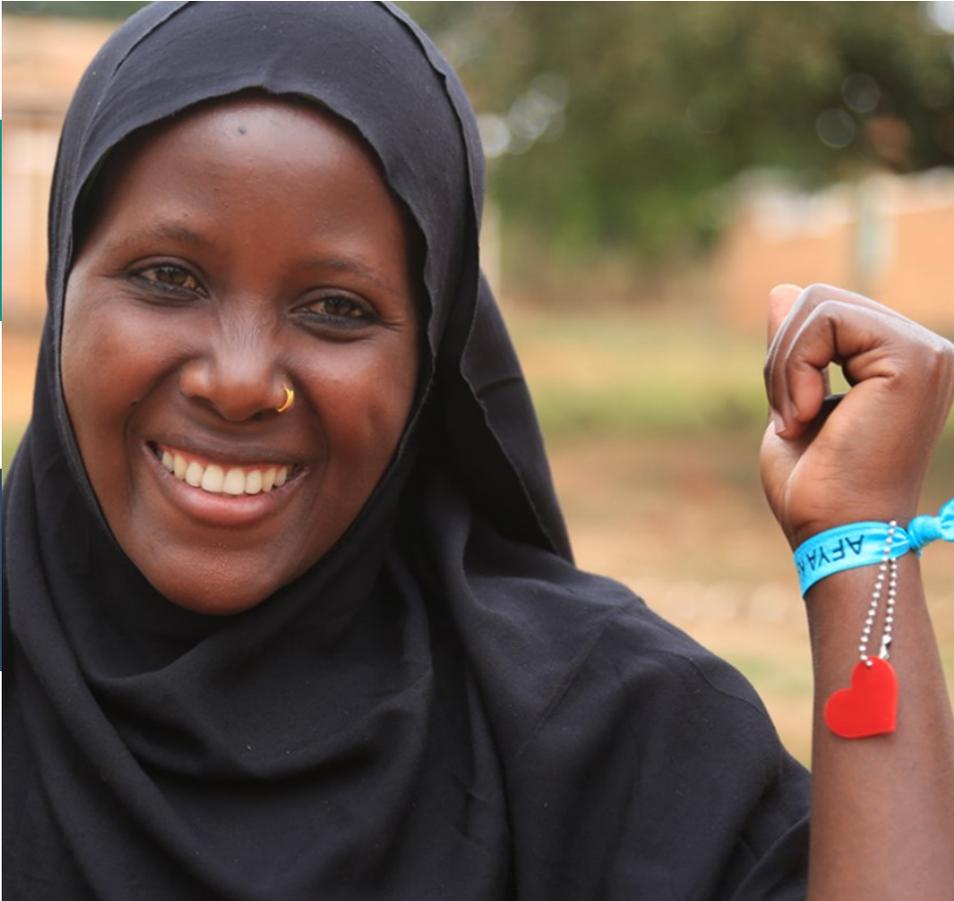




**NJIA**  
Developing Leaders  
Improving Healthcare



# **NJIA Leadership Programme**

**2015 - 2020**

**Reflections on five years of building agile  
leaders and strengthening cervical cancer  
prevention services across Tanzania and India**

## Foreword

# Ministry of Health, Tanzania

**Dr. Safina Yuma**  
**Head of Reproductive Cancer Unit**



*“As head of reproductive cancers at the Tanzanian Ministry of Health, I am saddened that cervical cancer, although 90% preventable, remains the most common cancer among women in Tanzania: 59 out of every 100,000 women will be diagnosed with cervical cancer and of these, an estimated 73% will die.*

*NJIA’s unique approach empowers health workers and District and Regional Health Management Teams to both innovate and leverage existing resources in our fight against cervical cancer.*

*The NJIA approach centres on recognizing **everyone’s leadership potential**, no matter their level, as well as identifying that every individual has the potential to have a positive impact in their community. I believe, and the NJIA model shows, that by fostering motivated, transformational leaders at every level, we are better able to **provide quality care to all**.*

*The data shows that in districts participating in NJIA, six times more women have been screened since the project started in 2015, compared to just a*

*3-fold increase in a similarly funded control district in Kagera region. We must recognise the incredible impact that PEPFAR funding and partners like CDC, USAID, and HIV prevention care and treatment implementing NGOs have had on cervical cancer outcomes. However, the difference between districts who have received support to develop stronger leaders and those who have not, demonstrates the **power of leadership development in accelerating investment in healthcare**.*

*Based on the progress NJIA has made in Kagera, this programme should be scaled to other regions using cervical cancer prevention as an entry point to improve the leadership skills of District and Regional Health Management Teams.*

*On behalf of the Tanzanian Ministry of Health, Reproductive Cancer Unit, I pledge our commitment to continue to promote the importance of good leadership for the prevention of cervical cancer, and to continue to build innovative partnerships so that together, we can positively impact women and families in our country.”*

**10**

NJIA programmes in  
Tanzania and India

**63**

innovations tested in  
Tanzania and India

**28,172**

hours invested in  
leadership



**174**

East African & Indian  
participants



**1,3791**

HPV Vaccinations  
provided

**164**

Roche  
participants

**7,952**

sets of cervical  
cancer materials  
distributed



**25**

outreach cervical  
Cancer screening  
campaigns organised



**6,972**

women screened for  
cervical cancer



**6,494**

health workers and  
community members  
educated



**288**

women treated for pre-  
cancerous lesions





## Executive Summary

The NJIA Leadership Programme, a collaboration between Pepal, F. Hoffman-La Roche (Roche), governments and NGO partners, aims to improve cervical cancer outcomes for women in Tanzania and India by leveraging human potential across healthcare ecosystems. NJIA brings together diverse groups of leaders to develop their leadership skills, understand challenges in improving cervical cancer services and develop innovative solutions to those challenges.

Between 2015 and 2020, **153 Tanzanian, 15 Indian and 164 Roche Leaders** participated in NJIA, undergoing an intensive leadership journey, developing their skills to lead in complex environments, while focussing on social impact. 100% of NJIA participants told us

that they made changes to their leadership styles as a result of the programme, including their ability to think in innovative ways and work with colleagues from diverse backgrounds.

In addition to personal leadership development, NJIA leaders tested 58 innovations in Tanzania and 5 in India to improve cervical cancer outcomes. In Kagera region, Tanzania, innovations ranged from creating awareness through radio shows, leaflets and information sharing in health worker WhatsApp groups, mentorship and training for screening providers, integrating cervical cancer prevention services into breast cancer services, and addressing stigma in school settings.

*“I learned the importance of trust, how to empower my teammates, and ensure efficiency in my team. I learned many leadership skills, such as communication, advocacy and influencing skills this has enhanced my ability to address problems.”*

Florian Stephene, NJIA Cohort 5 participant

In Tanzania, NJIA leaders and the innovations they tested, have directly contributed to:

- **6,792 women** receiving cervical cancer screening
- **288 women** with pre-cancerous lesions receiving treatment
- **1,371 girls** aged 14-years old being provided with the HPV Vaccination
- **7,000** sets of community awareness being distributed.

In India, just one cohort of NJIA leaders were able to:

- Raise awareness to over **8,000 community members** about cervical cancer through the distribution of awareness materials
- Train **four Gynaecologists** to perform low-cost cervical cancer screening services using Visual Inspection with Acetic Acid (VIA) at one health facility in Varanasi district, Uttar Pradesh.

However, the direct outcome of innovations is only a small part of the picture when it comes to NJIA's impact. The increased commitment and motivation of NJIA leaders has contributed to better health outcomes more broadly, some of which are explored in this report.

Our data shows that districts with NJIA leaders in Kagera region have increased cervical cancer screenings by an average of

**519%** since the first NJIA cohort in 2015 (compared to a 206% in a similarly funded control district).

In Varanasi division, India, where NJIA was active for six months (between October 2019 and March 2020 before Covid-19 put the programme on a temporary hold), cervical cancer screening in Pandi Deen Dayal Upadhyay Government Hospital Varanasi increased by 6%.

We believe, and the data in this report highlights, that a leadership and innovation approach can have a significant impact on accelerating improvements to healthcare systems, resulting in improved health outcomes for patients, particularly in regard to cervical cancer.

