

INSTITUTIONAL STRENGTHENING OF KINSHASA SCHOOL OF PUBLIC HEALTH



May 2012

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ACRONYMS

AUB	American University of Beirut
DRC	Democratic Republic of Congo
IT	Information technology
KPSH	Kinshasa School of Public Health
MPH	Master of Public Health
NGO	Nongovernmental Organization
PNDS	National Health Sector Development Plan
UNIKIN	University of Kinshasa
USAID	U.S. Agency for International Development

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The institutional strengthening of the Kinshasa School of Public Health (KSPH) could not have been possible without the support and contributions of numerous individuals.

USAID/Kinshasa has long supported KSPH and has been instrumental in its success. Throughout this four-year activity, the USAID/Kinshasa health team provided important guidance, direction, and support.

Numerous Health Systems 20/20 staff and consultants were involved in this activity. Lauren Blum, Nisrine Willems, and Adam Messer supported the resource mobilization activities. The Strong NKV team, led by Danny Nkuvu, strengthened the financial management capacity of KSPH. Christian Tunda helped to establish a robust IT infrastructure. Rebecca Culp provided local coordination and oversaw procurement and the effort to increase the number of women candidates. The American University of Beirut and especially Rima Afifi assisted in the revision of the academic curriculum. Rachid Ben Amor helped to improve the functioning of the administrative sections.

Most important was the contribution of KSPH faculty and staff who proved to be excellent professional colleagues. No activity of this nature could be successful without a true partnership. Health Systems 20/20 is particularly appreciative of the role of Professor Patrick Kayembe, who was the dean during most of the activity and our main counterpart. Professor Kayembe and the KSPH Management Committee proved to be excellent counterparts throughout the process.

Steve Yank
Fred Rosensweig

EXECUTIVE SUMMARY

The Kinshasa School of Public Health (KSPH) is part of the University of Kinshasa and operates under the umbrella of the Faculty of Medicine. KSPH was founded in 1984 with funding provided by USAID through Tulane University. It currently has three year-long MPH programs in health management, health economics, and bio-ethics with a total of 69 students. KSPH has a threefold mission: academic, research, and community support. There are 12 professors and 30 graduate and research assistants.

In 2008, the USAID Mission in Kinshasa requested two types of assistance from Health Systems 20/20: organizational capacity building and scholarship support for the community health Master's in Public Health (MPH) program and doctoral studies for KSPH junior faculty. Health Systems 20/20 performed a rapid assessment based on six critical core organizational competencies: academic programs, resource mobilization, research and consulting, management systems, organizational development, and governance. The basic premise of this holistic approach is that technical competence, while a starting point in any organization, is not sufficient to become a self-sustaining and successful organization.

Following the assessment, a three-year implementation plan was developed with interventions in the following areas: leadership capacity; information technology; financial management; resource mobilization; succession planning for faculty; improving recruitment and selection of women; procurement of critical resources; improvement of performance of administrative services; and revision of academic programs.

As a result of these interventions, KSPH now has an automated financial management system; a secure server with reliable Internet access; a newly formed business development center; three new faculty members who have become professors; an increased number of women in the MPH programs; a generator that provides reliable electrical power; improved performance in administration; and a revised MPH curriculum.

Lessons learned include the following:

- In a fragile state such as the Democratic Republic of Congo owing in part to insufficient salaries, staff are less concerned with the collective well-being of the organization and more about their own personal livelihood.
- In an academic institution like KSPH where professors have a high degree of autonomy and little accountability, there is limited incentive to devote to management of the school.
- Many lessons were learned in regards to the institutional development process itself: the need to establish mutual trust between consultant and client; the importance of the internal champion, the mutual reinforcement of different interventions; the value of providing tangible improvements as part of capacity building; and the unique role of the organizational development specialist to integrate the various interventions.

Recommendations for the next phase of KSPH institutional strengthening include:

- Implement the revised MPH curriculum
- Consider re-establishing the non-residential evening MPH program to lower the cost and attract more women

- Support the continued development of the business development center
- Develop a policy and specific plan for developing and retaining new faculty including a reliable source of funding for doctoral studies

I. INTRODUCTION

I.1 DESCRIPTION AND HISTORY OF KSPH

The Kinshasa School of Public Health (KSPH) is part of the University of Kinshasa (UNIKIN) and operates under the umbrella of the Faculty of Medicine. KSPH was founded in 1984 with funding provided by USAID through Tulane University. The first Master's in Public Health (MPH) program KSPH offered focused on health system management and was 10 months long. USAID continued its support through 2005 except for a hiatus from 1991 to 1998 due to the problematic political and security environment. USAID provided some modest support for scholarships from 2005 to 2007.

The school added a second, 13-month program in 2004 in health economics with funding from Cordaid, a Dutch NGO. The Belgian cooperation agency joined Cordaid in funding the program in 2005. A third, 10-month program in bio-ethics was started in 2011 with the financial support of the National Institutes of Health through the University of North Carolina. There are currently 32 students in the health management program, 24 in the health economics, and 13 in bio-ethics. The first two programs are residential and the students live on campus at KSPH.

KSPH has a threefold mission: academic, research, and community support. The school has five departments: community health, epidemiology and bio-statistics, environmental health, management, and nutrition. There are 12 professors and 30 assistants, who are either graduate or research assistants. There are also 44 personnel in the non-academic part of the school, including financial management, procurement, kitchen, laundry, maintenance, security, and transport.

The school is managed by a five-person Management Committee. The members are named for three-year terms by the Minister of Higher Education. Committee members include the director, deputy director who also serves as research coordinator, academic coordinator, hospital coordinator, and coordinator of administration and finance.

I.2 HEALTH SYSTEMS 20/20 ASSISTANCE

USAID has conducted two evaluations of KSPH: one in 2005 by Johns Hopkins University and another by an independent evaluation team in 2006. These evaluations highlighted a number of institutional weaknesses.

