

Leadership Overview
Population Leadership Fellows
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Session objectives

1. Be able to nurture a clear shared vision among households, communities and government.
2. Be able to describe the current situation with reference to the shared vision.
3. Understand the process of knowing why shared vision and current situation differ.



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Main Idea

To design an effective campaign, we need to have :

- 1) a clear shared vision
- 2) an understanding of the current situation with respect to the shared vision
- 3) know why there is a difference between the two.





KEY IDEAS



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Where do leaders operate?

Beyond Imagination

That's Impossible

Looks Difficult

Easy to do



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Local solutions solve local problems best.



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Local solutions solve local problems best **WHEN---locals:**

Believe that they can shape the future and make a difference

- 1. Open-minded**
- 2. Deeply care**
- 3. Act**



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Somewhere in the future

Bola and Rachel represent the resourceful couple. He is a driver; she is a street vendor. Health is a priority in their lives and like their friends, they invest time and money to ensure that they remain healthy.



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Somewhere in the future

Bola and Rachel plan to have only two children so they can provide them with love and care and ensure their health, education and welfare. They saved enough money before they had their first child.



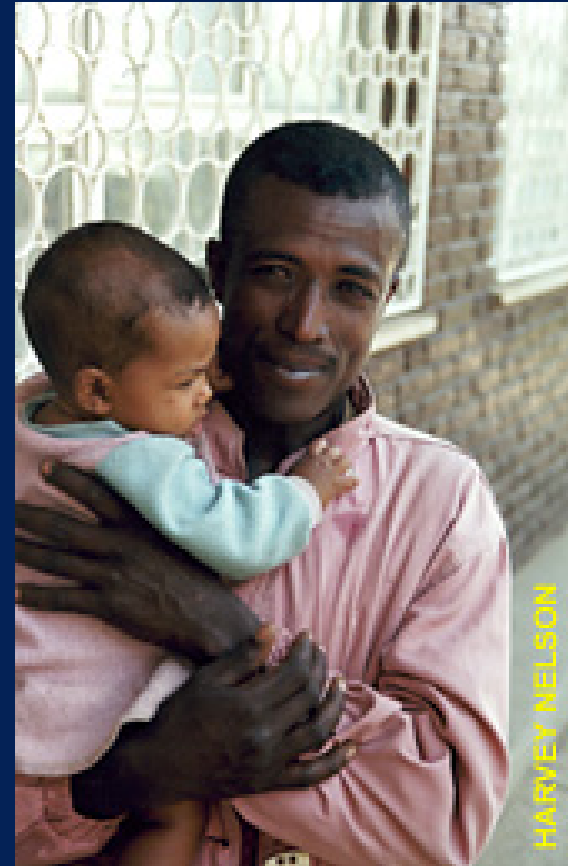
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Somewhere in the future

They sought information on pregnancy and child birth and learned the danger signs of pregnancy. They knew what to do in case problems occurred. It did not matter to them whether their child was a boy or girl. They agreed to raise their children so that they too would value their health and sexuality.



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Somewhere in the future



Bola and Rachel understand the risks of HIV/AIDS and have shared their knowledge with friends and family.

Both are deeply concerned about the political and economic future of their country. They vote intelligently and always encourage their friends to do the same.



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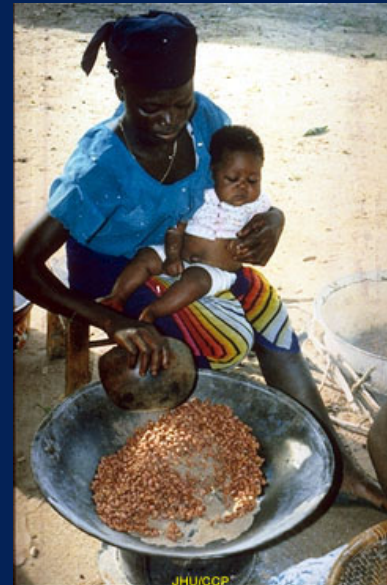
Somewhere now

Aminu and Ngozi are living together. Aminu is a mechanic who works when he wants to. Ngozi would like to earn some money but Aminu refuses to let her work. They do not know about modern contraception and have not been to a health clinic in five years.

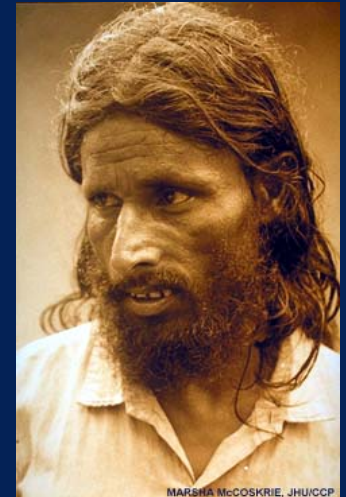


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JHU/CCP



MARSHA McCOSKRIE, JHU/CCP



Somewhere now



They have six children, all unplanned. Four are seriously malnourished. Because Aminu's income is meager and irregular, their children often go hungry. When there is food, the boys get the largest portions and eat first.



