



**african**  
health leadership initiative

## **African Health Leadership Initiative**

Strengthening health systems & leadership  
to move from policy to action



# Synergos African Health Leadership Initiative

## Strengthening Health Systems and Leadership



*“We will not be successful in our efforts to end deaths from AIDS, malaria and tuberculosis unless we do more to improve health systems around the world, focus our efforts on child and maternal health and ensure that best practices drive the funding for these programs.”*

-- President Barak Obama  
Statement on Global Health Initiative  
May 5, 2009

### **Initiative Overview**

The African Health Leadership Initiative strengthens health systems by cultivating collaborative leadership and innovation for improved health outcomes. The Initiative stimulates system change by enabling health leadership teams to develop and launch innovation projects that address pivotal health system opportunities or bottlenecks. Teams of health leaders – including senior government officials, clinical technicians, community health providers and representatives from business and civil society – are guided through an intensive leadership development and project-based learning experience to address national health priorities.

### **The Initiative in Namibia**

The Initiative has begun its work in Namibia, where it was launched in 2008. It works closely with the Ministry of Health and Social Services to advance its national health priorities and strategies. In Namibia, the Initiative focuses on maternal health, and at the request of senior officials, is expanding to also address child nutrition and early childhood development. Work in Namibia is funded by the Bill & Melinda Gates Foundation and the Global Alliance for Improved Nutrition (GAIN).

### **About the Synergos Institute**

The Initiative is led by the Synergos Institute, an international non-profit organization with over 20 years experience in developing effective, sustainable and locally-rooted solutions to poverty and social injustice. Headquartered in New York, it has worked in some 20 countries across Asia, Africa and Latin America. Synergos has been active in Africa since its founding, and has had an office in Cape Town, South Africa since 2003 and an office in Windhoek, Namibia since 2008.

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# Goals & Deliverables

The goal of the African Health Leadership Initiative is to strengthen public health systems so they can more effectively manage and respond to national health priorities. The Initiative seeks to do this by:

- Enhancing the capacity of in-country health leaders – from senior health ministry officials to manager to frontline practitioners – by cultivating managerial, adaptive and problem-solving skills and also by addressing the mindset, relationships and core values that shape commitments, drive behavior, support systems alignment and inspire others.
- Working with health leaders to identify points of leverage within a health system, and then supporting multi-sectoral teams to design and pilot innovation projects that address pivotal opportunities and bottlenecks.
- Ensuring that health systems strengthening efforts are sustained and scaled, as appropriate.

- 
- ✓ A cadre of senior and mid-level health leaders (approximately 40-60) with improved management abilities, advanced leadership skills, better decision-making abilities and increased motivation and commitment.
  - ✓ A suite of 4-6 major health innovation projects that address national health priorities and goals.
  - ✓ An institutional base from which to sustain and scale health leadership development and systems change activities in the country.

# Initiative Framework



- Frame initiative around core national priorities to tap political will.
  - Secure invitation & support from key political leaders.
  - Establish working relationships with relevant government and non-state partners.
  - Conduct systems analysis to identify key leverage points for change within focus content areas.
  - Recruit (25-35) leaders per issue area from government and other sectors to serve as core team.
  - Mobilize champions and other supporters who can open doors and remove obstacles.
  - With core team, rapidly generate ideas for addressing key leverage points to make progress on focus content areas.
  - Adapt ideas into innovation projects, field tested in defined geographical or thematic areas.
  - Use process of idea generation, innovation project design and testing as medium for project-based learning and leadership development in core team.
  - Identify process for scaling and institutionalizing
  - Evaluate innovation project results.
  - Scale effective projects via context appropriate strategies (eg. government replication, market solutions.)
- Throughout process, build capacity within existing institutions to replicate the analysis, convening, innovation project and scaling approach as basis for ongoing systems improvement.
- Use process to transform institutional arrangements within local government, NGO, and business context to unlock latent capacity to drive sustainable results.