This report reflects on the progress made by the NJIA programme between 2015 and 2020, sharing our learning on the leadership development of participants, as well as NJIA's impact through innovations and its broader impact on the cervical cancer ecosystems in India and Tanzania. We also reflect on next steps, as NJIA moves forward into a digital age.

**Special thanks to Roche for their ongoing support of the NJIA programme, and their dedication to social impact through leadership.**

# 1 Introduction to NJIA

## Overview

The NJIA model centres around people being key to delivery of healthcare worldwide. The World Health Organisation (WHO) highlights leadership and governance as the cross-cutting factor that affects all other factors in strengthening healthcare systems<sup>1,2</sup>. The role of improved leadership skills in healthcare has not been extensively researched, but organisational management specialists have suggested that strong leaders can become the greatest enabling factor, or the greatest barrier, to successful organisations<sup>3</sup>. This is especially evident in resource-limited healthcare settings, such as those of Tanzania and India, where many health professionals in senior positions have never had leadership or management training, yet are still required to be agile, responsive and efficient, due to the nature of their work.

Leadership is not just important for those in senior positions; **creating leaders across all healthcare levels is critical to achieving effective and efficient healthcare systems.** NJIA's premise is that sustainable improvements can be made in healthcare by:

- Bridging traditional silos and teaming up diverse groups of leaders from across the healthcare ecosystems,
- Challenging leaders to navigate across their differences including diverse languages and cultures
- Fostering exchange, learning, co-creation and innovation
- Advocating to key stakeholders to support small but highly impactful initiatives.

NJIA aims to strengthen the existing healthcare workforce in Tanzania and India, by bringing together individuals with diverse and varied skillsets to work on their leadership and innovations skills. NJIA, which means “path” in Kiswahili, is designed to create a collaborative and dynamic environment for participants to undergo a leadership journey together. Bringing their diverse experience and expertise to the table, participants explore the local healthcare challenges and co-create local, low-cost, innovative solutions, that can be delivered in under-resourced healthcare settings. These innovative solutions are then tested on a micro-scale to assess their potential for sustainability and long-term impact.



## Partnership in Action

NJIA is a cross-sector collaboration between F. Hoffman La-Roche AG, Pepal, McBride and Lucius, government leaders, and NGO leaders working healthcare including ICAP, Progressive Foundation and Jhpiego.

It is important to recognise that NJIA is not a silver bullet, but an accelerator to efforts of that of our partners. NJIA aims to strengthen the leadership and innovation

skills of individuals already working in healthcare, supporting and enhancing work that is already ongoing.

**Our sincere thanks to all of our partners across Tanzania and India for their essential role in this work and their ongoing support for the NJIA programme.**

*“In developing NJIA we saw significant opportunities for cross-sector learning; those involved became better leaders, whilst at the same time developing resource-effective solutions for women who need cervical cancer prevention services. Something magical happens when we bring together such diverse groups of leaders and it results in an extraordinary level of innovation and co-creation.”*

**Stephanie Mitchell, NJIA Strategic Sponsor, Roche**





## Participant Journey

NJIA is a six-month programme, with cohorts participating in three core phases. Cohorts are made up of 15–20 leaders from the Tanzanian or Indian government healthcare sector and NGOs and 15–20 leaders from Roche (who travel to one of these countries).

The first phase, **'Prepare'**, takes place while participants are in their home country. It orients participants on core leadership concepts and provides them with essential information about the context they will work in, including learnings from previous cohorts.

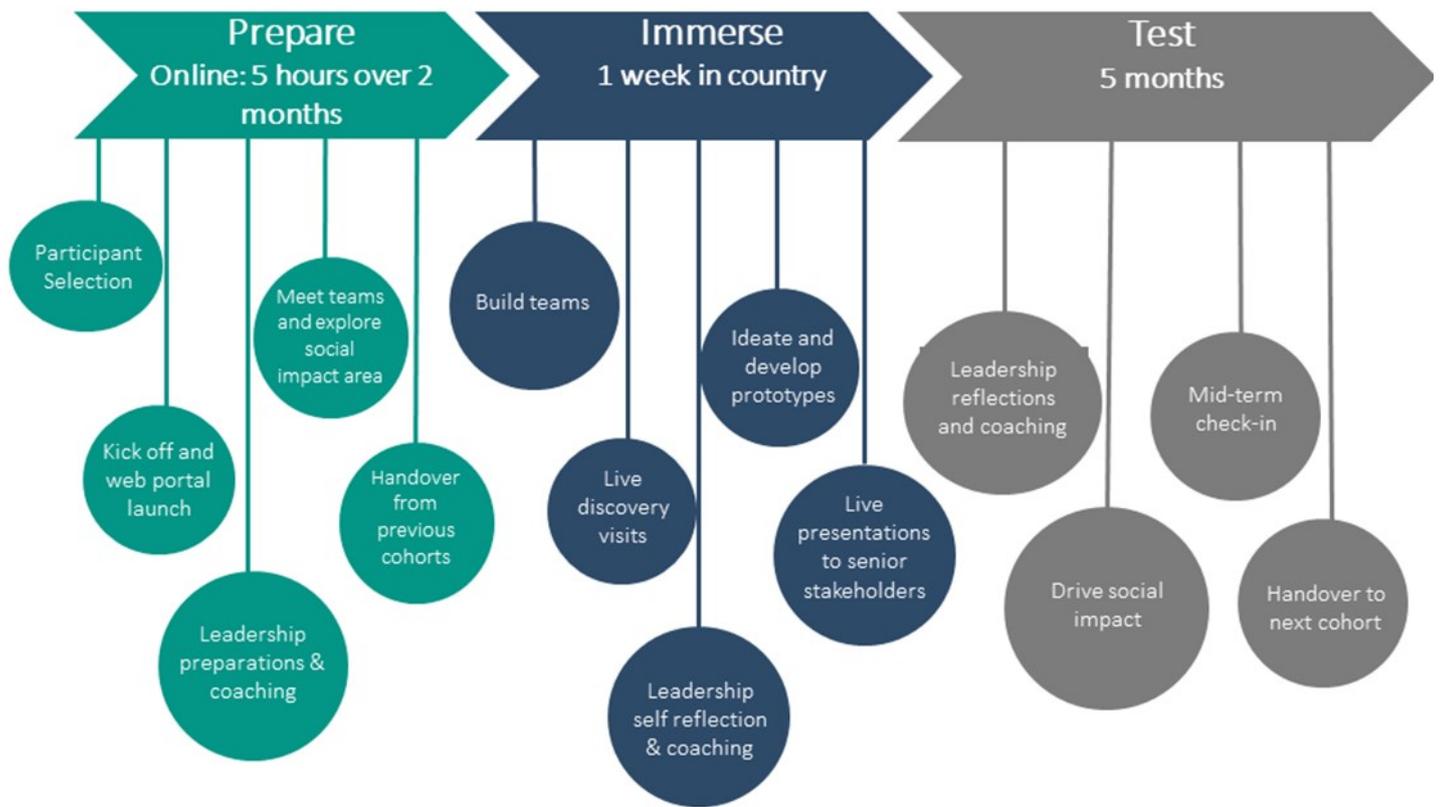
During the **'Immersion'** phase, Roche participants travel to the designated country and over the course of a week, in mixed teams apply their leadership skills to explore challenges and opportunities in providing government-led cervical cancer prevention services. Teams work together to develop an innovation idea to increase

prevention services across a district.

The finale to immersion involves the teams refining their ideas and pitching to senior stakeholders operating within the cervical cancer ecosystem. This provides the teams with an opportunity to collect valuable feedback, as well as the chance to advocate for their innovation idea.

In the **'Test'** phase, government health leaders, with remote support from their NGO and Roche peers, work alongside their District and Regional Health Management Teams to test their innovation idea with a small budget and integrate their learnings within their work-setting. After six months, the NJIA leaders return for a refresher course on core leadership skills and handover their learnings and innovation idea to a new cohort, who follow the same journey, building on the legacy of previous teams.

# Participant Journey





## Understanding NJIA's Impact

NJIA's impact can be understood in three distinct ways: (1) through measuring the leadership development of participants; (2) by understanding the impact of the micro-scale innovations tested as part of the programme and (3) through understanding the broader impact that NJIA has on the cervical cancer landscape in Tanzania and India.