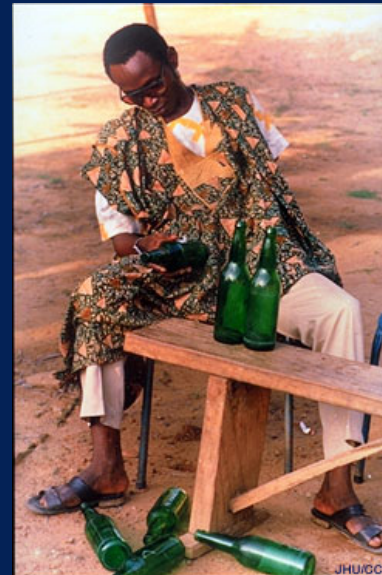
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Somewhere now

Aminu and Ngozi do not talk about their condition or the future. Aminu drinks heavily and often beats Ngozi when drunk. He was surprised one time when Ngozi fought back. This made him so furious that he beat her severely.



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Somewhere now



Ngozi ended up in the hospital. The police jailed Aminu briefly but he did not have any remorse when released.



Both Aminu and Ngozi are HIV positive but they do not know their condition. They don't care about politics and have never voted.



Why is there a difference?



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Our challenge is to think deeply and then act.



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The present health system is “perfectly” designed to produce our present results! If we want the same results, let us keep the system.



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If we want new results, we may need to redesign the health system.



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EMBRACE

ERROR

**Celebrate
success!**



Insight from a blind woman

“There is nothing more pathetic than a man with eyesight but has no vision.”

Helen Keller



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Common ways of defining problems

1. Deviation from the “norm”
2. Existing tools from our “tool box”
3. Lack of resources





Some issues

1. Who defines the “norm”? What if norm is part of the problem?
2. What if problems lie outside of our diagnostic tools?
3. When will ever have enough resources?





Examples – Deviation from norm

Overall strategic objectives:

Detect at least 70% of active TB cases

Successfully treat at least 85% of TB cases detected



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Tools in our “Toolbox”

What each defines “problems”

Trainer – a training problem

Management consultant –a management problem

Community mobilizer –a mobilization problem

Communication professional – a communication problem



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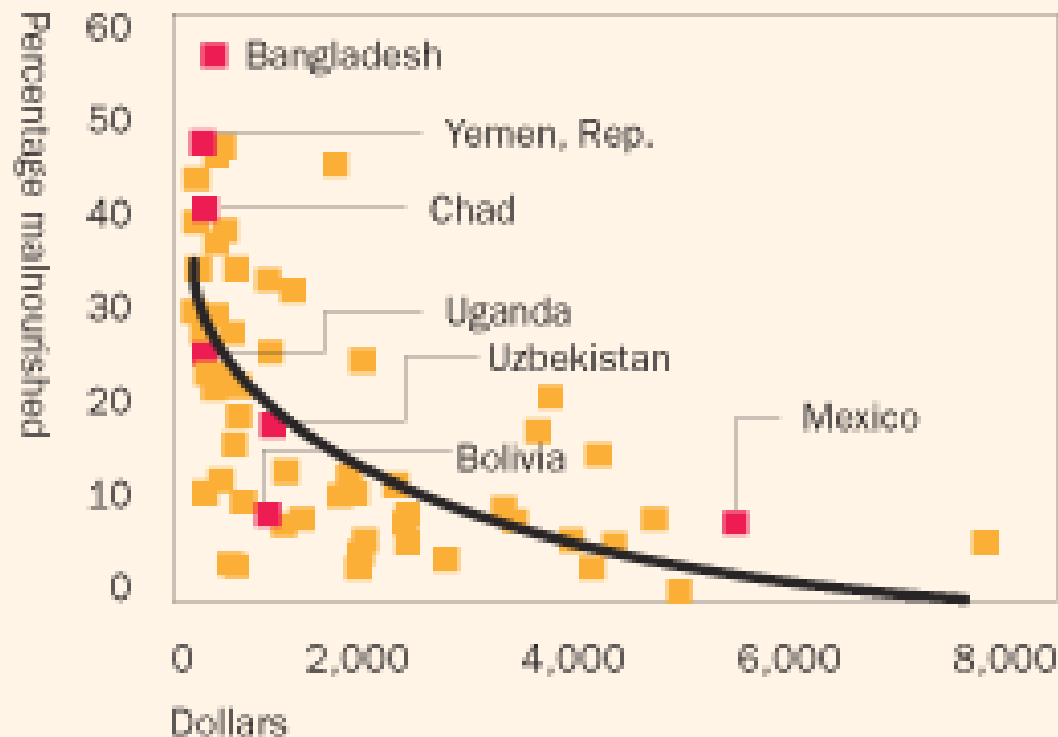
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Relationship between income and nutrition