# Principles of our Approach

- 1 Catalyze country-driven and country-owned efforts to strengthen health systems.** Support national health leaders as the drivers of transformation. Align program activities with key national strategies, policies and goals.
- 2 Engage leaders who represent a strategic sub-set of the system:** Stimulate collaboration within government and with/between other sectors (e.g. business, faith communities, traditional leaders, etc.) to more effectively utilize skills, assets, talent and resources across a society. Engage patients, community groups and others who are often voiceless in the process.
- 3 Address urgent health challenges as a means to enhance broader systemic capacity:** Design “diagonal” approaches that address urgent “vertical” health challenges as a platform to advance “horizontal” health systems capacity and leadership. Harness the political will for improved health outcomes.
- 4 Build interventions based on systems analysis:** Construct an intervention strategy based on a thorough analysis of a health system’s strengths and weaknesses. Enable health leaders to overcome priority obstacles and bottlenecks and to build on what already works.
- 5 Advance individual and collective capacity through action-based learning.** Build skills, knowledge and experience through in-situ, project-based learning and reflection. Strengthen individual health leaders and leadership teams by working through real-life challenges.
- 6 Catalyze innovative action among the leaders to remove bottlenecks and shift the system:** Identify pattern-shifting interventions that strengthen institutional arrangements for improved efficiencies and better results. Support experimentation, so health leaders can rapidly generate, test and scale new initiatives on urgent health issues. Draw on private sector expertise and capabilities to support public-sector innovation.
- 7 Develop the leader as a whole person and embed new capacities:** Develop inspiring leaders with the values, commitment and courage to lead fundamental change in the system. Coach leaders over extended periods to embed new capacities.
- 8 Build sustainability into all activities.** Embed within health systems the ongoing ability to continue building capacity; improve institutional arrangements for sustaining effective healthcare delivery and improved outcomes. Mainstream efforts for long-term health systems capacity growth within existing, or newly-formed, organizational structures or networks.

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# The African Health Leadership Initiative in Namibia: Focus on Maternal Health and Child Nutrition



*"I have learned that we can break barriers and work through challenges such as overcoming the transport issues in Khomas.*

*Now we must roll this out to other regions."*

-- African Health Leadership Initiative participant

Working closely with the Namibian Ministry of Health and Social Services (MOHSS), the African Health Leadership Initiative has support the country's health leaders to design and implement a transformative process to improve the effectiveness of the Namibian health system. The Initiative launched in Namibia in 2008.

In Namibia, the Initiative focuses on maternal health and nutrition, which were identified by senior government officials as health priorities.

**Maternal Health:** The Initiative has engaged a cross-sectoral group of maternal health stakeholders, to identify bottlenecks and to design and pilot interventions that help realize maternal health goals. Currently, nine innovation projects are being field-tested and are yielding positive impact.

**Nutrition:** A complementary focus on nutrition, with a focus on women and children, was recently added. The Initiative serves as the secretariat to the Namibian Alliance for Improved Nutrition (NAFIN), a cross-sectoral group to strategically manage and advance national nutrition activities.

The Initiative takes a multi-stakeholder approach, drawing the unique competencies and resources of government, civil society and business, while ensuring the Ministry holds strong responsibility and leadership in realizing improved health outcomes.

## Namibia Program Objectives

- Develop a **replicable model** for improving maternal health outcomes in Namibia ✓
- Put together a **suite of proven innovation projects** for maternal health ✓
- Build **local leadership capacity** to sustain change and drive continuous improvements ✓
- Establish a **multi-stakeholder network** to stimulate future innovation ✓
- Develop an **institutional platform** and supporting systems ✓

# Progress to date on Program Activities



- ✓ Secured endorsements from senior government officials
- ✓ Hired and oriented a high-caliber Namibia staff team, and opened a project office in Windhoek Namibia.

- ✓ Completed major assessment of the Namibian public health system: key enablers, recommendations on high-impact strategic levers; strategic stakeholders.
- ✓ Completed major leadership assessment within the Ministry of Health & Social Services (MOHSS): capability assessment, organizational performance profiles survey, etc.
- ✓ With MOHSS, identified Maternal Health as the priority health focus area
- ✓ Developed monitoring & evaluation framework.