Our approach to measuring participant leadership development is based around Kirkpatrick's four level evaluation model which looks at Reaction, Learning, Behaviour and Results<sup>4</sup>. A series of self-evaluations, peer and line manager behaviour surveys, and leadership content

tests, conducted pre- and post-programme, help us to understand what skills are developed through the programme and how NJIA leaders apply their leadership learnings back in their work place.

To understand the impact of NJIA innovations, each teams design monitoring and evaluation tools during their planning. Teams are asked to determine what success looks like, how they will measure their reach, and how they will evaluate their learnings. These indicators are agreed by the programme team, and tracked throughout the innovation.

*"NJIA helped me do more with the resources available. In the month after the programme, I educated 50 young women living with HIV on the importance of getting screened for cervical cancer"*

**Beatrice Callista, NJIA Cohort 9 participant**





*“I learned a lot about self-management and how to apply creativity in my work. The programme helped me learn how to work better with others through sharing ideas to come up with solutions”*

**Jackline Kokuhilwa, iNJIA Cohort 2 Participant**

Measuring and understanding the impact of the NJIA programme on the wider health system is more complex. Facility-based cervical cancer prevention performance records have been analysed pre- and post- programme to determine the impact NJIA leaders have on facility and district-based prevention services, as well as other measures, such as HPV vaccination rates, that have the potential to showcase NJIA’s broader impact.

This particularly possible in Tanzania, where five years of NJIA delivery has allowed consistent data collection. It is more difficult to draw conclusions in India, as only one NJIA cohort was delivered due to the Covid-19 pandemic. Therefore, in

this report, we focus on NJIA’s broader impact in Tanzania, and hope to further analyse data from India in later reports.

This report does not aim to provide a full analysis of NJIA’s impact, but instead to reflect on some of the changes that have been observed by the programme team during the first five years of the programme, and how these learnings can guide NJIA’s next steps. Finally, it is important to reiterate that NJIA’s work has been done in conjunction with governments and implementing partners; NJIA’s role is to accelerate the work that is already ongoing.



## 2 Leadership and NJIA

NJIA focuses on developing agile leaders who feel motivated and empowered, inspire those around them, and drive positive change through innovation.

A key concept used throughout NJIA is 'VUCA'<sup>5</sup>. VUCA is an acronym commonly used in the leadership development space to describe the volatility, uncertainty, complexity and ambiguity in the world today. NJIA is designed to strengthen participants' capacity to operate and lead in a VUCA world. The programme supports leaders to work from a "creative" mind-set, moving away from certainty and shifting towards curiosity and discovery. This shift fosters innovation and allows participants to collaborate and build partnerships, as well as move from a mind-set of scarcity to a mind-set of abundance. This in turn enables participants to think creatively, focusing on what is possible when leveraging existing resources in an agile way.

### Leadership Development

#### *Roche Professionals*

Before the immersion phase of NJIA, Roche leaders focus on identifying their reactive

leadership tendencies and reflect on strategies to develop stronger creative competencies through the programme. This is supported by coaching pre- and post- immersion and completion of the Leadership Circle Profile (LCP)<sup>6</sup>. The LCP measures various competencies in relation to how leaders achieve results, bring out the best in others, lead with vision, enhance their own development, act with integrity, and improve organisational systems. The results of the assessment highlight competencies that can then be worked on throughout the programme<sup>7</sup>.

#### *Health Professionals*

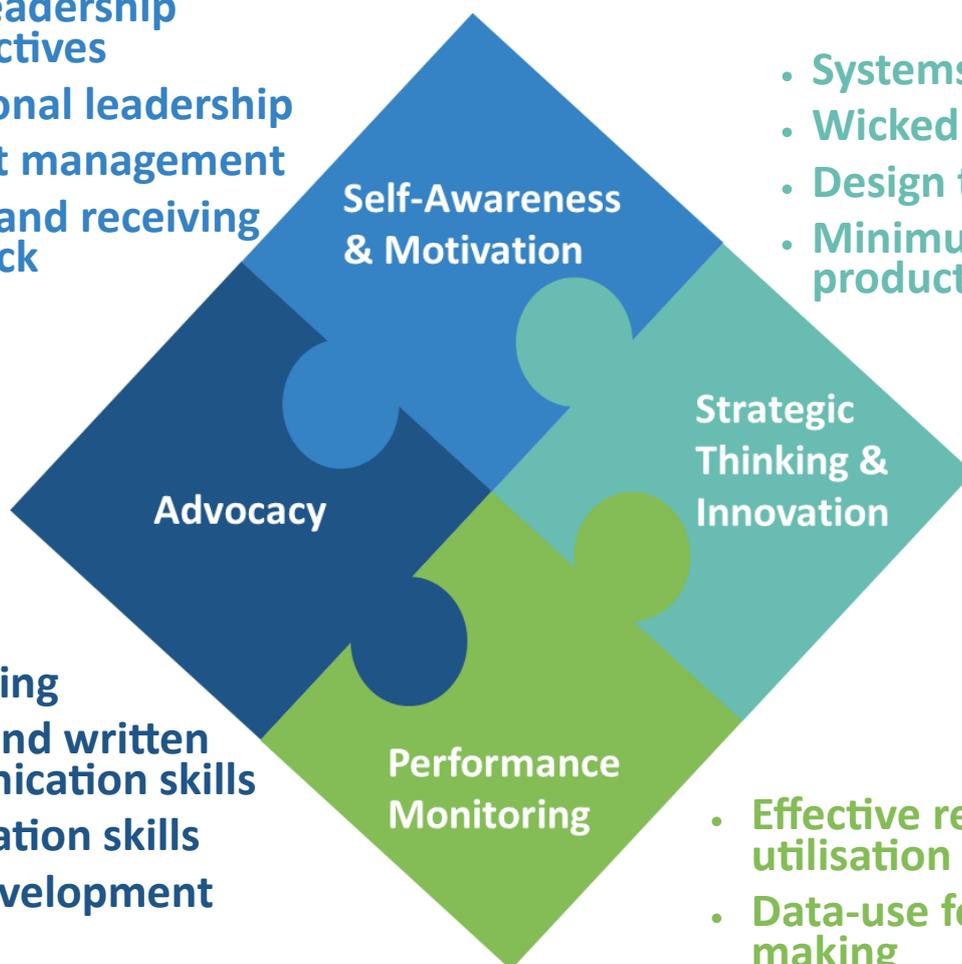
For Tanzanian and Indian participants, NJIA adopts a learning-model based on four key competencies. These were inspired by the key leadership skills identified by the Centre for Creative Leadership<sup>8</sup> and adapted in the initial years of NJIA. The competencies are embedded through a combination of theory and practical exercises, and include modules around Self-Awareness and Motivation, Advocacy, Performance Monitoring, and Strategic Thinking and Innovation.

Throughout the immersion phase, NJIA participants work together to develop their leadership capacity, and are supported to connect, discover, scope and innovate around the wicked challenge of cervical cancer. The concepts highlighted below are integrated throughout the programme, and the teams are enabled to grow and learn from one another.

The **Sustain** phase offers an opportunity, particularly for the Tanzanian and Indian leaders, to put their learning into practice, as testing the innovation designed by their team typically relies on the four key competencies to achieve success.