Malnutrition falls as average income rises

Under-five malnutrition rate, most recent year, and GNI per capita, 2000



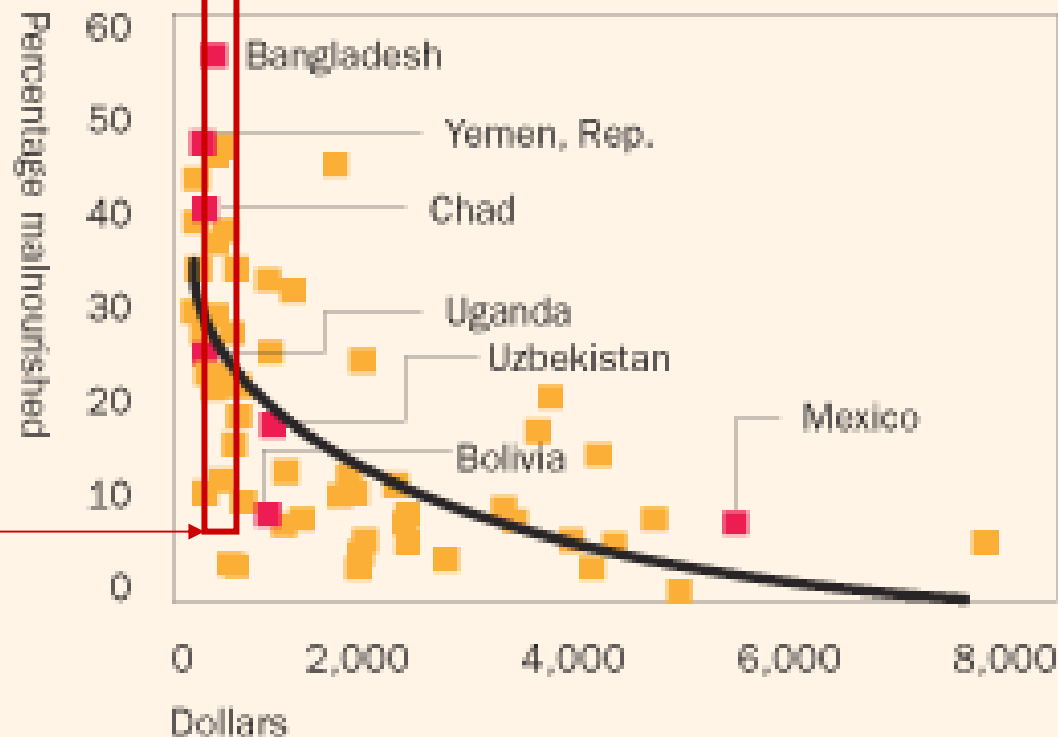
Source: UNICEF and World Bank staff estimates.



Relationship between Income and malnutrition?

Malnutrition falls as average income rises

Under-five malnutrition rate, most recent year, and GNI per capita, 2000



Malnutrition
“falls”
independent
of “rises” in
income





How we define problems determine the solutions

If $Y=7$, and if $X+Y=12$ then $X = 5$

If $Y=10$ and if $X+Y=15$ then $X = ?$

If we define “problems” as deviation from a norm, or in terms of tools in our tool box, or in terms of “lack of resources”, we have also determined the “solutions”.



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An alternative way to define problems

1. Deviation from the “norm”
2. Existing tools from our “tool box”
3. Lack of resources
4. **Difference between shared vision and current situation**





Common ways of defining problems

1. Deviation from the “norm”
2. Existing tools from our “tool box”
3. Lack of resources



2. What is an alternative way to defining problems?

Define problems in terms of why there is a difference between what we want (shared vision) and what is happening (current situation) and how to bridge this difference.



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Approach requires two things

1. We need to know clearly what we want.
2. We need to know clearly what is happening now.



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Basic strategic questions -The common approach

1. Where are we now? -
2. Where do we want to go?
3. How do we get there? -





Basic strategic questions -The common approach

1. Where are we now? - **Situation “analysis”**
2. Where do we want to go? - **“Strategic” objectives**
3. How do we get there? - **Strategy**





Example - Situation Analysis

TB detection rate = 32%

MMR = 560/ 100,000 births

IMR = 89/1000 births

CPR = 27%

**HIV/AIDS prevalence = 2.4 % of mothers
going for prenatal care in urban clinics**



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Strategic Objectives

- 1. Increase TB detection rate by 2% points in 3 years**
- 2. Increase CPR by 2% points in 3 years.**
- 3. Reduce MMR by 5 % points in 3 years**
- 4. Reduce IMR by 5% points in 3 years**





Strategy

Build more clinics, hire more medical personnel, invest more resources.

Do more of the same thing.



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Disadvantages of the common approach

- 1. More descriptive than analytical. Usually involves no more than presentation of indicators.**
- 2. “Depressing” current situation makes people scale down their expectations.**
- 3. Does not encourage fundamental changes.**





Basic Strategic Questions - An Alternative Way

What do we want to happen?

What is happening now?

What is likely to happen?

Why are there differences?

What do we need to change?

How do we nurture change?



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Basic Strategic Questions - An Alternative Way

What do we want to happen? **Shared Vision**

What is happening now? **Situation statement**

What is likely to happen? **Current destination**

Why are there differences? **Program analysis**

Audience analysis

What do we need to change? **Strategic objectives**

How do we nurture change? **Strategy or key moves -**



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Advantages of the new way

1. **Shared vision clarifies what is important. This empowers people to take initiative.**
2. **Nurtures analytical thinking.**
3. **Encourages focus.**
4. **Highlights the need for change.**
5. **Forces confrontation of the “dragons”.**





Basic questions for **new** situation analysis

What do we want to happen?