The USAID Mission in Kinshasa requested assistance from Health Systems 20/20 in 2008. Two types of assistance were requested: organizational capacity building and scholarship support for the community health MPH program and doctoral studies for KSPH junior faculty. USAID expressed the desire for KSPH to become financially self-sufficient, have an academic program that meets international standards, have a transparent financial management system, have an up-to-date information technology (IT) system, and have improved relations among the faculty, especially those in leadership positions.

The assistance commenced in October 2008 with a rapid assessment of KSPH's organizational capacity. This led to the development of a three-year plan. USAID extended the assistance for a fourth year, through FY 2012.

2. APPROACH AND INITIAL ASSESSMENT

2.1 ASSESSMENT MODEL

Health Systems 20/20 uses an assessment model based on six critical core organizational competencies: 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 successful organization.

The model and assessment instrument are customized for each type of institution, for example, a university, an NGO, a regional network, or an office within the Ministry of Health. In the case of KSPH, the competency “technical expertise” was replaced with “academic programs” and “training and technical assistance” was replaced by “research and consulting.” 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. The consultants analyzed the data in order to identify their findings, and developed a three-year work plan based on the findings. They shared the assessment results with USAID, the KSPH Director, and a meeting of KSPH professors and junior faculty in order to validate the findings.

Interviews were held with a variety of stakeholders including the UNIKIN rector, dean of the Faculty of Medicine, KSPH professors, junior faculty, and finance and administration staff; funders of academic programs including USAID, Cordaid, and the Belgian cooperation agency; funders of research projects including the U.S. Centers for Disease Control and Prevention, University of North Carolina, and AXxes Project; and the Ministry of Health.

2.3 WORK PLAN AND APPROACH

The work plan based on the assessment findings identified seven areas of assistance. The work plan laid out a three-year program, but detailed only the first year. Two additional areas were later added based on requests from USAID and KSPH. Activities in seven of the areas began in Year I and two additional areas in Year II. The plan included:

- Development of a leadership team at KSPH capable of guiding the school and the institutional improvement process.
- Development and implementation of a plan to improve the information technology capacity of KSPH. This focused on establishing the IT infrastructure and included such tangible improvements as ensuring reliable Internet access and setting up a local area network.
- Strengthening of the KSPH financial management system. This included development of a financial management procedures manual, development of a justified indirect cost rate, purchase and installation of a financial management software package, and development of staff capacity in financial management.

- Development and initial implementation of a resource mobilization plan aimed at increasing the research, consulting, and training activities of KSPH. This included development of a research agenda, identification of market opportunities to fund research, and development of KSPH capacity in resource mobilization.
- Development and implementation of a succession plan for the faculty.
- Development and implementation of improvements to the recruitment and selection process in order to increase the number of women in the MPH program.
- Procurement of critical resources for the school such as a back-up generator and vehicles.
- Improvement of the performance of administrative services.
- Assessment of academic program and subsequent revision of the MPH curriculum.

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 clients 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.

The approach to staffing was to have a senior organizational consultant based in Washington serve as team leader and come to Kinshasa every three months. Part-time consultants were hired locally as local coordinator, resource mobilization consultant, and IT consultant. A local audit firm provided capacity building in financial management. The 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 LEADERSHIP TEAM

Situation we found

KSPH is managed by the Management Committee composed of four faculty members and a coordinator of finance and administration. They are named to a three-year term by the Minister of Higher Education.

The Management Committee was not a strong leadership team. The committee did not meet regularly. There was weak internal accountability, and poor collaboration and communication among committee members, as well as among the professors in general.

To illustrate the state of leadership at the school, when the international consultant and Management Committee arrived at the planned location of an off-site overnight retreat, the first intervention, they discovered that they were not expected by the venue and could not hold the retreat there. Various committee members spoke individually with the international consultant to explain that it was the fault of other committee members.

Interventions

The first step was to hold a retreat of the Management Committee where committee members could agree on the purpose of the committee, what they expected of each other, and how they wished to work together. During Year I of the Health Systems 20/20 project, the local coordinator attended weekly committee meetings and reminded the committee to prepare agendas and meeting notes.

During Year II, Health Systems 20/20 undertook activities to expand leadership beyond the Management Committee. A series of workshops was held that created a guiding coalition to lead the capacity-building effort at the school. The coalition included new professors, junior faculty, and administration and finance supervisors. This group met on a monthly basis and coordinated the efforts of several action teams that led activities in resource mobilization, development of a school website, and development of a strategy for doctoral scholarships.

“The biggest change from Health Systems 20/20 was due to getting everyone at the school involved. The team leader held individual meetings with people at different levels. This was very important because people could speak out and share their mind, get at the issues. This was a really effective part. Also, the leadership workshops put people together from different levels. They talked to one another. Everyone’s opinion was very important. They spoke as equals, and this felt good. As a result, people felt like a team, had a sense of ownership, and became committed to the school. This is the project’s most important accomplishment.”

**Patrick Kayembe,
Dean, Kinshasa School of Public Health**

“The leadership workshops came at an extremely low point in faculty relations where we were divided. The workshops allowed graduate assistants to express their feelings and frustrations. The conversations and experience of these workshops provided the foundation for all the other changes. Even though we had arguments and expressed strong feelings, the fact that we had the exchange created a team spirit and made us realize we needed to stick together.”

**Fulbert Kwilu Nappa,
Former graduate student and now Deputy
Director, KSPH**

The members of the management committee and guiding coalition participated in workshops that built leadership skills and introduced them to the change-management process. They also participated in quarterly workshops to reinforce what they had learned, assess their accomplishments, and plan their activities.

Results

- Regular meetings of and improved communication between members of Management Committee
- Involvement and participation of new professors and junior faculty in leadership role formerly reserved for established professors
- Action teams achieved goals of developing a resource mobilization plan, writing a plan for funding doctoral studies, and designing the KSPH website
- Increased knowledge and skills in leadership and managing change

3.2 INFORMATION TECHNOLOGY

This activity was aimed at the development and implementation of a plan to improve the information technology capacity of KSPH. This includes such activities as ensuring reliable Internet access and setting up a local area network.