- ✓ Led cross-sectoral **Maternal Health Program** teams in developing a suite of scalable innovation projects, through workshops, learning visits, field-based learning, etc.
  - Nine **innovation projects** developed and launched in Khomas region, with a further two planned.
  - Assessing projects' impacts and potential for scaling.
  - Created the cross-sectoral **Namibian Alliance for Improved Nutrition**, at the Prime Minister's invitation, to address nutritional aspects of maternal health.
- ✓ Continuously building capacity of over 45 maternal health leaders, from frontline practitioners to the top team within the Ministry of Health & Social Services

- ✓ Establishing **MOHSS Regional Delivery Units** to take up leadership for continuing and expanding innovation initiatives. RDU for Khomas now established; RDUs for 5 further regions being established.
- ✓ Capacitating **MOHSS Executive Committee** to coordinate and performance manage regional maternal health efforts
- ✓ Thoroughly documenting approach and tools used, for replication and dissemination.
- ✓ Engaging international donor agencies on replication

# Core Initiative Participants and Supporters

NOT EXHAUSTIVE

## Ministry of Health & Social Services: Top Leadership Team

Health Minister  
Deputy Health Minister  
Permanent Secretary for Health  
Deputy Permanent Secretary for Health  
Under Secretary for Policy, Planning and Resource Management  
Undersecretary, Regional Health Services  
Director, Primary Health Care  
Director of Policy, Planning, Human Resource Development  
Director, Social Welfare  
Director, Tertiary Health Services & Clinical Support Services  
Director, Special Programs  
Director, Nuclear Medicine  
All of the 13 Regional Directors

## Maternal Health practitioners

Ministry of Health and Social Services  
Catholic Health Services  
Namibian Planned Parenthood Association  
National Training Centre  
University of Namibia Health Faculty  
Namibian Red Cross  
Katutura Tertiary Hospital  
Total Control of the Epidemic (TCE)  
MoHSS: Okuryangava Clinic  
Windhoek Central Hospital  
NawaLife Trust  
National Institute for Education Development  
Katutura Maternity ward  
Katutura Health Centre

...plus many more actively piloting innovation projects

## National-level Namibian Government

Office of the Prime Minister  
Office of the President  
Ministry of Health and Social Services  
Ministry of Gender Equity and Child Welfare  
National Planning Commission

## Namibian Alliance for Improve Nutrition

Center for Research Information Action in Africa  
DSM Nutritional Products  
Global Alliance for Improved Nutrition  
Ministry of Agriculture, Water and Forestry  
Ministry of Gender Equality and Child Welfare  
Ministry of Health and Social Services  
Ministry of Regional, Local Government and Housing and Rural Development  
Namibia Grain Producers Association  
Namibian Agronomic Board  
Namibia Red Cross  
Namibia NGO Forum  
National Planning Commission  
Office of the Prime Minister  
PEPFAR / US Embassy  
UNICEF  
World Food Program  
WHO  
University of Namibia

## Additional Initiative Partners

Bill & Melinda Gates Foundation  
McKinsey & Company  
Presencing Institute  
GTZ  
PACT Namibia  
International Training and Education Center for Health  
Legal Assistance Centre

# Systems Analysis: Key Findings

## Priority themes

## Description of core issues

### 1 Strengthen system leadership

- Organisation vision and direction not clearly understood across the Ministry
- Roles, responsibilities and decision rights are not clear between levels (i.e., National, Regional and District)
- Silos exist between Ministry Directorates, as well as between National and Regional Directors

### 2 Take targeted preventative actions

- Over 50% of the population in nine regions do not have access to a flush toilet
- 28% of children under-5 suffer from malnutrition
- None of Namibia's 13 regions have achieved the 80% target for all immunisations
- While bed nets are free to children under 5, usage remains low (5% usage among urban women; 10% usage among rural women)