What is happening now?

Why is there a difference between the two?



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Basic strategic questions -The common way

1. Where are we now?
2. Where do we want to go?
3. How do we get there?



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Six Key Questions

- 1. What is the communication problem?**
- 2. What do we need to do?**
- 3. What materials/interventions do we need to develop?**
- 4. How do we make things happen?**
- 5. How do we know that tasks and results are being met?**
- 6. How do plan for continuity?**





Military strategy concepts

Four levels of strategy

- 1. Grand strategy**
- 2. Strategy**
- 3. Operational strategy**
- 4. Tactics**





Grand strategy defines everything

Should we go to war?

Who is our enemy?

Who are our allies?

What price do we want for peace?



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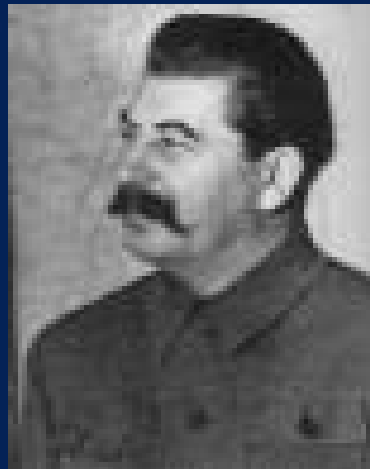
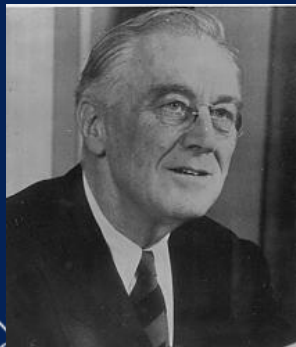
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Declaring war may take time!

WWII - Roosevelt, Stalin, Churchill

**It took the US almost three years after
Nazi Germany invaded parts of Europe
before it declared war!**



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Strategy level

How will we conduct the war overall?

What forces will we mobilize?

How will we deploy them?



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Strategy level

WWII - Gen. Marshall, Sir Allan Brooke
5 million men, Europe before Pacific,
Invade Germany not blockade



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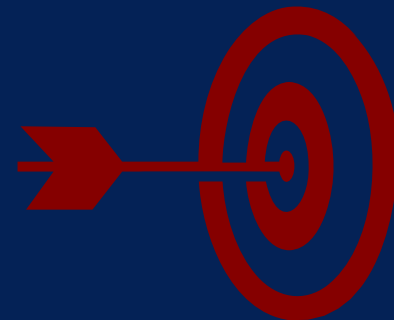
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Operational level

How will we achieve the strategic ends with our military resources?

What combination or mix of resources is best?



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Operational level

WWII - Gen. Eisenhower,
MacArthur and Admiral
Nimitz.

Army and Air Force
were combined.
Capture every island
or skip some on the way to
Japan.





Tactical level

Where opposing forces meet.

How to achieve specific or concrete objectives.

WWII - Capture a bridge or hill. Occupy a crossroad.



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The “war” on HIV/AIDS

It took more than 20 years since HIV/AIDS appeared before Kofi Anan declared “war” on HIV/AIDS in Abuja, Nigeria. He declared that the UN will raise \$10 billion a year and will mobilize all the resources of the UN system to fight HIV/AIDS.



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How do health strategy concepts compare with military concepts?

Grand strategy



Strategic level



Operational level



Tactical level

Shared vision

Policy

Program strategy

Campaign strategy



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How do health strategy concepts compare with military concepts?

Grand strategy



Strategic level



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How do health strategy concepts compare with military concepts?

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Strategic level



Operational level



Tactical level

Shared vision

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Program strategy

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How do health strategy concepts compare with military concepts?

Grand strategy



Strategic level



Operational level



Tactical level

Shared vision

Policy

Program strategy

Campaign strategy



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2. What is shared vision?

A clear description or picture of the future that **all stakeholders** want to **create**.

It is a future that people are willing to pay the **price** for.



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“I have a dream!”



“I have a dream that one day little black boys and black girls will join hands with little white boys and white girls as sisters and brothers. I have a dream **today!**”



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He did not say....“I have a “strategic plan!”



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We do not reach visions, we create them.

“The future is not a result of a choice among alternative paths offered by the present, but a place that we create, first in the mind, next in will, then in action. The future is not some place where are going, but a place we are creating. We do not discover the paths but make them, and the action of making the future changes both the maker and destination.”

Paraphrased -author unknown



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What is shared vision?

Emphasis is on **shared** not on vision.

Description is in the **present tense**.

Draws a picture and **avoids use of indicators** or numbers.



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Personal vision

“What do I want to happen or create?”



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Shared vision

“What do **we** want to happen or create?”



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What is shared vision?

A clear description or picture of the future that **everyone** wants to create.



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What is shared vision?

Emphasis is on **shared** not on vision.

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Personal and shared vision

Shared visions emerge from personal visions.

Personal visions come from an individual's deep caring.

Shared visions come from a common caring.