Situation we found

The IT “system” was unreliable and did not meet the needs of the school, its faculty, or its students. In effect, there was no network or IT system. There were frequent electrical outages. KSPH depended on UNIKIN’s unreliable server for Internet connectivity. The lack of access to the web and email created significant problems for students who were unable to access information they needed for their classes and research, as well as for faculty who were unable to stay current in their field or obtain timely information on research funding opportunities. In order to access the web and check their email, faculty members went by car to the city center, which is between 45 and 90 minutes away from the campus.

Interventions

During Year I, Health Systems 20/20 conducted an assessment of the IT capacity of KSPH and identified specific and tangible improvements needed. Health Systems 20/20 agreed to fund one-time investments while KSPH agreed to fund ongoing recurrent costs such as Internet access and maintenance of the IT system. Health Systems 20/20 provided KSPH with improved Internet access, and a local area network through PCs acting as servers to provide back-up and security.

During Year II, the following improvements were made:

- Installed two servers
- Implemented centralized antivirus system
- Installed centralized Windows update system on the new servers
- Installed a back-up system on the servers
- Purchased and installed electrical generator to ensure electricity supply
- Established two Internet connections – one for faculty, and one for students
- Wrote IT policies and procedures manual

- Provided technical assistance in hiring, orienting, and training IT staff person hired by KSPH
- KSPH contributed financially to these improvements by paying the salary of the new KSPH IT staff person and covering operational costs such as Internet fees.

In Year III, the principal improvement was the configuration and installation of mail servers allowing KSPH to have its own domain and internal mail system. It is now being utilized. In Year IV, Health Systems 20/20's consultant has continued to provide troubleshooting and mentoring to the KSPH IT staff person.

Results

- Reliable Internet access to faculty and students
- Secure local area network
- IT infrastructure to support a sound financial management system
- IT policies and procedures manual to ensure system operation and maintenance
- Full-time KSPH IT staff person hired and trained

3.3 FINANCIAL MANAGEMENT

This included development of a financial management procedures manual, development of a justified indirect cost rate, purchase and installation of a financial management software package, and development of staff capacity in financial management.

Situation we found

There was no budget for the academic programs. Financial records for the academic programs were done on Excel spreadsheets on an ad hoc basis. There were no regular monthly or annual financial reports. Bank accounts were not reconciled. The financial management procedures manual was out of date and not followed. The school did not have an indirect cost rate for research and consulting work, which contributed to the financial deficits. Finance and administration staff were not familiar with the concept of an indirect cost rate.

Each of the various research and consulting contracts was led by a senior professor and had its own independent financial reporting system and accounting staff. There was no integration of the financial reports of these contracts with the KSPH financial reporting system. KSPH did not receive financial reports from the projects.

Interventions

During Year I, Health Systems 20/20 identified and contracted with a local audit firm to do an assessment of KSPH financial management system and develop a work plan to make improvements. In Year II, the audit firm put a financial management system in place based on the recommendations from the assessment it conducted during Year I. The improvements include the following:

- Revised the KSPH financial procedures manual
- Strengthened the internal accounting system
- Improved the financial record keeping system
- Developed a system to track project revenue
- Identified and installed financial management software
- Trained leadership and financial management staff on development and use of indirect cost rates

- Improved staff capacity in financial management and strengthened the performance of the finance unit

In Year III the audit firm built on the work of the previous year by doing the following:

- Trained KSPH financial management staff to follow the guidelines in the financial procedures manual and other aspects of financial management system
- Supported KSPH's use of financial management software
- Assisted KSPH in creating a budget for the first time for its core academic programs
- Finalized a justifiable indirect cost rate for KSPH to use in its proposals
- Arranged for creation and installation of an additional module to the financial management software to consolidate financial reports of academic programs and research contracts

One of the challenges facing the school was the fact that when professors had research contracts that included payment of indirect costs, those funds usually stayed with the project and did not return to the school. Health Systems 20/20 facilitated a series of meetings that led to an agreement by the professors to a distribution of indirect costs from research contracts that provided a proportion of funds for KSPH, for the department, and for the project. A separate account was created to deposit and track these funds.

Results

- Financial management policies and procedures established and followed
- Financial management software installed and utilized
- Budget for academic programs allows school to manage its finances, including increasing its tuition
- Justifiable indirect cost rate enhances school's ability to obtain needed financial resources and be more financially viable
- Increase in payment of indirect costs from professors' research projects to KSPH

3.4 RESOURCE MOBILIZATION

This activity was focused on the development and implementation of a resource mobilization plan aimed at increasing the research, consulting, and training activities of KSPH. This included developing a research agenda, identification of market opportunities to fund research, and development of KSPH capacity in resource mobilization.

Situation we found

The business model of KSPH is for donors to fund its academic programs, and for consulting and research to be funded by demand-driven donors and partners. However, the consulting and research activities were managed by long-term professors who shared little or no financial or other information with KSPH itself. These activities provided financial benefits to the individual faculty members, but not to the school. In fact there was no central list or files of existing research grants and contracts, and no knowledge of the total dollar value of those grants and contracts.

There was also recognition that the school did not have adequate capacity to pro-actively mobilize resources. KSPH needed to develop a business plan based on its own research agenda and grounded in an analysis of potential funding sources. It needed to develop a marketing plan in order to identify and go after opportunities for funding the research the school wished to undertake. There was a lack of proposal-writing capacity, and no protocol for proposal development and review.

Because there was no justified indirect cost rate, KSPH faculty had a difficult time in convincing funders to include a reasonable level of indirect costs in project budgets. In fact, in most cases, the projects did not provide indirect or administrative costs to KSPH. Thus the school lost potential resources that it could use for its operations and for internal improvements that would benefit faculty, staff and students alike.

