensive understanding of how these changes were occurring throughout the country and at the

national level. The participants identified how they could take advantage of the changes in order to better position PNLs to fulfill its role.

One of the structural reasons for the challenge of integration at the national level was that there were more than 54 independently operating national program offices, and they were not responsible to any of the 13 directorates. Thus there was no entity that had the role or authority to integrate the various programs. There were rumors that the program offices and directorates would be combined into a much smaller number of organizational units.

Given the uncertainty, Health Systems 20/20 made the argument to PNLs that over time there will be some structural and policy changes, and that those programs, leaders, and managers that were most effective would have the best opportunities in the new environment. In order for PNLs to attain its goals and be seen as effective, it needed to embrace integration and decentralization. The project appealed to their enlightened self-interest.

Personnel Situation

When it became apparent toward the end of the first year that the plethora of personnel, many of whom did not have the requisite skills or experience for their positions, would not be moved elsewhere in the ministry, Health Systems 20/20 had no choice but to continue on its course. The project's philosophy was to invite everyone to participate in the change process, but at the same time to find and develop a core group to lead the change and become responsible for the organization. The reality was that PNLs was overstaffed, so some personnel were not needed for the organization to function. As long as those that are interested find they are building skills and connections that can lead to future opportunities, and are genuinely fulfilled by accomplishing the organization's goals, Health Systems 20/20 could successfully improve the organization.

Competing with Other Donors/Partners for PNLs Time and Attention

Given the extremely low level of health sector funding by the government of DRC, and the significant amount of funding provided by international donors, program offices in MOH are constantly in search of external funding. The number one priority is to establish and maintain relationships with funders. When this is coupled with the availability of financial support for individuals through per diems, transportation allowances, and bonuses, it is no wonder that MOH personnel are always prepared to attend meetings, workshops, and trainings offered by actual or potential funders.

This leads to challenges in planning visits by international consultants, making travel arrangements for provincial staff, and reserving hotels for residential workshops. Health Systems 20/20 did not completely solve this problem, but did its best to minimize it by jointly setting dates and goals for the next visit before leaving a given visit; by remaining in regular contact with the PNLs leadership through email, phone, and the local coordinator; by reminding PNLs to the extent possible to respect the agreed-upon schedule; and when necessary by being willing to adjust dates or be satisfied with not having all personnel participate in workshops or other events.

4.3 HOW TO GO ABOUT INSTITUTIONAL STRENGTHENING OF GOVERNMENT ENTITIES

The experience at PNLs has provided a number of lessons for how to go about institutional strengthening in general and with governmental entities in particular.

Importance of Senior Leadership Support

Senior leadership commitment to changing how the organization operates is an essential element. This support is needed to articulate a vision and the reasons for change, and on a practical level, to ensure that decisions are made and carried out.

At PNLS, the Director is principally responsible for relations with the MOH and with donors. The PNLS Director requested the assistance of Health Systems 20/20, articulated the vision and reasons for change, and used his formal authority to allow Health Systems 20/20 consultants to engage with his staff in the various interventions. Just as importantly, he heeded the feedback he received on his leadership style during the initial assessment, took advantage of the opportunity for executive coaching from Health Systems 20/20, and made changes that were noticed and remarked upon by his staff as well as partners. This modeling of change and leadership had a significant impact on the success of the project.

The Deputy Director is responsible for managing technical staff and the technical work of PNLS. A new Deputy Director was named during the second year of the project, and he fulfilled the role of internal champion, ensuring that decisions were made and carried out. He used his formal authority and his innate leadership ability to ensure that his staff engaged in Health Systems 20/20's process, were held accountable, and performed well. He saw upon his arrival that Health Systems 20/20's presence would help him in building the kind of organization that was required to fulfill the mission of PNLS.

Working with Central and Provincial Offices

Given the depth of the challenges facing the central office of PNLS and the amount of funds available for Year I, Health Systems 20/20 made the decision to work only with the central office that year and begin working with the provincial offices the following year. This was a successful strategy in the case of PNLS, as it allowed there to be changes in the attitude and behavior of central office staff so that when provincial leaders joined the process, there was more openness and positive communication than there would otherwise have been given the typical attitude of central offices to provincial offices.

There were not only changes in attitude and behavior. There was also a change in the power balance between the central and provincial offices from one of control by the central office to one of greater equity. This began through the "listening sessions" held during the workshops whereby both sides had the opportunity to describe what they needed from the other to be effective in their respective roles. Agreements were then made and follow-up was monitored at subsequent quarterly meetings. Even the annual planning process changed so that it included targets not only for the provincial offices but also for the central office. There was much greater accountability between the two sides.

As Health Systems 20/20 became involved in similar capacity building activities with other national program offices – National Program for Nutrition (*Programme National de Nutrition*, or PRONANUT) and National Program for Reproductive Health (*Programme National de Santé de la Reproduction*, or PNSR), it became clear that whereas it is necessary to start with the central office, it is possible to engage the provincial offices shortly thereafter and not necessarily wait an entire year. It is in fact beneficial to have the provincial offices involved as early in the process as soon as possible, as they bring a different perspective and a demand for internal accountability from the central office, which can serve as important levers of change.