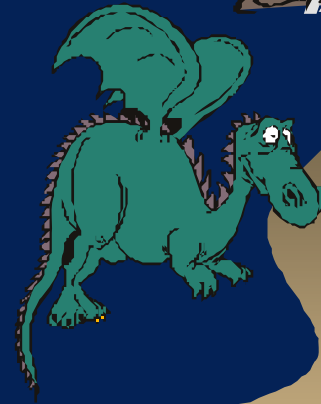
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What do you want to happen?

Vision 



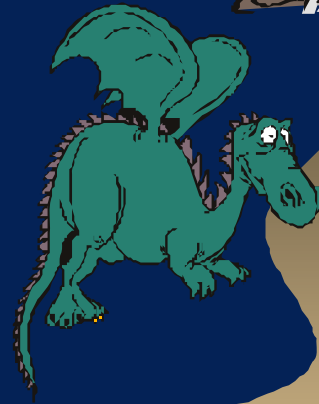
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Are you avoiding the dragons?

Smart
objectives



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SMART strategic objectives

Specific

Measurable

Action-oriented

Realistic

Time bound



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Think big

Beyond Imagination

That's Impossible

Looks Difficult

Easy to do



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Where do most people operate?

Easy to do? Why would most people operate here?



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Is this really true?

Some people give up even before they try!



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True limits

The only true limits are the ones that the mind accepts.

Thomas Edison failed 10,000 times before he perfected the light bulb!

Abraham Lincoln lost 8 elections before he became President of the United States!



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Why do people **choose** to stay in “easy to do”?

1. Fear

Rejection

Failure

Loss of status

2. Self-limiting mental models

3. Rules are restrictive

4. Lack of knowledge or skill

5. Lack of resources



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Key question

What would you do if you were not afraid?



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Who dares wins!

“It is not that things are difficult that we do not dare, it is because we do not dare that things are difficult!”

Seneca

Roman Philosopher

16 BC



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“ I will be happy with just one more cow!



From the book Behind Mud Walls



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On introduction of sound for film

“Who the hell wants to hear actors talk?”

Harry Warner, Warner Brothers, 1927



Archive Photos



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“There is no likelihood that man can ever tap the power of the atom.”

**Robert Andrews Millikan, Nobel Prize winner for physics,
1923**



Jeffrey Muir Hamilton/Gamma Liaison



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**“I think there is a world market
for about five computers.”**

Thomas Watson Jr. Founder and Chairman of IBM, 1943



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Robert Isear/Science Source/Photo Researchers, Inc.



“Everything that can be invented has been invented.”

Charles H. Du
urging Preside
office, 1903.

Patents,
the patents



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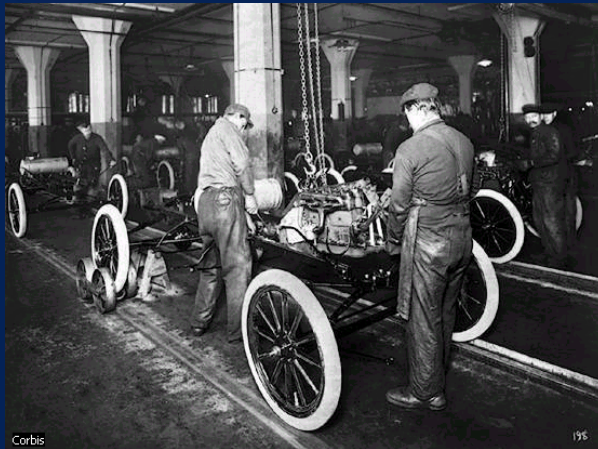
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NASA



“Horses are here to stay. The automobile is only a novelty, a fad.”

President, Michigan Savings Bank, advising Henry Ford’s lawyer not to invest in Ford Motor. Disregarding the advice, the lawyer invested \$5,000 which he later sold for \$12.5 million.



Corbis



Michael T. Sedam/Corbis



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“There is no reason for any individual to have a computer in his home.”

Ken Olsen, President, Digital Equipment, 1977
Compaq now owns Digital Equipment



Spencer Grant/Photo Researchers, Inc.



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Leadership starts with vision.



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Leadership begins with a vision. Erik Weihenmayer climb Mt. Everest in 2001. He is completely blind!



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Vision shared by whom?

Government - Reduce MMR by 5%



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Let's ask a pregnant woman's husband.

“How much maternal mortality would you like? ”





Vision shared by whom?

Government - Reduce MMR by 5%

Household - Zero MMR



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Let's ask the community. How much maternal mortality would you like?





Vision shared by whom?

Government - Reduce MMR by 5%

Household - Zero MMR

Community - Zero MMR



JHUCCP



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Can the community participate here?

Strategic objective - Reduce MMR by 5% points (300/100,000 to 285/100,000) in one year.

Can the community know if this had been achieved?



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Can the community participate here?

Vision - No family in this community will experience a mother dying from child birth.



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Are you focused on milestones and ignoring the dragons?

Smart objectives



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Example - Dragons identified

Analysis

1. Policy is unclear and weak
2. Districts lack equipment and supplies
3. Workers are not trained properly
4. There is lack of coordination and team work.





Example - Poor strategic objective (Dragons ignored)

Strategic objective – Increase the number of Indonesians who have access to safe water by 5% in one year.