Interventions

During Year I, Health Systems 20/20 formed a resource mobilization action team composed of professors and junior faculty to serve as a counterpart for this activity. The focus in Year I was on developing a resource mobilization plan, initiating contacts with potential partners and funding organizations, and developing the capacity of KSPH junior faculty in proposal writing through workshops. In order to develop the resource mobilization plan, an inventory of projects of the past five years was established; professors were interviewed and faculty workshops were held to develop a vision and goals, and to understand KSPH's research capacity; and meetings were held with and research done on potential donors in order to better define KSPH's market.

During Year II, there were two principal activities: aligning KSPH's resource mobilization plan with the national health sector development plan, and creating a mentoring program. Health Systems 20/20 led a workshop to assist KSPH in reviewing its resource mobilization plan against the then recently published "National Health Sector Development Plan" (PNDS). All health sector activities including research were to be aligned with this plan. The resource mobilization plan was subsequently adapted so as to be consistent with the PNDS. The school identified its own strategic priorities based on the plan, and developed action plans for each priority.

Health Systems 20/20 supported KSPH in launching a mentoring program aimed at expanding the pool of principal investigators by developing the capacity of junior faculty and new professors to plan and manage KSPH research projects. Following an initial workshop that defined the purposes of the program, KSPH finalized the teams of mentors and mentees for each project. The program was kicked off at a subsequent workshop. Health Systems 20/20 held periodic meetings to help KSPH monitor and support the participating professors and mentees in their mentoring activities.

The following year, Health Systems 20/20 interviewed participants in order to assess their experience with the mentoring program. All the participants reported they had found it valuable and expressed the wish that the program would continue. However, only two senior faculty members (the KSPH director and academic coordinator) are providing mentoring, and one of them (the director) is providing mentoring to eight of the mentees. The committee discussed how to encourage other professors to become involved. This met with limited success.

The principal activity in Year III was the creation of the KSPH business development center. Health Systems 20/20 facilitated a workshop of senior and junior faculty to develop a vision and initial goals for a proposed center. The purpose of the business development center is to organize and coordinate KSPH's resource mobilization activities through a variety of means: market research; supporting professors in marketing and proposal development; writing the non-technical sections of proposals; tracking and ensuring the quality of proposals and projects; and developing and coordinating the use of promotional materials.

It was decided to hire a full-time coordinator for the center using income from research projects' indirect costs. Health Systems 20/20 supported KSPH in developing a draft job description and announcement, and in the recruitment and selection of a candidate.

Health Systems 20/20's local resource mobilization consultant provided the coordinator with an orientation to KSPH's resource mobilization capacity and plan, Health Systems 20/20 resource mobilization activities to date, as well as the vision and initial goals for the business development center.

An international business development specialist then visited KSPH and provided two weeks of on-site training for the coordinator. The consultant assisted the coordinator in developing his work plan, and provided him with numerous business development forms and tools as well as sources and strategies for doing market research.

The international consultant continued to support the coordinator remotely through regular teleconferences and email contact. Unfortunately, the coordinator left the school for personal reasons after only a few months of service. Health Systems 20/20 has assisted KSPH in recruiting and selecting a new coordinator for the business center.

Health Systems 20/20 also supported KSPH in designing and updating its website.

Results

- Resource mobilization plan that helps to guide KSPH resource mobilization activities
- Mentoring activities and program led to increased levels of responsibility and remuneration for mentees (new professors and junior faculty)
- Business development center with dedicated and trained staff in place
- KSPH website designed, updated and on-line

3.5 RETENTION OF FACULTY

This activity focused on the development and implementation of a succession plan for the faculty.

Situation we found

One of the greatest concerns of USAID and KSPH when Health Systems 20/20 began its work there was the aging faculty and the lack of a succession plan. Almost all the professors were in their fifties and sixties, and junior faculty were not advancing towards completion of doctoral studies in order to become professors.

At that time, a number of junior faculty were involved in two “sandwich” PhD programs. One program was funded by the Belgian government and done in cooperation with Belgian universities. It was well organized and KSPH students had been moving through the program at a normal pace.

The other PhD program had been done in cooperation with an American university. There was a lack of communication between the American university and the KSPH administration, as well as between the KSPH administration and doctoral students. Students were not clear on the program requirements, or on what financial assistance, if any, remained available from the American university. The first cohort of five students had begun the program seven years earlier, and the only one who completed it had chosen to remain in the United States

Interventions

Health Systems 20/20 helped KSPH to manage the succession challenge by assisting current doctoral students to complete their programs, identifying possible scholarships and coaching junior faculty in the scholarship application process, and supporting KSPH in developing a report proposing cost-effective options for doctoral studies.

In Year I, Health Systems 20/20 provided additional funds so four students could complete their PhDs at

“The most important accomplishment was the involvement of junior staff in the institutional capacity building and in the decision-making process. Participation in the steering committee workshop and the mentoring program provided space for improving communication and information exchange among staff.”

**Eric Mafuta,
Graduate Assistant**

the American university. All of these students were close to completing their degrees and were at a standstill due to lack of funding. One woman completed her degree in academic year 2009-10, and another woman and man completed their degrees in 2010-11. All three have received their doctorates and are now professors on the KSPH faculty. The final candidate is concluding his research and is expected to complete his degree in 2012.

In order to further increase the number of young professors, Health Systems 20/20's first strategy was to leverage doctoral scholarships from sources other than USAID. Health Systems 20/20 assisted several KSPH junior faculty members in applying for the Fulbright Scholarship. In academic year 2009-10, KSPH identified their best candidate and she was accepted for the Fulbright, but decided instead to study in England with another scholarship that she obtained there.

Determining how to spend the available USAID resources for the PhD program in Year II proved quite complicated. KSPH was interested in diversifying the educational background of its new professors, rather than continuing to educate all with USAID scholarships at the same sandwich program in the United States. Health Systems 20/20 did extensive research into options at other U.S. public health doctoral programs and presented this to USAID. USAID was concerned about the cost and viability of sending Congolese students to 4- or 5-year programs in the United States and asked for further research into options at universities outside of the United States

Health Systems 20/20 assisted a newly created KSPH Action Team in developing a strategy for training more PhDs. The team was chaired by the first of the new professors who had completed their studies in the United States. The team identified KSPH's future faculty needs, and did research into the admission requirements, quality and costs of doctoral programs in public health in Europe, Africa, and Asia. This led to a decision by USAID to support doctoral students in sandwich programs in Belgium and South Africa.