## NJIA's Leadership Framework

- Agile leadership perspectives
- Situational leadership
- Conflict management
- Giving and receiving feedback



- Systems thinking
- Wicked problems
- Design thinking
- Minimum viable product

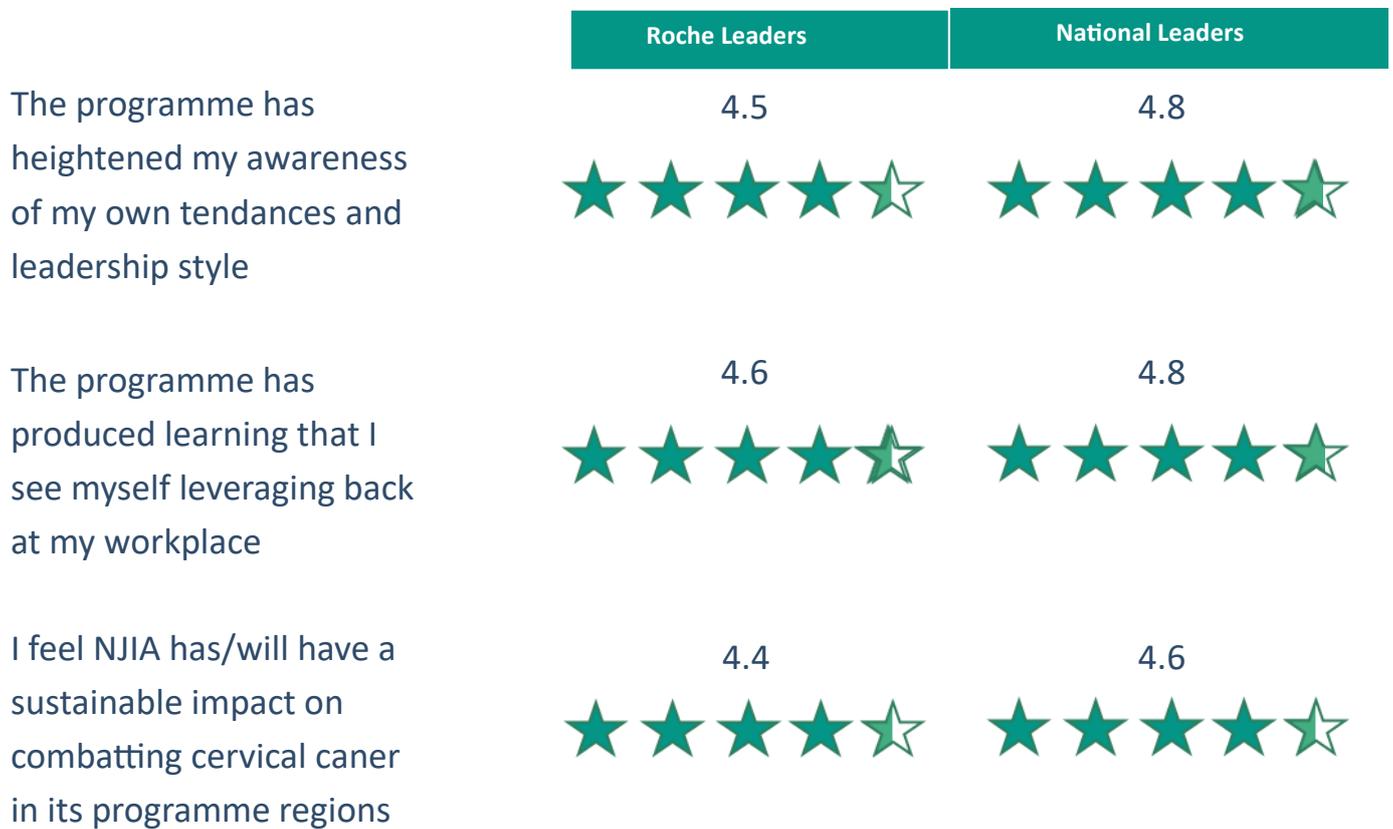
- Influencing
- Verbal and written communication skills
- Presentation skills
- Pitch development

- Effective resource utilisation
- Data-use for decision making
- Budget development
- Team dynamics

## Leadership Impact: All Participants

At the end of the week-long immersion phase, all participants are asked a series of questions about the programme’s impact and asked to rate key areas on a scale of 1 (not at all) to 5 (to a great extent). The ratings below are provided by 150 Roche Leaders and 161 health workers and NGO leaders who participated in nine cohorts in Tanzania and one cohort in India.

Overall, the NJIA programme received overwhelmingly positive feedback from participants, with both national healthcare and Roche leaders reflecting that the programme improved their leadership capacity. In particular, leaders felt that the programme produced learning that they could leverage back in their day-to-day roles.



*“What I gained from NJIA is the unleashing effect of empowering leadership and how you can multiply your energy by engaging the entire ecosystem with a shared purpose”*

**Christina Schmid, NJIA Cohort 9**





## EBIATH'S LEADERSHIP JOURNEY

Ebiath was a Clinical Officer working in a village health facility when he was nominated to attend NJIA. Through the programme, Ebiath analysed the challenges health facilities providing cervical cancer screening services face and, with his teammates, developed an innovation to dedicate specific days to integrate cervical cancer screening services with HIV care and treatment at his facility.

<b>Self-rating (Five months post Programme)</b>	
Advocacy skills	↑25%
Performance monitoring	↑88%
Strategic thinking and innovation skills	↑46%
Self-awareness and motivation	↑36%
<b>Manager rating</b>	
Capacity to work with difficult and complicated problems	↑150%
Self confidence	↑25%
Working with culturally diverse people	↑25%

Five months post programme, Ebiath's self-score on his leadership had increased significantly, as can be seen in the table to the left, with Ebiath feeling that he particularly improved his performance monitoring skills. His line manager also scored Ebiath's core leadership skills pre- and post- NJIA, and reported that Ebiath's capacity to work with difficult and complicated problems improved by 150% following his participation in NJIA.

Ebiath's leadership growth was noticed by the District Health Management Team for Kyerwa. In 2020, Ebiath was promoted from managing a rural health facility to working at the district's designated hospital, where he continues to be an impactful leader.



## Leadership Impact: Further Reflections

Beyond the overall feedback collected from all participants, a sample of 55 Tanzanian and Indian leaders who participated in NJIA programmes between 2017 and 2020 were further analysed to better understand the impact of NJIA on leadership styles and capacity:

- 71% of participants increased their ability to think innovatively and come up with new approaches
- 67% of participants felt better prepared for future leadership challenges
- 74% of participants reported actively applying the learning from NJIA to their role in their work setting.

The data highlights the strength of the leadership skills that participants develop through their participation in NJIA and suggests that those skills can be successfully embedded within the day-to-day work of participants.

Managers were also surveyed about their reflections on their staff's leadership capacity pre- and post- participation in the programme, with the following results:

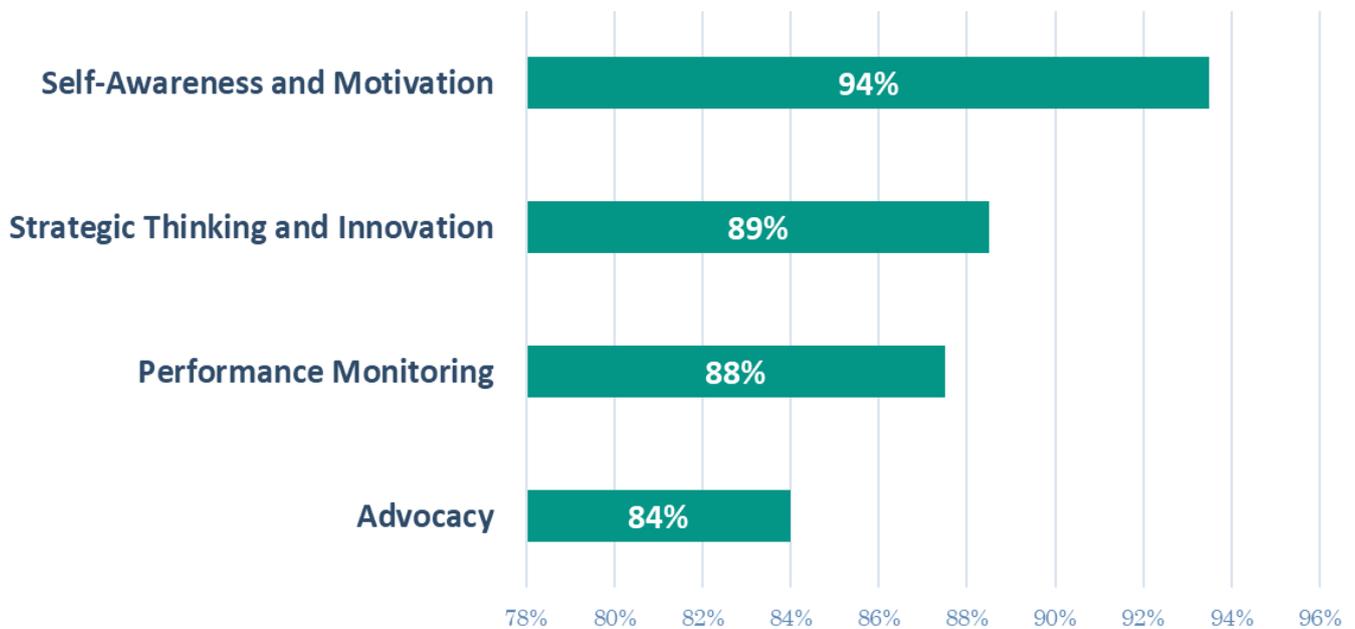
- 100% of line managers found that NJIA participants showed improvement in teamwork following the programme
- 95% of line managers recognised NJIA participants as good leaders in their work setting
- 89% of line managers found that NJIA participants had an increased ability to influence senior leaders.