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Example - A better strategic objective (Dragons addressed)

Strategic objective - By year X, there is a clear and strong safe water policy, all districts have adequate equipment and supplies, workers are trained properly and all program units coordinate closely and practice teamwork.

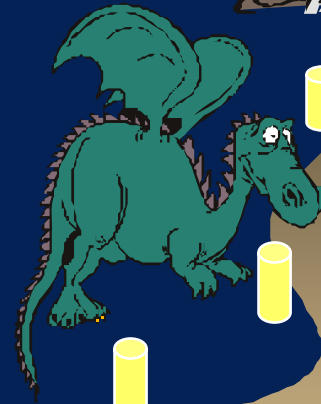




Have you tamed your dragons?



Smart objectives



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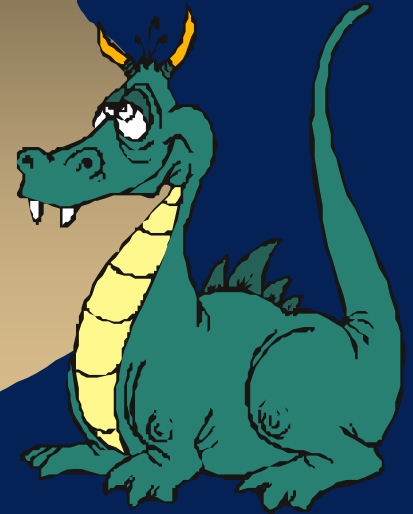
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Have **we** tamed our dragons?



Smart
Objectives



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Lower the barriers to health promotion first before we significantly increase investments.

If we put more resources in inefficient and ineffective systems, we will make the inefficiencies or “dragons” bigger.

Bigger “dragons” means we will have a harder time to “fix” the system in the future.



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Should visions be based on situation analysis?

Should we want only what we can have given the current situation?

Should we aim for what we truly want **and change** the current situation?



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How “big” should your vision be?

The answer is how deeply do you care?
Or how much are you willing to change?



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How “big” should a vision be?

What “price” are you willing to pay?

There is a price that comes with every vision. If you really want something, you must be willing to pay the price.



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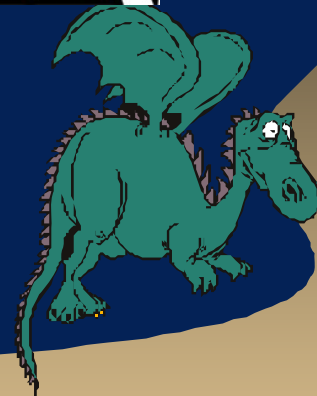
How “big” should your vision be?

1. **“Floor setting”** - “At least” we should.....
2. **“Go for broke or ceiling”** - What we truly want “no matter what”.





At least to move closer to the castle so I can visit my family in prison.



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To rescue my family, **no matter what!**

Vision 



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**We can only achieve our vision
if we change.**

**You can't have a grand vision but be
unwilling to change fundamentally the
way you do things. You cannot have
“business as usual!”**

Visions come with change!



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Possibilities

Situation

1. No vision
2. False vision
3. Personal vision
4. Shared vision

Result

- Confusion
- Cynicism
- Control
- Commitment





Barriers to nurturing a shared vision

1. We may not want to change.
2. We do not know what we want.
3. Self-limiting mental models.
4. Lack of systems thinking
5. Poor understanding of strategic concepts.
6. We try to do things alone.





We may not know what we want!

**Most people know what they do not want.
They have seen them.**

**In contrast, it is not easy to visualize what
we want because we may have never seen
them.**

**We may not be clear about our values - a lot
of dilemmas!**



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On the value of shared vision

“ It is not what the vision is, but what it does...”

Kazuo Inamori
Kyocera Inc.



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Good shared vision

1. People own it
2. Inspires people
3. Concrete
4. Engages everyone
5. Stronger than the key constraint
6. Suggests what people need to do





Poor shared vision

1. Vision owned only by “leaders”
2. Does not inspire
3. General or vague
4. Engages only a few
5. Weaker than the key constraint
6. Does not suggest clear action



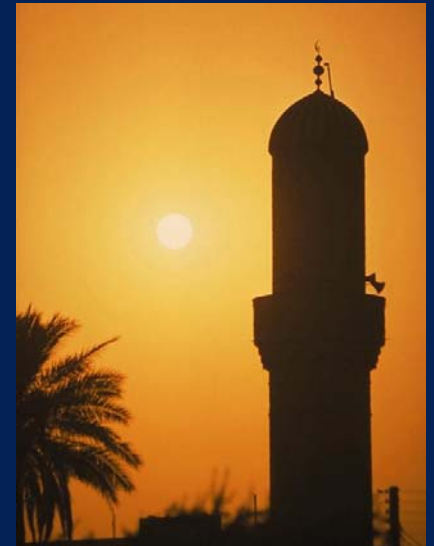


Visionaries are “cathedral or mosque builders”

Brick-layer - “I am laying bricks.”

Mason - “I am building a wall.”

Visionary-“I am building a cathedral or mosque.



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Visions for health

Service provider - “I deliver health services.”

Health provider - “I educate people about health.”

Health leader - “ I inspire people to value and care for their health.”