### 3 Increase frontline HR capacity and productivity

- Growing capacity gap with 30% vacancy rate across pivotal clinical roles and increasing attrition among nurses
- Productivity of clinical staff (e.g., doctors and nurses) is weak as only approximately 50% of time is patient-facing
- Role of community health workers has not been formalised – there are currently 13 different types of community health workers


### 4 Ensure access to and availability of care

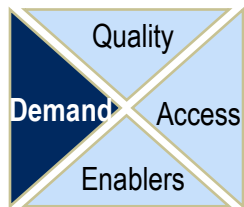
- Access to primary health care facilities remains a challenge with over 40% of the entire population and 60% of the rural population greater than 5 km from a health facility
- Outreach services have decreased due to staff shortages and a lack of vehicles for transport
- Patients frequently referred to hospitals for care because of lack of equipment or medicines
- Stock-out rates of key pharmaceuticals approach 25% nationally

### 5 Drive system productivity

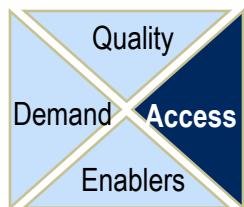
- Information systems are frequently paper-based and do not allow for data to be aggregated
- No performance management system (at individual or system level)
- No accountability for performance (part of civil service bureaucracy)
- Budgeting remains at the central level and processes do not create the right incentives on the ground to drive capital productivity (e.g., Ministry budgets are “use it or lose it”)

# Maternal Health Innovation Projects: Integrated approach on Demand, Access, Quality & Enablers

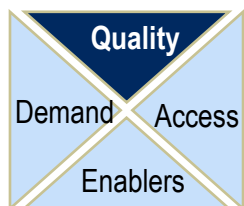
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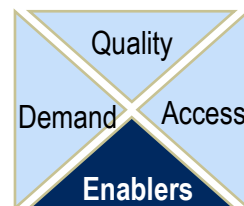
- 1 **Radio Drama Series:** Using entertainment and a medium with great reach across communities to raise awareness of good maternal health practices
- 2 **Radio Talk Show:** Interactive program in local languages on good maternal health practices, including health talks and phone-in Q&A segments
- 3 **Community Foot Soldiers:** Providing maternal health education and referral services for ANC in small group gatherings, a preferred format among women for health education



- 4 **Community access:** Improves access by providing community-based ANC and young infant health service facilities. For example, CWIClinic (Child, Woman, Infant Clinic) uses a shipping container to quickly provide ANC care facility in a community that lacked services (operational in 5 weeks vs. 1-2 years).
- 5 **Decentralisation of ANC services:** ANC services are being decentralized from just a few main hospitals to a broader, more easily accessible network of facilities



- 6 **Midwifery skills and capabilities improvement:** Provides in-service training to develop best practice skills that are based in practice, not theory.
- 7 **Service operations improvement:** Optimizes the antenatal care clinic and maternity ward processes at the major referral hospital to reduce wait times and improve utilization of the limited number of nurses.



- 8 **Ambulance service optimisation:** Deploys mini-bus shuttles to improve access to antenatal care clinics and reserve ambulances to attend to true emergencies.
- 9 **MHIR management information system:** Improves tracking of key performance metrics to diagnose and address trends and needs on an on-going basis.