These findings demonstrate the impact on leadership that the NJIA programme can achieve. The strength of these results indicates that NJIA is contributing to creating a healthcare workforce who are not only able to lead in a VUCA world, but also capable of driving change and innovation to improve cervical cancer outcomes.

We analysed the feedback from the sample of participants in line with the NJIA Leadership Framework (as described at the start of this section), to better understand how the programme impacts key skills.

A significant majority (84% and above) of participants surveyed after the programme felt that they experienced 'improvement' or 'significant improvement' in behaviour associated with the four key competencies. In particular, 93.5% of participants felt that they had improved or significantly improved in their self-awareness and motivation.

### Percentage of Participants who felt 'improvement' or 'significant improvement' in key behaviours post-programme



*“NJIA has changed me! I now see Cervical Cancer Screening as something very important and this has made me more committed to screen mothers to prevent the disease.”*

**Inviolata Anthony, NJIA Cohort 5**

# 3 Innovation

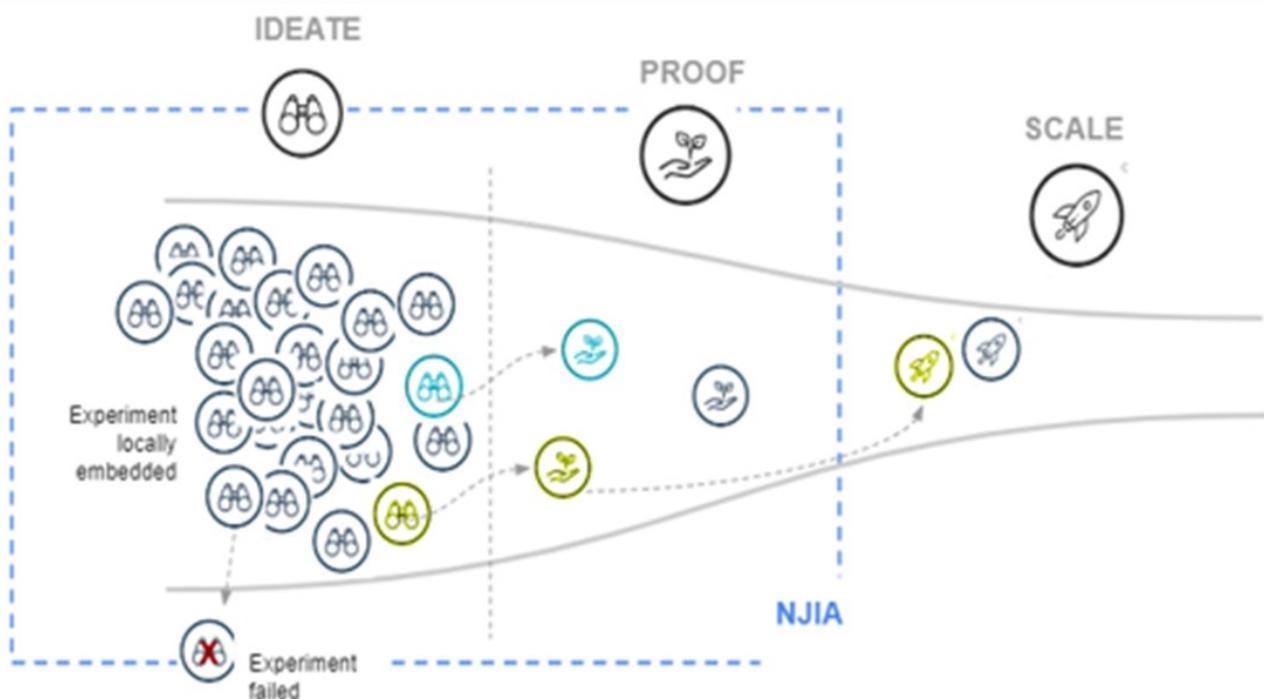
## NJIA's Innovation Approach

NJIA supports leaders to design innovation ideas to address challenges within cervical cancer ecosystems, and improve quality, uptake and access to cervical cancer prevention services. The innovations aim to generate measurable impact, build on existing systems, and have the potential to be scaled and sustained the long-term.

After they have developed innovations and received stakeholder feedback through the immersion phase, teams are provided with seed funding and technical support as they test their innovations on a small-scale.

Teams utilise the 5-month **Test** phase to plan their activities, test a 'minimum viable product', evaluate learning, and analyse their impact. At the end of the testing phase, project teams share their learnings with the next cohort, who adapt and grow the NJIA legacy.

The innovation element of the NJIA programme can be understood as a funnel: NJIA plays the role of incubator, generating new ways of thinking and actionable projects to strengthen cervical cancer prevention services.





NJIA produced 63 innovations between 2015 and 2020, with innovations focused on awareness, access to screening services, HPV vaccination and service integration. This has resulted in:

- **7,952** sets of awareness materials on cervical cancer prevention being distributed across Kagera region, Tanzania, and Varanasi division, India
- **25** outreach cervical cancer screening campaigns organised in Tanzania and India
- **6,972** women directly screened for cervical cancer (232 with pre-cancerous lesions treated) during innovation testing in Tanzania and India

- **1,371** HPV vaccinations provided during NJIA project innovation testing
- **16,494** Community health workers, health workers and community members educated on cervical cancer and available prevention services.

After innovations are piloted, in addition to passing information on to future cohorts, Pepal supports the integration of learnings and best practices into national, regional, district and NGO partner work plans. Pepal also supports the scaling up of successful pilots through strategic policy work or external funding.



# Innovation Case Study: Awareness Booklet

In 2017, leaders from Cohort 3 designed an awareness booklet which aimed to educate both community health workers and community volunteers on essential information regarding cervical cancer treatment and prevention.

The booklet included several cervical cancer prevention strategies, particularly highlighting the importance of accessing both courses of the HPV vaccine.

As of March 2020, the booklet had been disseminated to several hundred health leaders across 64 health facilities, and has been an important tool for educating hundreds of Community Health Workers across Kagera region.

The impact created by this awareness campaign was recognised by the Reproductive Cancer Unit of the Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDEC) of Tanzania.



Uchunguzi wa mapema unaweza kuokoa maisha

Jinsi ya kujikinga na saratani ya mlango wa kizazi



## Nini ufanyika wakati wa 'Uchunguzi'?



Utalala kitandani ambapo muuguzi au daktari ataangalia kizazi chako. Atapaka siki taratibu katika kizazi chako kwa kutumia pamba laini – ni kifaa cha plastiki chenye pamba laini.

### Ni rahisi kama hivyo!

Kama kutakua na seli isiyo kawaida, Daktari au muuguzi ataiona mara moja na kukupa taarifa kuhusu matibabu au rufaa ya matibabu zaidi.

Kama ni muathirika wa virusi vya ukimwi, uko kalika hatari kubwa ya kupata saratani ya mlango wa kizazi hivyo, bila kujali umri unapaswa kufanya uchunguzi



Kama una miaka zaidi ya 30 mpaka 50, unapaswa uchunguzwe mara kwa mara



*“Since first joining NJIA October 2016, with support from NGO partners, we have established 4 screening sites, have provided screening services to **9,694 women**, identifying 369 women with pre-cancerous lesions, treating 364 women with cryotherapy, referring 5 women with large lesions for preventive treatment with LEEP, and referred 31 women for advanced care.”*

**Dr. Casmir Tira, NJIA Cohort 6**

## Innovation Case Study: Service Integration

In 2018, leaders from Cohort 4 identified an opportunity to integrate cervical cancer services with other services that are already in place. They developed an innovation to align with ICAP (a large implementing partner NGO in Kagera) staff to organise mobile tents, transport, and equipment to provide screening services alongside ICAP’s community-based HIV testing.