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Which of the four visions would you choose?

Vision 1 - No vision

Vision 2 - We will achieve health for all by the year 2010.

Visions 3 to 4 - (See next slides)



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Vision example

By 2015, households, communities and government are working together so that there are no new cases of HIV infections among adolescents.

Adolescents know the means of transmission of HIV/AIDS as well as the means of protecting themselves. They value their health, practice safer sex and live a healthy life style.



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Current situation

Households, communities and government are not working together to protect adolescents from HIV/AIDS.

Adolescents represent a significant group in the rise of TB incidence.

Very few know the means of transmission of TB and the ways of protecting

oneself.



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Current situation

They do not know that they are at risks and believe that they are invulnerable. Health is a low priority for them. Their present lifestyle do not reflect a serious concern for health.



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Why is there a difference

The scale of the present knowledge campaign aimed at adolescents does not match the need.

The priority for reaching out to adolescents is low compared to other health issues.



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Current school curricula is ineffective in nurturing appropriate health values among adolescents.

Mentoring of adolescents by respected adults is not sufficient.



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There is no sense of urgency in the HIV/AIDS program. Many program staff believe that the HIV/AIDS threat will go away by itself.



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Vision example

By 2006, camp leaders and parents are working together so that there are no malnourished children in this refugee camp. Parents have access to weighing scales and have a growth chart for each child. They monitor the weight of their children every month.



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Vision 3

By the year 2015, households, communities and government are working together so that everyone in Bali have access to safe water. Everyone understands the value of protecting the environment. Watersheds are managed well so that there is adequate source of clean water. People living in forest areas have become stewards where use of the forest does not lead to depletion but growth.



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Vision 4 - By the year 2010

Households, communities and government in the Lake Toba area are working together so that every household understands the importance of hygiene and sanitation. Garbage are sorted at the household level and collected and disposed by the community to ensure a clean and safe environment. There are no garbage exposed to insects like flies and animals like rats which could spread disease.



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**Shared vision allows
ordinary people to do**

**EXTRAORDINARY
THINGS**



Mother Theresa



Vision

“Care for the dying”

Initial reaction

“You will die yourself”

Price paid

Life of sacrifice

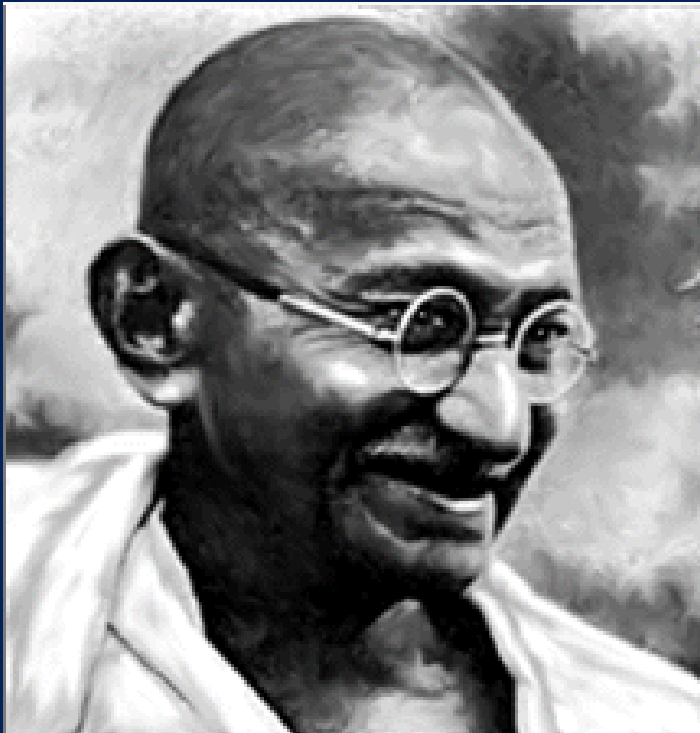


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Gandhi



Vision

“An independent India”

Initial reaction

“But that will never happen!”

Price paid

His life.



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Founder of Pakistan - Jinnah

Vision - A new country -
Pakistan

Initial reaction -
“ But that is impossible!”

Price - Struggle and much
suffering

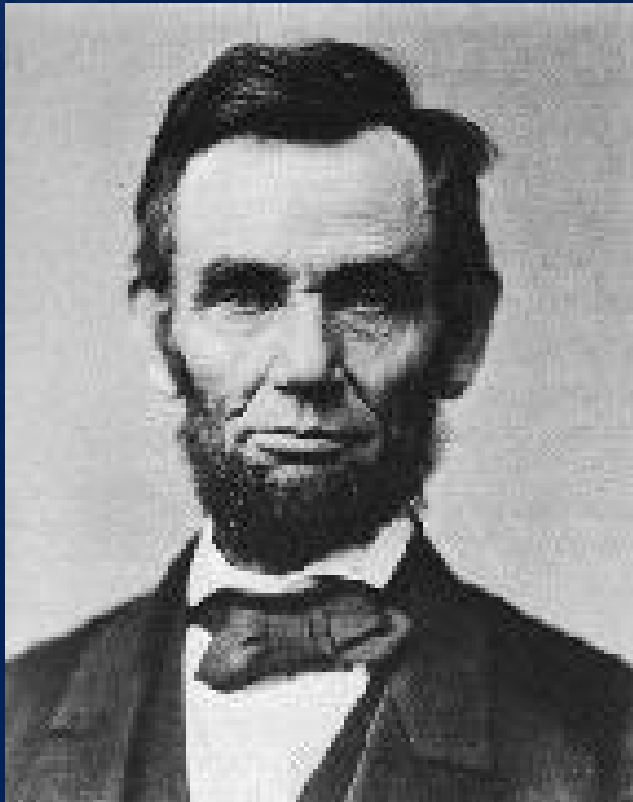


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Abraham Lincoln



Vision

“No man should be a slave. Everyone man is created equal. ”