In 2010-11, two female junior faculty members spent three months at a Belgian university in order to develop research topics and identify advisors for their doctoral studies there, supported by USAID doctoral scholarship funds. Their proposals have been judged acceptable by that university, and they are awaiting formal admission to the doctoral program. Because of the delays in gaining the formal admission and the end of the Health Systems 20/20 project, their studies will have to be funded through another mechanism.

In 2011-12, Health Systems 20/20 provided mentoring to six junior faculty members to ensure that their research topics were at a satisfactory level to present to doctoral programs. KSPH identified three of these mentees to apply for Fulbright and Humphrey Fellowships. Health Systems 20/20 is assisting them in preparing for their interviews.

In addition to supporting the doctoral education of junior faculty, there is the challenge of retention. What can KSPH do to keep new professors from leaving the school for more lucrative opportunities with international organizations in Kinshasa or elsewhere? The mentoring program seeks to address this challenge, as it strives to provide the new professors with greater responsibility and remuneration on KSPH research projects so as to incentivize them to remain at KSPH.

Results

- Three new professors (two female) added to KSPH's faculty
- One female candidate accepted for Fulbright Fellowship
- Three candidates applying for Fulbright (2) and Humphrey (1) Fellowships
- Two female candidates' research topics accepted by Belgian doctoral program

3.6 RECRUITMENT OF WOMEN

This activity was focused on improvements to the recruitment and selection process in order to increase the number of women in the MPH program.

Situation we found

The number of women MPH students enrolled at KSPH was relatively low. In the first year of this activity when the class had already been selected, there were only four women out of a class of 30. USAID's goal was to have half of its 25 MPH scholarship be for women. In response to this concern, KSPH provided female applicants with an additional two points in the selection process. However, this did not significantly increase the number of women enrolled.

Interventions

Health Systems 20/20 supported KSPH in holding focus groups with women enrolled in the two MPH programs to better understand the challenges faced by women in the Democratic Republic of Congo (DRC) who wish to study in a one-year residential program, often away from their husbands and families. One of the factors identified in the focus groups was the fact that many women had no idea that KSPH was especially interested in recruiting them. Another factor was the selection bias towards doctors and the fact that the percentage of doctors in DRC who are female is relatively low. Based on this information, Health Systems 20/20 supported KSPH in identifying and implementing two strategies: making changes to the selection criteria to increase the competitiveness of non-doctors, and enhancing KSPH's recruitment communications to women.

In Year I, KSPH made changes to the selection criteria so that professions other than medicine received a greater number of points than in the past. In Year II, KSPH made additional changes to the selection criteria. KSPH decided to select half of each class from each of two separate pools of qualified applicants, one for men and the other for women, as long as the scores were over the minimum requirement. In the past, there had been only one applicant pool. This meant that a women with a passing but lower score than a man's could be accepted because she was in a different pool.

Also in the second year, recruitment announcements specified that women were encouraged to apply. Recruitment activities included contact with MIPs (Médecins Inspecteurs Provinciaux), relevant schools and departments at UNKIN, and women's organizations. In the third year, flyers were distributed and formal presentations were made at universities, schools and NGOs outside of Kinshasa, emphasizing KSPH's recruitment of women and non-doctors.

Results

The following list shows the number of women supported by USAID scholarships through Health Systems 20/20, by academic year:

2008-09	4
2009-10	9
2010-11	10
2011-12	10

3.7 PROCUREMENT OF CRITICAL RESOURCES

Situation we found

There were significant problems in areas where KSPH was dependent upon UNIKIN, such as electricity and Internet connectivity. Frequent electrical outages disrupted classes as projectors would stop functioning and air conditioning would go off. There had been no capital investments in the school for years, so the vehicles were old and often in need of repair, and there was no photocopier for class materials.

Although the focus of the Health Systems 20/20 work is organizational capacity building, the needs were so great that it was decided to invest in a certain amount of basic equipment needed by the school.

Interventions

During the first three years of the project, Health Systems 20/20 made a number of critical purchases for KSPH. The first purchases were for the IT system improvements discussed previously. In order to ensure the proper functioning and maintenance of the IT system, it was also necessary to purchase and install a generator to ensure a reliable power source and an air conditioner in the IT room for the servers. The classes needed new projectors and a photocopier. A new minivan was purchased to bring students to their practicum sites. Wooden conference table and chairs were purchased to replace the plastic ones currently in use for faculty meetings. These tangible purchases served to build support for the important but less immediately tangible activities such as improving the financial management system or the mentoring program.

Results

- Back-up electrical power source
- Proper environment for IT system's servers
- Improved materials for classrooms
- Improved meeting room
- Tangible improvements increased belief that positive change was occurring

3.8 ACADEMIC PROGRAM

This activity was focused on a review of the current academic programs offered by KSPH and recommendations for improvements.

Situation we found

In general, in the original organizational assessment most interviewees felt that whereas the health systems management program was well designed, the overall program could benefit from updating. The school continues to use the curriculum that was developed in the 1980s with the assistance of Tulane University. The style of teaching, which relies heavily on students teaching each other, had not changed in over 20 years. There was also a general consensus that a thesis should be added to the program. There was already a thesis requirement for the health economics program, which began in 2004.

Interventions

An assessment of the MPH academic program was done in Year II and the actual curriculum was revised in Year III. The American University of Beirut's (AUB's) School of Public Health was subcontracted to

conduct the assessment and in the following year to revise the curriculum. AUB is the only graduate school of public health outside of North America that is accredited by the U.S. accrediting body. It also has faculty that speak both English and French.