In coordination with the District Health Management Team of Ngara district and health workers involved in HIV testing and cervical cancer screening, NJIA leaders organised five HIV testing and cervical cancer screening and treatment campaigns in remote locations.

During the implementation phase of the project, **481 women** were screened with visual inspection with acetic acid (VIA) and

13 VIA positive women (2.7% positivity rate) were identified and treated with cryotherapy during the same visit. One woman was identified as HIV positive and subsequently referred for necessary treatment. Five clients living with HIV attended the campaign to get screened for cervical cancer. Among them, one was identified VIA positive and received cryotherapy treatment in the same visit.

The NJIA team’s approach of leveraging on existing outreach services to reach additional populations showcases the power of an integrative approach to increase impact with limited additional resources. NJIA leaders in subsequent cohorts have continued to build on the integration theme and explored additional opportunities to improve access to cervical cancer screening through existing outreach activities.

## Potential for Scale: Rotational Treatment

In 2019, NJIA leaders focused on the challenge of providing screening services to communities when the local health centres did not have treatment facilities. They realised that it was difficult to perform screening camps in these communities, as for women who tested positive for VIA as part of screening campaigns, access to treatment was often unviable, due to financial and logistical barriers.

NJIA leaders chose to think differently about the resources that they had available and coordinated with the Regional Management Team to rotate cryotherapy machines used to treat

precancerous lesions between facilities, maximising utilisation of available treatment options, and therefore the reach of screening services.

The concept of rotational treatment intrigued stakeholders, and through generous support from the Kahawa Foundation, several further iterations of the project have been delivered, including one that utilised treatment devices that were more portable: thermos-ablation devices. Thermo-ablation devices are now approved for use across Tanzania and offer a cheaper, more transportable treatment option for women across the country.





## Sharing Learnings: Cervical Cancer Resource Webpage

NJIA innovations have produced a vast amount of information and learnings related to cervical cancer prevention in low-resource settings. In addition to identifying opportunities for further testing and scaling of innovations, the NJIA team felt it was important to showcase innovation work being done throughout the cervical cancer space, and to share the learnings that have achieved

impactful results.

The cervical cancer resource website ([www.cervicalcancerresources.org](http://www.cervicalcancerresources.org)) was developed as a platform for collaboration and sharing, with information from a number of organisations, sharing best practice, innovation and learnings about healthcare delivery in low-resources settings.

[www.cervicalcancerresources.org](http://www.cervicalcancerresources.org)

## 4 Leadership in Action: Impact on Cervical Cancer

### Screening

NJIA has worked in 7 out of 8 districts in Kagera, allowing for Missenyi District (the eighth district in Kagera region) to act as a control for comparison, when considering NJIA's impact on cervical cancer outcomes.

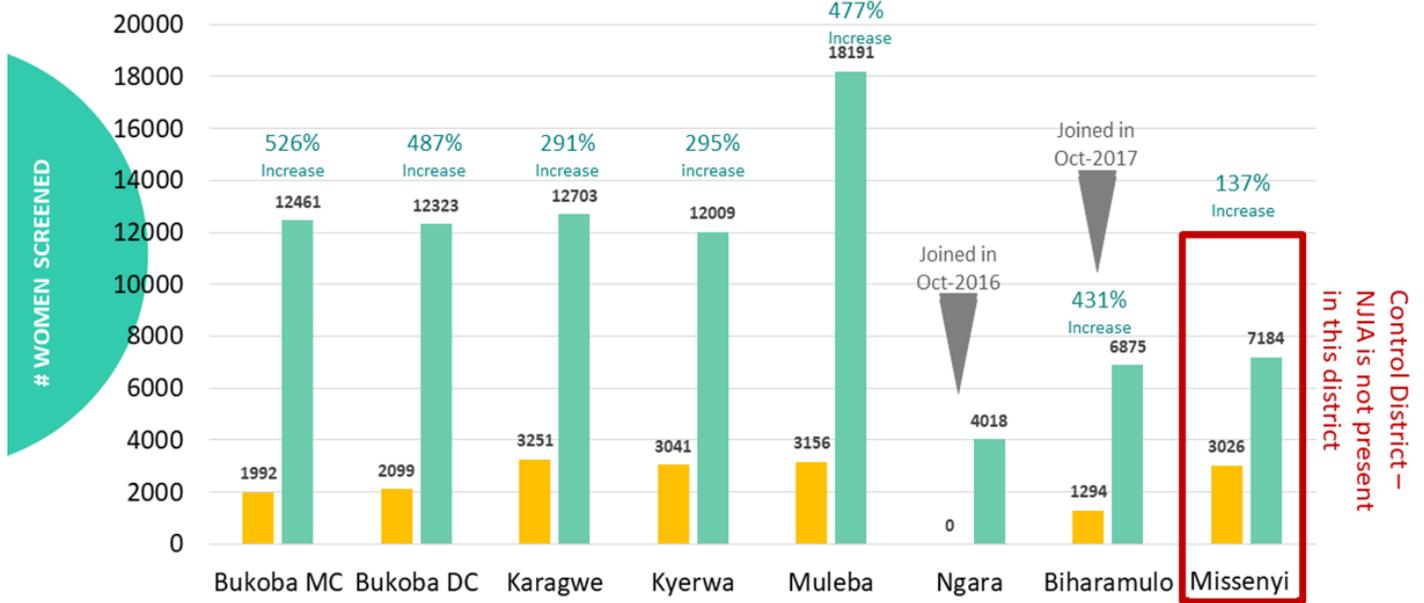
Since NJIA's launch, we have found that, on average, the districts where NJIA is delivered had a **517% percentage change** in number of women screened, compared to 200% change in Missenyi. When comparing screening performance against the 2016 district-level targets set by the

Ministry of Health, Gender, Community Development, Elderly and Children (MoHGCDEC), all districts with NJIA leaders screened a higher proportion of the female population than the control district (on average 20% higher).

Furthermore, NJIA leaders have an even greater impact when there is more than one advocate for leadership and innovation working within a health facility. Where there is more than one NJIA leader at a health facility, our data indicates an average 48% increase in screening rates in the first 6 months post-programme.



Number of women screened for CC 3 years before NJIA (2013-2015) and 3 years since NJIA launched in Kagera region (2016-2018)



\*Bukoba MC&DC, Karagwe, Muleba, and Missenyi are CDC priority districts

## Vaccination

The WHO lists the HPV Vaccination as the primary prevention strategy against cervical cancer. The vaccine is most effective when administered in two doses for girls aged 0-14 years old, or before girls become sexually active<sup>9</sup>. In 2018, following a successful pilot in the Kilimanjaro region, the Government of Tanzania introduced two doses of HPV nationally for adolescent girls, and improving uptake of the vaccine has been a point of interest from the government and implementing partners<sup>9</sup>.

Increasing the vaccination rate among girls has since been a target for many NJIA teams. Data demonstrates that in Kagera, NJIA leaders have contributed to a greater increase in HPV vaccination rates in all districts, when compared to the control district (Missenyi). This is an ongoing area of focus for NJIA teams, as HPV vaccines become more widely available, and we hope to reflect further on NJIA’s impact of primary prevention of HPV through vaccination in a later report.

## Cervical Cancer & HIV: Valentina's Leadership Story

Women living with HIV (WLHIV) are six times more likely to develop cervical cancer, and have a higher chance of developing cervical cancer at a younger age<sup>10</sup>.

Valentina Vincent joined NJIA in October 2018. In her day-to-day role, she worked for ICAP as Community Outreach Volunteer. She was responsible for supporting Kaigara Health Centre to increase HIV testing and to link new HIV clients to care at a community level. When she joined NJIA, she wanted to improve her confidence, as well her ability to speak in front of diverse audiences.

Valentina's NJIA team focussed on the issue of lack of awareness from the community when it comes to cervical cancer, and in their innovation, chose to focus on Community Health Workers (CHWs) and Community Outreach Volunteers (COVs). The team hypothesized that if they could increase knowledge and awareness of CHWs and COVs, in turn, the community would be better educated, and there would be a increase in the

number WLHIV who came forward and were screened.

In the nine months following Valentina's team innovation, Kaigara Health Centre showed a 64% increase in the number of WLHIV screened for cervical cancer, as compared to the nine months before the programme. Looking at the broader population, the total number of women (HIV positive and negative), who were screened for cervical cancer increased by 98% in the same time period.

