

Leadership development for Maternal, neonatal and child health in Nigeria (LDM)

With the support of international development partners, the Nigerian government is increasingly making leadership, governance and end-user rights, central pivots in public health policy reform in the country. Most recent MNCH policies all make reference to accountability mechanisms within civil society and call for public sector stewardship for domestic resource mobilization and effective policy implementation. Such policies include the National Strategic Health Development Plan June 2018; the Patient's Bill of Rights of the Consumer Protection Council July 2018; the Nigeria FP Visibility and Analytical Network May 2018; and the Nation DMPA-SC Accelerated Introduction and Scale up plan 2018-2022, May 2018 ; and the Nigeria Strategy for Immunization and PHC System Strengthening 2018 – 2028, June 2018.

Nigeria's focus on governance and leadership in the health sector aligns well with global recommendations and prescriptions on accountability in the achievement of Sustainable Development Goal 3: Ensure healthy lives and promote wellbeing for all at all ages.

While health leadership is being position as a transformative factor in the Nigeria public health community, there is little investment in capacity building for leadership development in MNCH. The 2000's were the high-point of leadership development for MNCH. In the decade of the 2000's all major multilateral, bilateral and foundations in Nigeria. The development Research and Projects Center (dRPC) was at the center of most of these leadership interventions. With funding from the Institute of International Education (IIE); USAID; the Ford and the Packard Foundations, the dRPC implemented 6 leadership development interventions in the decade of the 2000's.

Significantly, most of the dRPC interventions were evaluated by independent establishments and found to have contributed to the uptake of services; to increased transparency; efficiency in service delivery; expanded engagement of civil society actors; and improved willingness of government to comply with policy commitments.

Despite the proof of concept of leadership development models targeting stewards within the system and CSOs within the accountability ecosystem, development funding dwindled for leadership development in the current decade. This was due to new priorities of donor agencies; reduced overall funding for development interventions; and the transition to service delivery as opposed to advocacy and governance in MNCH programming.

Against this background the dRPC is rolling out a new generation of leadership development interventions targeting influential constituencies neglected in previous leadership development MNCH donor funded projects. The leadership constituencies targeted in this proposed project are - executives in health provider professional associations; male community leaders in communities with a high MNCH disease burden; and student leaders in pharmacy and public health post-graduate training programs.

Leadership development activities of the project are based on effective strategies applied in previous dRPC projects. They include - training; study tours; mentorship & coaching; network building and mini-grants to implement leadership action plans.