AUB compared the KSPH program with international standards of required competencies for master's programs in public health. It initially focused on the health management program, but over time also assessed the health economics program. The assessment led to a number of critical recommendations including:

- Creating one master's program that starts with required core courses and is then followed by one of three areas of concentration (health management, health economics, and maternal and child health)
- Using competencies as the basis for designing and evaluating the new program
- Enhancing the pedagogical method so as to utilize adult learning theory in a variety of teaching methods
- Requiring a thesis and practicum for all master's students
- Adding a required course in the social sciences

In Year III, AUB worked with KSPH to benchmark courses against programs in the United States in order to revise learning outcomes and courses; develop syllabi including reading lists in French for the six core courses and the courses in the three concentration areas; finalize the program duration, number of credits, and the relationship between credits and classroom hours; and define the main outline of the practicum and research project that will be added to the program. KSPH implemented joint core courses and the health management thesis in the 2011-12 academic year, and plans to implement the remaining changes in the 2012-13 academic year.

Results

- Updated syllabi for core and concentration courses being utilized in 2011-12.
- Core courses held in common for the two existing concentration areas starting 2011-12.
- Master's thesis added in 2011-12 for health management concentration.

3.9 ADMINISTRATIVE SERVICES

Situation we found

This activity was initiated in Year II and was aimed at strengthening the performance of the administrative sections (kitchen, laundry, motor pool, security) which were considered to be overstaffed and not well managed. To address the overstaffing problem, KSPH reduced the administrative personnel by 13 positions during Year I.

Interventions

Year II activities included developing position descriptions and required competencies for each position in the administrative sections; identifying skill and personnel gaps; recommending changes to the organizational structure; and providing a series of training sessions in supervisory skills to supervisors and team leaders.

During Year III, Health Systems 20/20 worked with the administrative teams to develop performance goals for each team for the year, and develop procurement and stock management policies and procedures. Executive coaching was provided to the Coordinator of Finance and Administration.

Results

- Supervisory training conducted
- Job descriptions created
- Procurement and stock management policies and procedures created

3.10 RESULTS

Table I below summarizes the results achieved.

TABLE I. HEALTH SYSTEMS 20/20 CAPACITY BUILDING RESULTS AT KSPH

End-of-Project Result	Measures of Progress
Cohesive leadership team that provides overall direction and takes responsibility for KSPH's long-term institutional health	<ul style="list-style-type: none"> • Management Committee focused on strategic issues • Guiding coalition and action teams established to expand leadership beyond Management Committee
Improved financial sustainability	<ul style="list-style-type: none"> • Justifiable indirect cost rate established • Indirect cost rate policy approved by KSPH and \$147,000 collected in first 14 months • Resource mobilization plan developed and aligned with national health development plan • KSPH business development center created • KSPH-funded center coordinator selected and trained
Strengthened internal management systems <ul style="list-style-type: none"> • IT infrastructure in place that provides for a network, a secure system, and Internet access • Strengthened financial management system that accounts for expenditures and provides information for decision-making. 	<ul style="list-style-type: none"> • IT infrastructure in place and functioning • Full-time KSPH-funded IT manager hired • KSPH paying recurrent costs of IT maintenance and ISP • Automated financial management system in place and utilized • Financial management policies and procedures established and followed • KSPH budget established and being utilized to guide decision-making
Next generation of KSPH faculty in place and given increased responsibility	<ul style="list-style-type: none"> • Three new professors supported by USAID completed PhDs and have joined faculty and have taken on additional leadership responsibilities • Two additional doctoral students identified research topics and professors in Belgium program • Mentoring program for junior faculty in place
Number of women MPH students increased	<ul style="list-style-type: none"> • Eligibility criteria, and recruitment and selection process revised to increase opportunities for women • Number of women increased from 4 to 9 per year or 32 women supported over four-year period out of a total of 99 MPH students supported by USAID
Improved KSPH infrastructure so it can	<ul style="list-style-type: none"> • IT infrastructure in place

End-of-Project Result	Measures of Progress
function more efficiently	<ul style="list-style-type: none"> • Basic equipment in place and functioning, e.g., generator, copiers, projectors, minivan
Updated MPH program responsive to needs in DRC and better aligned with international standards	<ul style="list-style-type: none"> • MPH program restructured with a common core and three concentrations • New syllabi developed that are benchmarked to international standards • Curriculum being phased in during academic years 2011-12 and 2012-13
Administrative services more efficiently provided and at lower cost	<ul style="list-style-type: none"> • Improved supervisory skills of section heads • Job descriptions created • Procurement policies document created

4. LESSONS LEARNED

Lessons learned from the KSPH institutional strengthening experience are grouped into three categories. The first has to do with the specific context of KSPH as an institution operating in a fragile state, the DRC. The second involves KSPH as an academic institution. 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 KSPH was the reality that faculty members spend much of their 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 as has the DRC. University salaries are completely insufficient for faculty and their families. A deterioration of the political or security situation could mean the withdrawal of foreign assistance and the end of opportunities to benefit from research projects and consultancies. The response to an uncertain future is to seek what one can in the present while one has the opportunity to do so.

The international donor community in DRC had adapted to the situation by providing bonuses, and per diem and transportation allowances that work on various development projects in order to motivate people to work on their funded activities. Workshops are the normal way of doing business. As the project progressed, Health Systems 20/20 held occasional workshops that provided local per diem and transport allowance for participants.

This approach was relatively effective at KSPH, as attendance and participation was generally quite good. Participants seemed to genuinely desire the changes they identified and seemed willing to take the next steps. However, there was frequently a lack of follow-up and action. Over time, workshops were not only used for decision making, but also for work sessions so as to minimize the amount of follow-up activity required. Health Systems 20/20 increasingly relied on Dr. Kayembe, the Dean of the School, for follow-up.

Another challenging phenomenon of a fragile state is the focus on what benefits the individual in the short term. This is not an environment in which staff are focused on the collective good and think in the long term, attitudes that are necessary for building and sustaining healthy organizations. One of the most fundamental challenges in the setting of the DRC is to provide a context where it makes sense for people to build the habit of acting for the common good, and to believe that improving an institution is benefiting the common good. Health Systems 20/20 provided opportunities for reflection and conversation to explore the progress that the school had made and the hopes faculty had for their future.