Looking at the graph opposite, there was a correlated increase in the number of women who were also treated for VIA positivity in the nine months post Valentina's participation, an increase of approximately 133%.

Valentina's story is just one such example of NJIA leaders improving screening of WLHIV, a strategic priority for many donors, while also expanding services to the general population, and screening and treating all women.

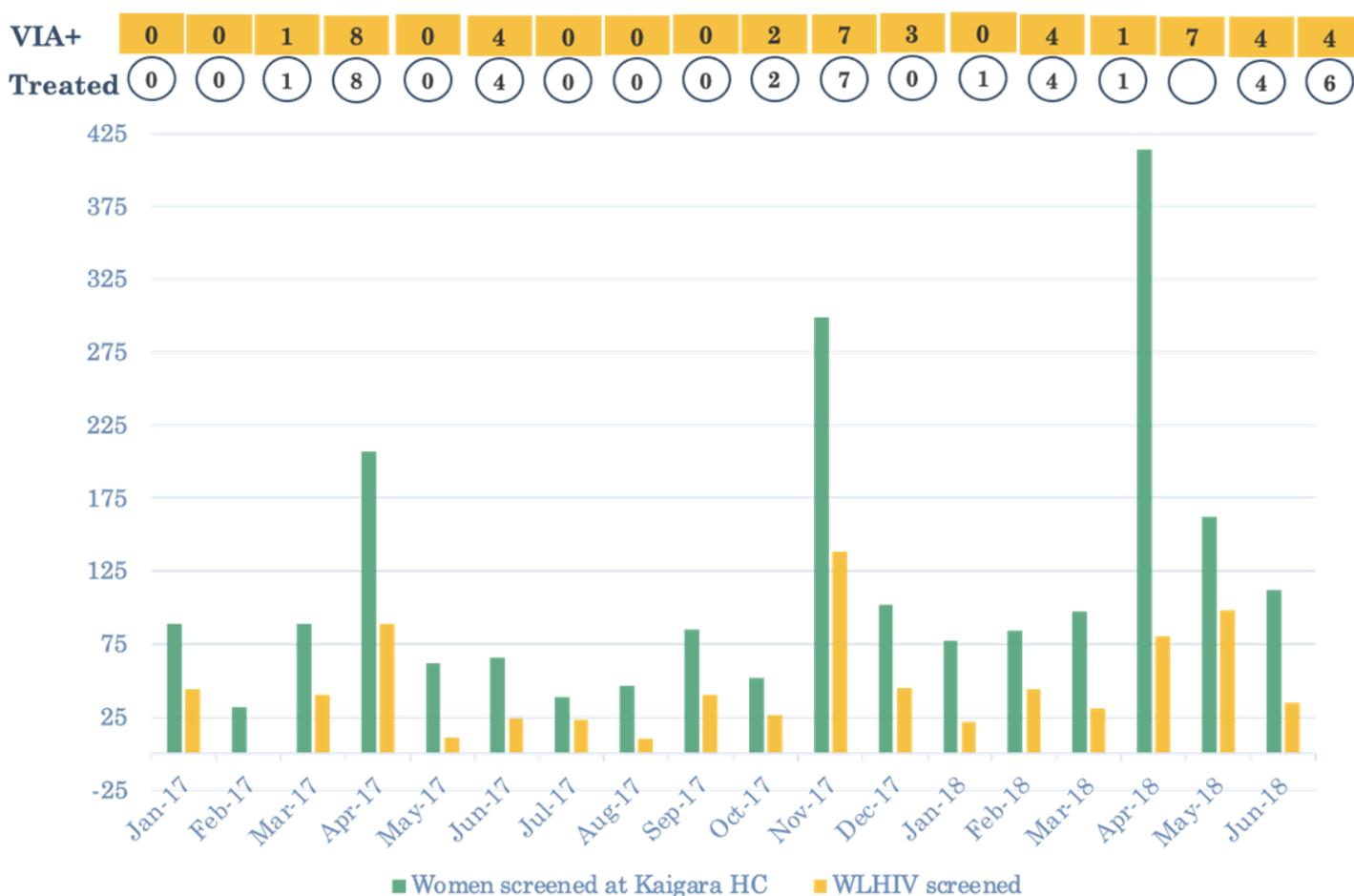


*“Today I have no fear standing and talking to new people. I have learned a lot about cervical cancer, which enabled me to integrate cervical cancer sensitisation during my HIV testing & community mobilization. I have encouraged women to go for screening. This makes me feel so empowered and motivated and it is because of the confidence I gained on the NJIA programme.”*



**Valentina Vincent, NJIA Cohort 6**

**Number of women and women living with HIV (WLHIV) screened at Kaigara Health Center 9 months before Valentina’s participation in the NJIA programme and 9 months since her participation in October 2017.**



## NJIA's District Level Impact

District Health Management Team leaders play an important role in implementing cervical cancer prevention in their districts by motivating frontline health workers to strengthen cervical cancer prevention.

NJIA leaders have made an impact at District level, particularly as they have been identified for exemplary leadership skills and singled out for promotion. Out of 153 NJIA participants from Tanzania, 33 (22%) were promoted into roles within Regional and District Health Management Teams. Improved leadership skills among frontline health workers increases the likelihood that individuals are promoted into District Health Management Teams, or given additional opportunities outside their original health facility.

The rate of promotions amongst NJIA leaders also offers a potential insight as to why there may not be an increase in

screenings at certain health facilities. At 3 out of 4 health facilities in Kagera where there was a decline in screenings 6 months after a health worker's participation in NJIA, NJIA leaders had been promoted or transferred to other health facilities. It is unfortunate that these leaders were not been able to implement their leadership skills and create impact at the health facility they were working at during their NJIA participation; however, having NJIA leaders working at regional or district levels has the potential to cause a wider impact as we hope these leaders will push for innovation and leadership in decision-making.

In future reports, we aim to focus on the broader impact of NJIA leaders, particularly the impact they are having at higher levels of the healthcare ecosystem.





## ESTHER'S LEADERSHIP JOURNEY

Esther was a Clinical Officer from Kaigara Health Centre when she was nominated to join NJIA Cohort 6. As part of Team Muleba, Esther helped develop and test an innovation to increase community awareness of the HPV vaccine, increasing vaccination take-up at her health facility.

Esther led the testing of the innovation, communicating to District Health Management Teams and coordinating with Roche colleagues around the world.

As part of her powerful leadership, her team provided a first vaccination to 400 girls, provided a second vaccination to over 150 girls, and educated over 1,000 girls about the importance of the HPV vaccination.

Esther's new found leadership skills were noticed by her health facility, and she has now been promoted from clinical officer to Department-in-Charge, despite having fewer years of experience than others who were considered for the role.



*“Before the programme, I was so nervous, I was thinking how can I be a leader? But through this programme, I learned that leadership is not something your born with and it’s not a type, its something that you can shape and develop through experience, commitment, determination, and experience. I learned so much during the NJIA programme, such as how to work with others from different communities, and how to lead a group.*”

Esther Kitandu, NJIA Cohort 6



## Inspiring Leaders to Create Change: Lucia and Lauren

Lucia Lauren and Rachel Yangwa joined the fourth cohort of NJIA in May 2017.

At the time, Lucia and Rachel were both registered nurses at Rwamishenyi Health Centre in Bukoba District, Kagera Region. Lucia specialised in providing screening services with Visual Inspection with Acetic Acid (VIA), whereas Rachel was not trained in providing cervical cancer screening.

During the NJIA immersion week, Lucia and Rachel, as part of their team, designed an innovation project to educate and train Community Health Workers on best practices for cervical cancer screenings. Lucia and Rachel's innovation and leadership resulted in an increase of 308% in the number of screenings at their health facility in the six months post-programme.

Their leadership in the cervical cancer services in their facility also improved the

overall VIA positivity rate (a sign of the quality of screening) and ensure that all 48 women who tested positive for VIA received the necessary cryotherapy treatment.

In 2018, Rachel was promoted to work with the District Health Management Team on capacity building activities for nurses. In 2019, Lucia went on to pursue higher education in medicine.