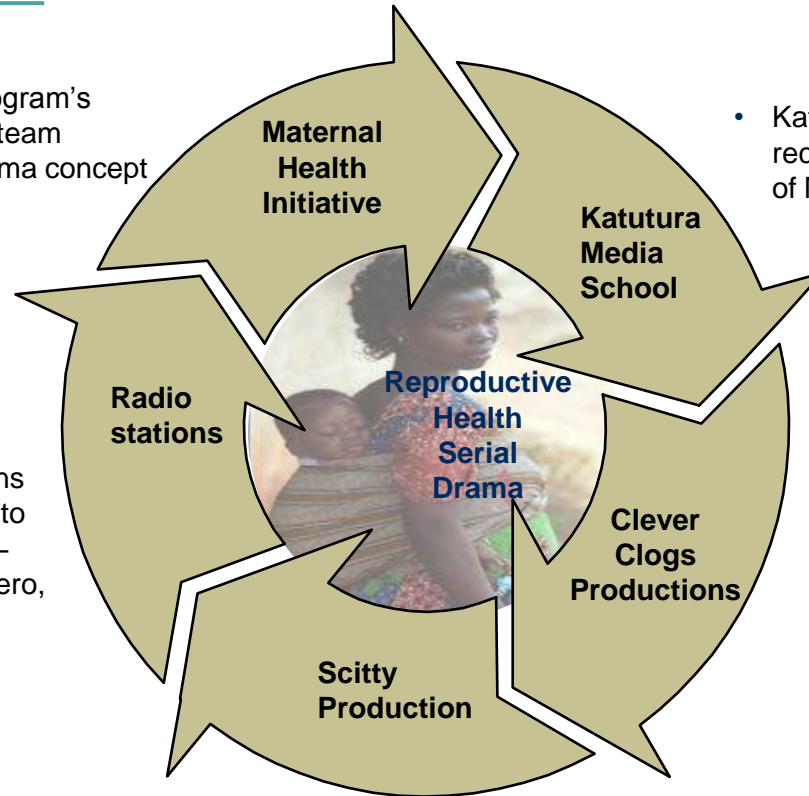
# Innovation Project: Radio Serial Drama

## Reinforcing awareness of good maternal health practices

### Serial radio drama partnerships

- The Maternal Health Program's community mobilisation team developed the serial drama concept and engaged partners

- National radio stations have been engaged to air the serial drama – RuKavango, OtjiHerero, Oshiwambo and Damara>Nama



- Katutura Media School will provide recording facilities and the services of Mr Joost van der Poort at no cost

- Acclaimed writer/producer Virginia Witts of Clever Clogs Productions has worked in the Namibian media industry for over 25 years
- She will produce the drama script of 10 x 15 min episodes and provide practical experience for students at Katutura Media School

- Scitty Productions is an upcoming production company formed by ex-students of Katutura Media School
- They will produce the radio drama under the direction of Mr Joost van der Poort

# Innovation Project: Radio Talk Show

## Community forum increases awareness of good maternal health



First show kicked-off on 12<sup>th</sup> August 2009 on RuKavango radio

### Description

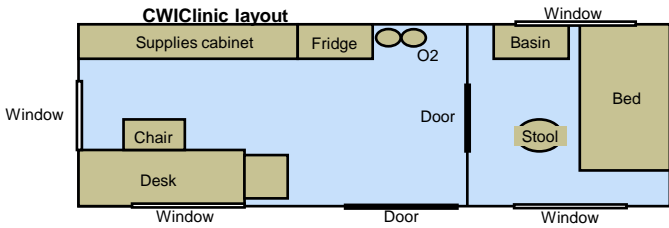
- **Interactive, weekly 1 hour reproductive health show** broadcast on community radios - Oshiwambo, OtjiHerero, Damara>Nama and Rukavango initially
- Core messages focused on **promotion of good maternal health practices** – early ANC, pregnancy danger signs, partner involvement, regular family planning, facility-based deliveries, postnatal care, etc

### Format

- Hosted by **influential radio personalities**
- Supported by **health worker panel** for question/answer segment of show (nurses, doctors, community health workers, traditional doctor)
- Upfront 5 min introduction of topic by host, followed by **community stories** related to the topic, **expert medical input**
- Phone-in segment that encourages **audience participation** (comments, shared experiences, health-related questions, etc.)
- **Quiz** on previous topics to test educational impact of show topics (prizes required)
- Development of **radio serial drama** that reinforces radio show messages
  - Fictitious **Namibian characters** (men, women, and youth) who display both good and bad traits
  - Reinforce by using characters in **comic strips in local newspapers**

# Innovation Project: “CWIClinic”

## Responding quickly to need for expanded ANC service provision



**Immediate impact:**

- Potential for NAPPA CWIClinic to see ~15 ANC patients per week
- Sharing of ANC burden in densely populated Okuryangava area with Okuryangava clinic
- Reduction of burden on ANC services at Katutura Hospital