On a practical level, one of the challenges of working in DRC was finding qualified local Congolese to staff the project, because the best people are working full-time for international organizations at good salaries with benefits. The project required a wide range of technical skills, so it was mostly staffed by several part-time local consultants. Another challenge is that those persons with the requisite technical skills do not always have strong consulting skills. The project needed to orient such persons and manage them in order to compensate for this.

4.2 WORKING WITH AN ACADEMIC INSTITUTION

Working with KSPH meant working within the culture of a university. In this way, KSPH was no different than a university in a developed country. University culture gives individual faculty members significant independence. They are not held accountable in ways found in other work environments. School leaders have very little authority over the activities of faculty members. What authority they have, they are reluctant to exercise for fear of being perceived as too heavy-handed in their approach to colleagues.

Another challenge of KSPH's institutional make-up is that the faculty members who serve a three-year term on the Management Committee as director, deputy director, academic coordinator, and research coordinator typically have no background or training in management, leadership, or administration. They are teachers and researchers. Once they complete their time on the committee, they return to teaching and research, thus limiting the incentive to develop the skills needed to effectively manage the school.

4.3 HOW TO GO ABOUT INSTITUTIONAL STRENGTHENING

The experience at KSPH has provided a number of lessons for how to go about institutional strengthening.

Relationship of mutual trust

The first is the importance of working in partnership with the organization, of creating and maintaining a relationship of mutual trust. This is not always easy given the differences in culture, background and perceived power.

Trust began to be developed by Health Systems 20/20 during the assessment through confidential interviews and the perceived desire to understand the experience and desires of KSPH faculty and staff. It was further developed when the Health Systems 20/20 team's actions were consistent with its words. The relationship was based on mutual respect, by learning together how to bring about change at KSPH, and on working together to accomplish the goals KSPH selected.

When Health Systems 20/20 consultants were planning their visits to DRC, they asked if this was a good time to come. There was a lot of flexibility and consideration of our school's and our country's needs. For the agenda for the visit, they would ask us what we want them to do for us. This was another factor that led to success. Always asking – what do you want us to do for you?

Patrick Kayembe,
Dean, Kinshasa School of Public Health

Importance of an internal champion

Another lesson is the importance of having an internal champion. This champion is ideally, but not necessarily, the leader of the institution. Change has to be driven from within. Someone inside the institution needs to be able to articulate a vision and the reasons for change. And on a practical level, someone needs to make sure that decisions are made and carried out, that follow-up occurs. At KSPH, the director fulfilled this role admirably.

Mutual reinforcement of different domains of intervention over time

Institutional strengthening requires a broad view and an understanding of the interrelationships between different activity areas. Although the project included nine distinct activity areas, the Health Systems 20/20 approach is both comprehensive and holistic. Planning, implementation, and evaluation had to look not only at the individual activities but also on the influence they had on one another.

For example, for KSPH to become self-sustaining, it needed to become more adept at mobilizing resources. One strategy for increasing school revenue was to have a justifiable indirect cost rate that it could provide to funders of research projects. However, KSPH could not have a justifiable indirect cost rate without first having a better financial management system, which in turn required an effective IT system, which could not function adequately without a regular electrical supply.

So Health Systems 20/20 began by building the IT system and procuring a generator for back-up electricity. The financial management system was improved, and this then provided the data needed to create a justifiable indirect cost rate. KSPH leadership and financial management staff participated in training to understand what the rate was and how it was calculated. KSPH now uses this rate in developing contracts with funders. Thus the combined impact of interventions in different domains is greater than the sum of their parts.

This kind of capacity building cannot be accomplished in six months or one year. For an institution like DRC, it requires a minimum of three years of support. If the assistance had ended after one year, it would not have achieved anywhere near the impact that it did. Extremely low levels of performance in an extremely difficult context do not change overnight.

Value of providing concrete resources as part of capacity building

Although the purpose of the Health Systems 20/20 institutional strengthening was to build organizational competencies and not to procure concrete physical resources, it became clear over time that providing a limited amount of those resources would assist the capacity-building mission. One reason is the level of need at KSPH. The school simply could not function without an IT system or regular electrical power, or a vehicle to bring students to their field practicums.

Another reason is symbolic. By procuring certain key items, the project communicates that change is underway, that it is no longer business as usual. This serves to encourage people and to increase their belief that the future will be brighter. This is in line with Kotter's¹ change management step of creating short-term wins.

Team leader role

The team leader in this activity was an organizational development specialist, which was one of the reasons for its success. The technical improvements in IT, financial management, resource mobilization, and the academic program were coordinated by the team leader. The team leader ensured that each activity was leveraged to enhance the improvements in other activity areas, as described above.

The team leader also brought an organizational development approach to these activities. This involves using these technical activities as

At the very beginning, the school didn't understand what this project was about. At first people thought it came to pay them a good salary. This became an issue. We had to explain what they were here for. When people see projects like this – they don't immediately see the benefits of such a project. After they see the results, then they understand.

Patrick Kayembe,
Dean, Kinshasa School of Public Health

Kotter's Eight Steps for Change Management

- Increase urgency
- Create guiding team
- Get the vision right
- Communicate the vision for buy-in
- Empower others to act
- Create short term wins
- Consolidate change and produce more change
- Institutionalize change

¹ Kotter, John P. 1996. *Leading Change*.

opportunities to build and reinforce non-technical capacities such as leadership, communication, participatory decision-making, working in teams, and alignment with the organizational vision. It also involves following the change management approach in each of the technical areas.

Health Systems 20/20 used Kotter's approach to change management to guide the intervention plan and implementation. Urgency was increased by involving all levels of the organization in the assessment and planning process. The guiding coalition was developed by both strengthening the existing Management Committee and creating a guiding coalition that included a wider range of persons including junior faculty and administrative supervisors. Vision was developed through participatory workshops and communicated repeatedly by the leadership of the school.