Use of Steering Committee to Lead Change Efforts

When undertaking a change effort with an organization, it can be useful to have a wider representation of managers and employees take on a leadership role and be the go-between between consultants and the larger organization. For this reason, Health Systems 20/20 often creates a steering committee in its change management activities. In the case of PNLS, this seemed especially important because there was not a functioning management team or other entity that might represent the managers and employees.

Although the committee had the same challenges as PNLS overall in terms of attendance and participation during the early stages of the Health Systems 20/20 intervention, it was effective in coordinating the completion of some essential tasks in Year I. As time went on, there seemed to be less energy on the part of the committee. A strong manager was named Deputy Director and became an excellent counterpart to Health Systems 20/20 and the steering committee was no longer needed.

Even though the steering committee did not become as robust and involved as Health Systems 20/20 had originally planned, and it only lasted for the first year of the project, it still served a useful purpose. In addition to fulfilling its tasks, it also served as a model for improved cross-divisional relations. PNLS staff referred to its members in a positive joking manner as “20/20s,” and made amusing comments about how the members visited each other in other divisions’ offices. This was a significant step in breaking down the barrier between divisions that existed prior to Health Systems 20/20’s involvement.

Building Capacity Through Real Results-Driven Activities

Health Systems 20/20’s original plan for building capacity in the area of strategic leadership called for Health Systems 20/20 to provide training on planning and monitoring, and to work with PNLS to create processes to ensure that the one-year operational plan was developed, implemented, and monitored effectively. It did not, however, envision that Health Systems 20/20 would work directly with PNLS to create the operational plan. It was expected that PNLS would continue to work with consultants funded by other partners to do so.

Towards the end of the first year, the PNLS Director and the USAID Mission asked Health Systems 20/20 to take a more direct approach to building PNLS’s capacity to develop the operational plan. The mission was concerned because in the third quarter of the year, PNLS had still not completed or communicated its operational plan for 2011.

In order to respond to this request, Health Systems 20/20 added a regional consultant as planning specialist to the team. The focus remained on building the organizational capacity of PNLS, but also included a more direct responsibility to assist PNLS in producing the result of this increased capacity, the annual operational plan.

At the beginning of this effort, Health Systems 20/20 encountered problems with a lack of participation, attendance, and follow-up. However, over time a core cross-divisional team of about 10 PNLS managers and staff began to operate in a much more productive manner. They not only developed a better understanding of and skills in operational planning, but also became engaged at a much deeper level and showed enthusiasm about working together on this task.

One high note came during one of many work sessions when several of the members of this team stated that a realistic, data-based, well-analyzed plan would improve the quality of their Global Fund application and thus increase the likelihood of obtaining a renewal of funding from the Global Fund. They had made the connection between strong organizational performance and the reward of receiving external funding.

A similar development occurred in Health Systems 20/20’s attempt to improve PNLS’s relations with partners through the creation of a PNLS/partners joint steering committee, the goal of which was to find ways to improve relations in the abstract. This committee stopped functioning after only a few meetings. However, since that time PNLS has taken the lead of several MOH/partner committees for real-life HIV/AIDS activities, has performed effectively, and is receiving positive feedback from partners. The awareness of partner expectations, needs, and feedback that were gained in the creation of the joint steering committee bore fruit in the positive functioning of the real-life committees that developed later.

These experiences reconfirmed Health Systems 20/20’s belief that if the right environment is created, people respond to opportunities to be competent and achieve results. There is also a greater likelihood of response and performance when activities are tied to real-life situations.

5. RECOMMENDATIONS

5.1 SUSTAINING BENEFITS AND GAINS

- In order to sustain the benefits and gains, PNLS needs to continue to have the competent and committed leadership it has had over the past three years. Given the economic and political realities of DRC, PNLS and its funders need to find a way to continue to identify incentives that reinforce positive individual and organizational performance.
- Maintaining positive relations with the provincial offices requires constant effort. PNLS needs to continue to hold quarterly meetings between central office and provincial leadership to ensure task performance, but also to provide the opportunity to raise issues and do joint problem-solving. In addition, quarterly supervision meetings should take place in each province. PNLS also needs to maintain open communication with partners in order to ensure issues are identified and resolved.
- PNLS needs to continue to recognize that success in the battle against HIV/AIDS depends on successful partnerships with other national MOH programs, and that the long-term viability of PNLS depends on a successful transition to a model that embraces integration and decentralization. The joint PNLS/PNSR task force formed to provide oversight and coordination of prevention of mother-to-child transmission of HIV (PMTCT) activities is an excellent example of coordination between national MOH program offices.
- Once PNLS obtains adequate operating funds, it can utilize the plans that have been made with Health Systems 20/20 for a high-performing process to develop the operational plan and provincial action plans, and to monitor central and provincial offices' implementation. The lack of donor funding in 2011/12 meant that not all aspects of the data-gathering and planning process could be implemented.

5.2 NEXT STEPS

- The provincial coordinators requested on numerous occasions that Health Systems 20/20 provide support to their provincial teams. This will become increasingly important as decentralization and integration will mean a radical change in the way that provincial health teams operate under the direction of provincial health inspectors and provincial ministers of health.
- Provincial PNLS coordinators will need to network and learn from each other as they go through this transition. Effective skills in leading and being a member of teams will need to be developed among the supervisors and staff of provincial PNLS teams.