**Future impact:** ‘Proof of concept’ that will:

- Enable NAPPA to *expand ANC services to other facilities/regions*
- Open up the possibility of other MOHSS-NGO *partnerships and social franchising*

**Issue**

**Constraint**

**Response**

1

**Space**

- NAPPA running family planning services out of a confined 2-room space at the Namibia Women’s Centre
- Not enough room or privacy to provide ANC services

- A modular, pre-fabricated 15 sq. m. structure transported to and placed on site within **48 hours** of purchase
- Connected to mains for electricity and water within **72 hours** on-site

2

**Capabilities**

- Although 3 registered nurses on staff, none with current/recent experience in ANC service provision

- NAPPA nurses receiving **‘refresher’ training** by spending a week at the ‘best practice’ Katutura ANC

3

**System**

- NAPPA not linked to the MOHSS system in terms of patient referrals, human resources, pathology/lab services or supply chain

- **Close collaboration** with regional management office around lab services, patient transport, referrals and learning from decentralisation experience at other MoHSS facilities (e.g. Okuryangava, Katutura Health Centre)



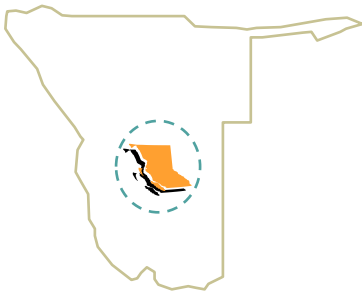


# National Roll Out

## Localised prototyping

July – December 2009

- Khomas-based rapid exploration and testing
- Small-scale prototypes and interventions
- Prioritization and planning for regional **innovation projects**
- Begin building delivery unit to design and support innovations at regional level

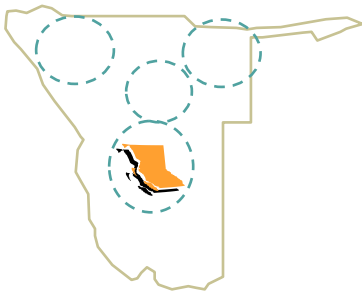


**Khomas MHIP**

## Regional piloting

January 2010 – July 2010

- Expanded regional piloting (3-5 regions) begun through **MOHSS Regional Delivery Units**
- Ongoing monitoring and evaluation
- National prioritisation and planning
- Improvement model refinement
- Strengthen regional-level delivery unit, create and begin institutionalizing national-level delivery unit

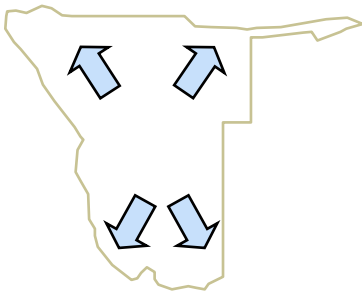


**Regional MHIP pilots**

## National scaling

July 2010 – July 2012

- National rollout to all regions, supported by **MOHSS top leadership & Executive Committee**
- Regional coordination
- Ongoing impact monitoring and continuous improvement
- Sustainability checks
- Fully institutionalized system of regional and national delivery units