Action teams were created and empowered to act. Procurement of such essentials as IT equipment, an electrical generator, projectors, photocopiers, and a minivan provided a series of short-term wins that helped people believe that change was occurring. Quarterly workshops provided the opportunity to consolidate change by assessing progress and planning for the next phase. Change was institutionalized by training staff, by developing and implementing new policies and procedures in a variety of areas including IT and financial management, and by creating and staffing new units such as the business development center.

Because KSPH has a highly educated faculty that are interested in intellectual models and abstract thinking, the project provided training on Kotter's change management model. This had several benefits. It provided greater legitimacy to Health Systems 20/20's approach, as it was based on a recognized and published model developed by an academic. It also provided a common language and understanding for Health Systems 20/20 consultants and KSPH, which facilitated communication and planning. It also provided a tool for KSPH and Health Systems 20/20 to analyze and evaluate the progress being made at KSPH.

5. RECOMMENDATIONS

Much has been accomplished at KSPH in the Health Systems 20/20 intervention, but much remains to be done to assist KSPH in fully realizing its potential benefit to the DRC.

Implementation of Changes to the Academic Program

Some of the recommendations for KSPH's academic program have been implemented, but there is a need for further support in a number of areas. The master's thesis and practicum need to be fully developed. The maternal and child health concentration needs to be implemented. The faculty needs capacity building in a number of areas including teaching methodology, supervising the thesis and practicum, and mentoring students and junior faculty. A quality assurance program needs to be put in place to ensure that changes to the curricula and program are satisfactorily implemented.

One method for building these capacities and further improving KSPH's academic programs would be to establish a twinning relationship with another school of public health. KSPH administrators and faculty could visit that school to observe practicum activities and teaching methods. They could meet with the business development center and academic administration. Faculty from the twinning school could come to KSPH to teach or co-teach courses. They could provide workshops for KSPH faculty on such topics as using evidence-based research to influence national health policy. Joint research projects could be developed between the two institutions.

Non-residential Evening MPH Program

KSPH as well as donors recognized the need for a country as large as the DRC to produce more MPH graduates than it currently does. One way to do that would be to offer a non-residential evening program. This was done at KSPH several years ago, but was discontinued largely because of a lack of financing. One challenge for participants was that rush-hour transportation to KSPH is irregular and time-consuming as the UNIKIN campus is located quite a distance from the center of Kinshasa. However, if the courses were offered at a location in the city center in the afternoon or early evening, this would alleviate transportation and attendance problems.

Since the program would be non-residential, the costs associated with room and board would be eliminated, so the cost and scholarship needs would be reduced. It is also likely that a non-residential program would attract more women than the current residential program. There would be a wider market for scholarships, as international organizations and projects would likely be interested in paying the tuition of employees seeking to obtain an MPH.

Business Development Center

The newly created business development center has been established and staffed and has begun to function with a focus on increasing and coordinating the school's research contracts. There is much more that can be done. The center can play an important role in funding the school's academic programs. This is especially important as the major funder of the school's health economics program will end its support for the health sector in DRC after the current academic year. The center can assist the school in obtaining scholarships for a non-residential evening program. The center can also seek funds for short courses for KSPH alumni and other health care professionals. KSPH had offered many such courses earlier in its history. Finally, the center can assist the school in obtaining funds for capital improvements and the possible expansion of its campus.

Developing and Retaining Faculty

KSPH currently has 30 assistants or junior faculty members. However, there is no written or customary policy or plan for the development of these junior faculty. Many are named as assistants but given few if any responsibilities and almost no guidance for how to advance. If KSPH wishes to develop some or all of them into professors, KSPH needs to develop and implement a plan to do so. The plan would include the responsibility for professors to mentor the junior faculty in specific ways.

The current mentoring program needs to be expanded to include more professors and junior faculty. The faculty will only stay at KSPH if they are given increasing levels of responsibility and remuneration. This needs to occur in a coordinated manner so that those junior faculty judged capable gain the needed skills and receive the related financial rewards.

KSPH needs to support its potential doctoral students by building institutional relationships with certain universities in Europe and South Africa so as to facilitate the acceptance of KSPH junior faculty into joint “sandwich” doctoral programs. It also needs to continue to assist potential doctoral students in preparing and applying for scholarships such as the Fulbright Scholarship, including by providing English classes.

Given the changes to its academic program, KSPH should reassess its long-term needs in terms of professors, and select doctoral candidates who will develop areas of specialization needed by the school.

Financial Management

Now that basic tools and processes are in place at KSPH, there is a need to use this information in order for the school to operate on a sustainable basis. KSPH would benefit from a review of end-of-year financial reports and assistance in developing the upcoming year’s budget, as well as in updating its indirect cost rate. This is as much a matter of developing the school leadership’s capacity to use financial information as it is of developing the technical abilities of financial management staff. KSPH also needs a strengthened finance team, but has not had the resources to hire more staff at the salary levels it takes to entice strong people.

The other major challenge for the school is to consolidate financial information from micro research projects into the overall KSPH financial system. This would be done by development of standard budget template for micro projects, and training of project financial staff in how to use the budget template and report financial information to KSPH in a standard way.

Sustaining Benefits and Gains

In order to sustain the benefits and gains, KSPH needs to continue to have the competent and committed leadership it has had over the past three years. KSPH will also need to find a way to provide financial incentives for activities beyond teaching, research, and consultancies. For example, other African universities provide bonuses for mentoring doctoral students. Given the economic and political realities of DRC, similar approaches need to be developed to ensure that faculty pay sufficient attention to their other areas of responsibility.

The school’s much improved morale or *esprit de corps* provides a strong foundation for the school to continue progressing in its institutional development. As the newly named Dean, Professor Antoinette Tshetu, said about Health Systems 20/20 activities, “The work was extremely important and moved us towards the future and helps us compete in today’s more competitive world. We have not only consolidated what we already do, but we are more able to grow and extend our reach.”