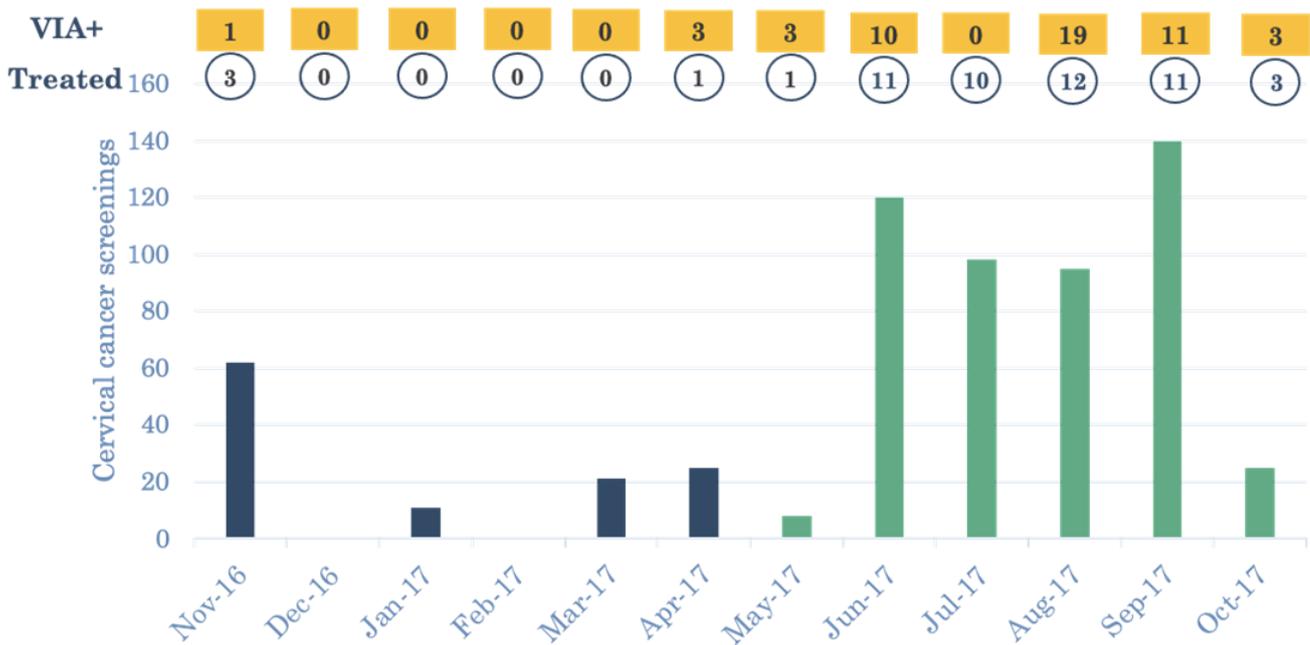
Lucia and Rachel's story highlights the immediate impact that improved leadership skills among frontline health workers can have on cervical cancer screening.



*“Being part of NJIA has transformed me and enabled me to think in different ways to solve problems. I used to think money was the first tool needed to solve problems. I learnt money is not a requirement to make a difference.”*

Lucia Lauren, NJIA Cohort 4

**Number of screenings and VIA+ treated 6 months before and 6 months after Lucia and Rachel’s participation in the NJIA programme in May 2017**



*“The learning from NJIA maximised my performance at work. As a result, I was promoted to the Government–Private Health Facilities Coordinator. NJIA is a great programme because it makes a difference”*

Rachel Yangwa NJIA Cohort 4



# 5 Reflections and Next Steps

## Reflections on NJIA

The first five years of NJIA showcased the power of leadership and the potential for impact on cervical cancer outcomes in Tanzania and India. The data outlined in this report highlights the improved leadership capacity across Indian, Tanzanian, and Roche leaders, showing the potential to build stronger leaders, who in turn build stronger health systems around them.

The innovation aspect of the programme, one of the unique factors of NJIA, showcases a tangible impact, with thousands of women screened, girls vaccinated, and communities reached and educated.

NJIA has also illustrated the interest and engagement from across the cervical cancer ecosystem on the power of leadership. Our strong partnerships with the Ministry of Health and NGOs not only reflect a strong focus on leadership, but also helped to drive forward the conversation on how to best embed good leadership practice across the health sector.

The partnerships, innovations, and leadership learnings that NJIA brings have the potential to accelerate, support, and strengthen health systems, and lead to better cervical cancer outcomes for women.





## Next steps: NJIA is a Digital World

In 2020, weeks before Cohort 10 was due to start in India, international travel was suspended due to the Covid-19 Pandemic. In-person programmes were no longer viable, but the need for strong leadership had never more apparent.

Following successful trials and piloting, in January 2021, the NJIA collaboration launched iNJIA, the online adaptation of the NJIA programme. iNJIA follows the same general format as NJIA, but is delivered online over a three-week period.

As of September 2022, there have been 9 successful cohorts of the iNJIA programme, held virtually across India, Tanzania, and Uganda, offering the same leadership development and innovation approach to participants, but delivered in

an interactive, virtual space. The online programme has showed the power of connection, and helped participants develop skills needed to lead in a digital world.

The online version of the NJIA programme also means that more participants are able to access and gain from the programme, as more places are available, and there are no geographical requirements. However, ongoing technology difficulties, and the power of in-person human connections means that we are always looking at new ways to innovate, grow and improve the NJIA programme. This includes considering potential hybrid approaches to the programme, considerations of how best to sustain and grow NJIA impact, and how to continually have a larger impact on cervical cancer outcomes. More to come

## 6 References

1. Ayeleke, Reuben, Dunham, Annette, Wallis, Nicola. "The Concept of Leadership in the Health Care Sector". Leadership, edited by Suleyman Göker, IntechOpen, 2018. 10.5772/intechopen.76133.
2. Global Health Workforce Alliance, World Health Organisation. "Universal Truth: No health without a workforce". World Health Organisation, 2014 <https://www.hrresourcecenter.org/node/5578.html>
3. McKinsey and Company. "Leading Agile Transformation: The New Capabilities Leaders Need to Build 21st-century Organizations." <https://www.mckinsey.com>, Oct. 2018, [www.mckinsey.com/~media/mckinsey/business%20functions/people%20and%20organizational%20performance/our%20insights/leading%20agile%20transformation%20the%20new%20capabilities%20leaders%20need%20to%20build/leading-agile-transformation-the-new-capabilities-leaders-need-to-build-21st-century-organizations.pdf](http://www.mckinsey.com~/media/mckinsey/business%20functions/people%20and%20organizational%20performance/our%20insights/leading%20agile%20transformation%20the%20new%20capabilities%20leaders%20need%20to%20build/leading-agile-transformation-the-new-capabilities-leaders-need-to-build-21st-century-organizations.pdf)
4. Kirkpatrick, Ian. "Book Reviews." Organization Studies, vol. 23, no. 4, July 2002, pp. 667–669, doi:10.1177/0170840602234007.
5. <https://www.vuca-world.org>
6. Anderson, Bob "The Leadership Circle Profile: Breakthrough Leadership Assessment Technology". [https://leadershipcircle.com/wp-content/uploads/2018/03/LCP\\_Breakthrough.pdf](https://leadershipcircle.com/wp-content/uploads/2018/03/LCP_Breakthrough.pdf)
7. Musinguzi, Conrad et al. "The relationship between leadership style and health worker motivation, job satisfaction and teamwork in Uganda." Journal of healthcare leadership vol. 10 21-32. 23 Apr. 2018, doi:10.2147/JHL.S147885
8. Centre for Creative Leadership. "The Core Leadership Skills You Need in Every Role" <https://www.ccl.org/>, n.d. <https://www.ccl.org/articles/leading-effectively-articles/fundamental-4-core-leadership-skills-for-every-career-stage/>
9. World Health Organization. "Cervical Cancer: Overview". [www.WHO.int](http://www.WHO.int), n.d. [https://www.who.int/health-topics/cervical-cancer#tab=tab\\_1](https://www.who.int/health-topics/cervical-cancer#tab=tab_1)
10. USAID. "Cervical Cancer Screening & Treatment". [www.usaid.gov](http://www.usaid.gov). June 2022. <https://www.usaid.gov/global-health/health-areas/hiv-and-aids/technical-areas/cervical-cancer-screening-treatment>





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