**National MHIP scale-up**

# Building institutional capacity for delivery & sustainability

## Within the Ministry of Health & Social Services

	Role	Core membership
<div data-bbox="39 277 452 425" data-label="Text"> <p><b>MOHSS Top Leadership Team</b></p> </div>	<ul style="list-style-type: none"> <li>Provide leadership and direction: sets aspirations, develops strategy &amp; provides direction and oversight for the country's health system</li> </ul>	<ul style="list-style-type: none"> <li>The top 25 officials in MOHSS: Minister &amp; Permanent Secretary, Deputies, National Directors and Regional Directors</li> </ul>
<div data-bbox="43 516 455 665" data-label="Text"> <p><b>MOHSS Executive Committee</b></p> </div>	<ul style="list-style-type: none"> <li>Co-ordinate regional improvement programmes</li> <li>Prioritise improvement initiatives</li> <li>Monitor and evaluate progress and impact, manage internal performance</li> <li>Apply an evidence-based approach to understand &amp; address health challenges</li> </ul>	<ul style="list-style-type: none"> <li>Deputy Minister</li> <li>Deputy Permanent Secretary</li> <li>Ministry Undersecretaries</li> </ul>
<div data-bbox="39 799 570 1061" data-label="Text"> <p><b>Regional Delivery Units (in all 13 regions)</b></p> <p>Starting with Khomas region</p> </div>	<ul style="list-style-type: none"> <li>Identify region-specific maternal health bottlenecks and 'hot-spots'</li> <li>Drive regional improvement initiatives</li> <li>Track and monitor progress</li> <li>Received technical support and programmatic guidance from Synergos Initiative in early phases</li> </ul>	<ul style="list-style-type: none"> <li>Chaired by MOHSS Regional Director</li> <li>Coordinated by a full-time Regional Project Manager (ex., senior-most registered nurse)</li> <li>Multi-stakeholder maternal health working team (4-5 people; for example, Chief Medical Officer, Health Information Officer, clinicians, etc. )</li> </ul>
<div data-bbox="67 1107 437 1306" data-label="Text"> <p><b>Innovation Projects</b></p> </div>	<ul style="list-style-type: none"> <li>Based on a comprehensive understanding of maternal health realities and priorities</li> <li>Developed and led by those within the system, with deep experience, knowledge and passion, not by external "experts."</li> </ul>	<ul style="list-style-type: none"> <li>Relevant key stakeholders, including clinicians, hospital administrators, government officials, NGO staff, and others.</li> </ul>



# Institutional capacity for sustainability & delivery: MOHSS Executive Committee



## **Providing National Coordination**

The MOHSS Executive Committee holds the national vision for improved maternal health and other Ministry priorities. It is the entity within MOHSS that coordinates Regional Delivery Units efforts. It is comprised of the Permanent Secretary, Deputy Permanent Secretary and the three Health Ministry Undersecretaries.

## **Managing Performance**

The MOHSS Executive Committee works in close collaboration with the Ministry's Regional Directors and Regional Delivery Units to monitor and evaluate progress on maternal health and nutrition goals, impact of regional-level innovation projects and manage internal performance.

## **Capacitated with the Required Skills & Capabilities**

The MOHSS Executive Committee was established by the Ministry's Permanent Secretary to gradually fill the role that previously has been held by the Synergos Initiative staff team. An in-practice transferring of skills and capabilities has begun so that the Executive Committee may continue applying an evidence-based approach to understanding and addressing health challenges.

# Institutional capacity for sustainability & delivery: MOHSS Top Leadership Team



## **Providing senior championship**

The 25 senior-most officials in the Ministry of Health & Social Services are active champions of the Initiative and more broadly of the country's maternal health efforts. It is this team that sets aspirations, develops strategy and provides direction and oversight for the country's health system.

## **Strengthened leadership & management skills**

The Initiative strengthens capacities among senior health officials and helps them form stronger team alignment and clearer direction and prioritization. The MOHSS top leadership team is thus better equipped to tackle its strategic priorities.

## **Moving from strategy to action**

The Initiative's activities with the MOHSS top leadership team have focused on making actionable the MOHSS Strategic Plan and its Maternal Health Roadmap. Health leaders report that with the Initiative's engagement, the Ministry's plans are now more focused, annual plans are married to strategic plans, and the Ministry is approaching the strategic plan with significantly stronger team alignment and collaboration.

# Institutional capacity for sustainability & delivery: MOHSS Regional Delivery Units



## **Strong support and supervision**

The top leadership team of the Ministry of Health and Social Services has tasked MOHSS Regional Delivery Units with driving expansion of the Maternal Health Program to all 13 regions of Namibia. The RDUs are supervised by the MOHSS Regional Director, and include one full-time senior coordinator and a team of 4-5 relevant health officials, such as the Chief Medical Officer, Health Information Systems Officer, and other clinicians.