Initial reactions

“You are going to break the nation apart!”

Price paid

His life



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Nelson Mandela

Vision

A democratic South Africa
free of apartheid

Initial reactions

You're crazy!

Price paid

27 years in prison



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Some things have to stop!



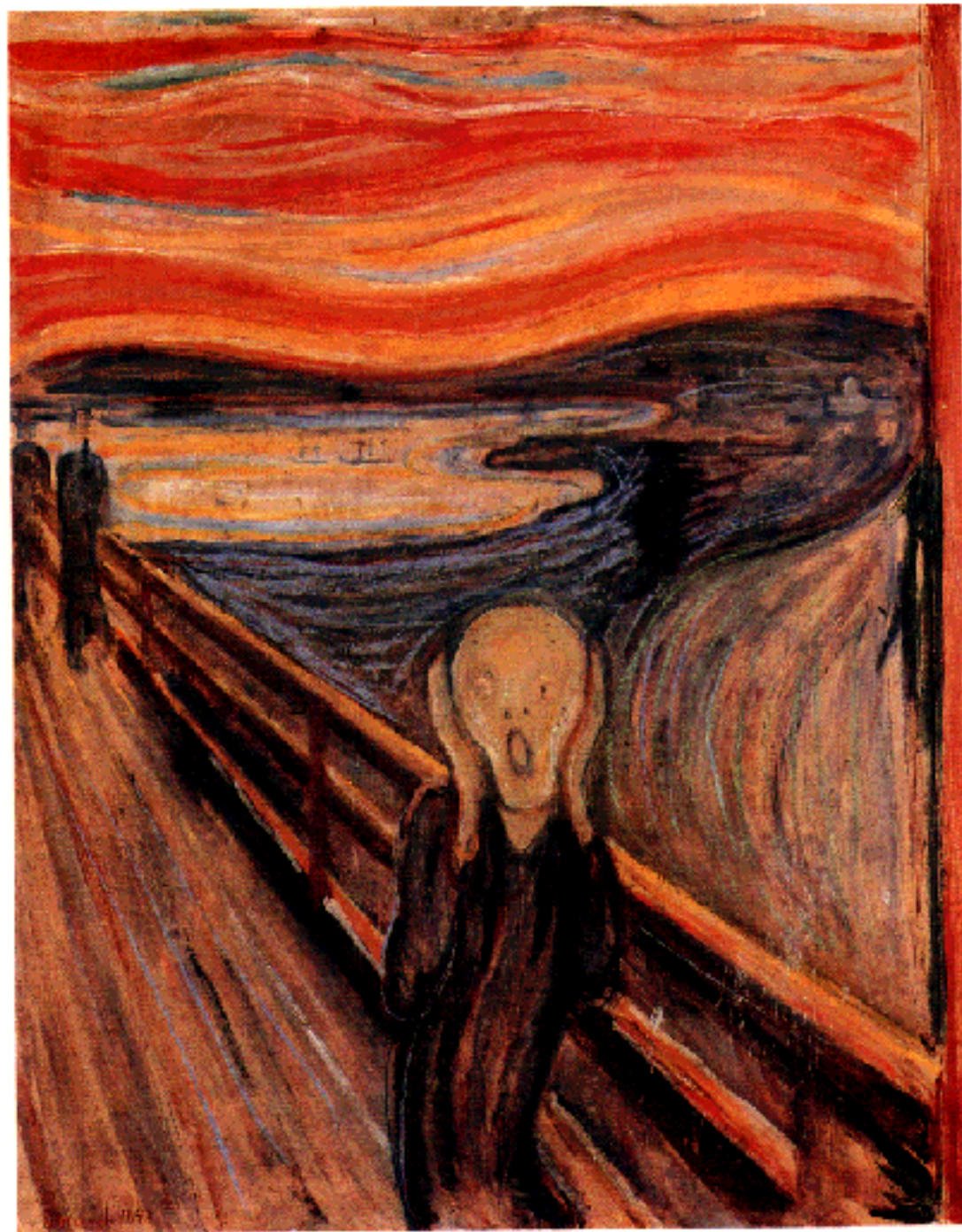
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Common response

I'm scared!



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Old language patterns

“That’s ideal, we live
in the real world!”

“That is impossible!”



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Old language patterns

“Do that and you will become a bus driver!”

“You are throwing your career away!”

“Are you crazy?”



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A leader's response - New language patterns

If not now, then when?
If not me, then who?



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