## **Capacitated to replicate Maternal Health Program across Namibia**

In its early phases RDUs receive technical support and guidance from the Initiative, to ensure that the analytic problem-solving, project management and leadership activities introduced continue to be applied. Regional Delivery Units adapt the Maternal Health Program to specific regional contexts, identifying region-specific bottlenecks and leveraging points and monitor progress.

## **Moving to action**

The Regional Delivery Unit for Khomas region has already been established. Upon examining considerations for regional prioritization, Oshikoto, Omaheke, Erongo, Hardap and Karas have been identified by Ministry leadership for establishing RDUs in this next phase.

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# About Synergos



The name Synergos comes from the Greek root meaning “working together.” We address global poverty and social injustice by supporting and connecting leaders so they can work in collaboration to change the systems that keep people in poverty.

The Synergos Institute is an independent non-profit organization founded in 1986. Over more than 20 years, Synergos has supported innovative global partnerships in more than 30 countries across Asia, Africa, the Middle East and Latin America.

Synergos currently operates with a staff of 35 in its New York headquarters office and field offices in Southern Africa and South America.

Synergos' Southern Africa staff has extensive experience and relationships in the region; the Namibia office is staffed entirely by Namibian nationals.

## Synergos Core Capabilities

- **Over 20 years' experience in international development**, with strong capabilities in the creation and management of complex, multistakeholder partnerships and programs;
- **Long-term experience in local capacity and local institution building** in Southern Africa and other world regions;
- **Recent experience in leading a public health capacity building** initiative in Southern Africa that engages senior ministry officials and key stakeholders from other sectors;
- An approach to problem-solving that is effective in putting **locally-identified, national priorities strongly at the center of program design**;
- **Extensive network of in-country relationships** in Africa and globally, especially with civil society, community, government and corporate leaders;
- **The ability to meaningfully engage stakeholders** from across different sectors and levels in society, nationally, regionally and globally;
- A strong track record as a **values-driven, creative organization with a reputation for integrity and service**.

# Working in partnerships

Synergos' programs enable collective action on pressing development challenges, and has extensive experience in designing, implementing, monitoring and evaluating international programs that build capacity for government and other key stakeholders toward reaching their goals.

Synergos' programs have engaged key local stakeholders in moving from intention to action on issues including child undernutrition, maternal and young child health, care of orphans and vulnerable children and aboriginal communities.

The following are a few additional examples drawn from over twenty years of experience

**Partnership for Child Nutrition**  
India

- Mobilizes key stakeholders across sectors to collaborate and unlock more effective action to improving child nutrition.
- The partnership has achieved significant advances in crafting new approaches to solutions that address underlying causes of undernutrition by leveraging unique competencies and resources from among government, business and civil society sectors.

**Leadership & Innovation Network for Collaboration in the Children's Sector**  
South Africa

- Engages 70 strategic leaders across sectors to transform the quality and quantity of care for millions of South African children living in distress.
- Key innovation areas include: community capacity for children's services; coordination of the children's sector; empowering local government to serve children; an effective multi-sector donor network; and linked-up, reliable and accessible information systems.

**Imbeleko Partnership for Orphans and Vulnerable Children**  
South Africa & Mozambique

- Elaborates and advances a sustainable, Afro-centric model of care for orphans and vulnerable children that builds on community assets, culture, traditions and patterns of mutual help
- Through support to on-the-ground community-based services in rural communities, cross-border learning exchanges, applied research and documentation.
- Led by the Foundation for Community Development (FDC) in Mozambique, the Nelson Mandela Children's Fund (NMCF) in South Africa, Synergos and Kim Samuel Johnson.

**Aboriginal Leadership Initiative**  
Canada

- Introduces a new way for the Canadian government and Aboriginal governments to bridge gaps and move beyond difficult histories to improve the quality of life for indigenous people in Canada.
- After little more than one year in communities, Initiative accomplishments include the creation of jobs and business opportunities, development of a tourist destination, training in life and employment skills, and re-vitalization of community pride and spirit.





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