Question 3: What types of social and behavioral (SBC) changes or outcomes are commonly sought within health system strengthening projects or interventions? How are SBC methods useful in creating behavior or norm change among government, private sector, and community health system actors? What are lessons learned regarding explicitly incorporating SBC approaches within HSS programs?

**Leaving and Managing for Results in Pandemics: Increasing Leadership and Management Capacities to Improve Response to Current and Future Public Health Threats**

Nathalie Alberto, Project Specialist
Nicole Carbone, M&E Technical Advisor

Building Capacity for National Health Institutes

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**Activity Description**

The LMRP was delivered through a blend of digital and in-person learning and application. Participants engaged in online learning modules, participated in a learning community, and completed sections of modules with in-person learning. In-person learning involved six modules of four days each. The LMRP program was delivered in four regions of Peru: Lima Norte, Lima Sur, Ucayali, and Huancavelica. The program was designed to build leadership and management capacities for public health teams in order to improve response to current and future public health threats. The LMRP program was delivered through a blend of digital and in-person learning and application. Participants engaged in online learning modules, participated in a learning community, and completed sections of modules with in-person learning. In-person learning involved six modules of four days each. The LMRP program was delivered in four regions of Peru: Lima Norte, Lima Sur, Ucayali, and Huancavelica. The program was designed to build leadership and management capacities for public health teams in order to improve response to current and future public health threats.

**Activity Impact**

Aside from learning and managing practices, all teams were trained to apply these practices to develop an shared vision of success aligned to their team’s mandates, develop and implement a strategic plan for the duration of the program, and support the implementation of the Strategic Plan and initial phase of the program with meaningful results. Following an implementation period of four months, LMRP teams produced the following results:

- In Huancavelica region, COVID-19 vaccination coverage in children between 6 to 11 years of age increased from 53% to 69% by February 2023.
- In Lima Norte region, there was a 61% increase in vaccination coverage against COVID-19 among children aged 5 to 11 years old by January 2023.
- In Lima Sur region, COVID-19 vaccination coverage in children between 6 to 11 years of age increased from 53% to 69% by February 2023.
- In Ucayali region, COVID-19 vaccination coverage in children between 6 to 11 years of age increased from 53% to 69% by February 2023.

**Evidence**

The evidence reported by participants from the team effectiveness and team behaviors assessments, changes at the individual and team level behavior across the program, and reflected in the results of the evaluation. The evaluation of the program included both quantitative and qualitative data. Participants completed pre/post assessments on team effectiveness and a behavioral self-assessment. The TOT provided a basis for the evaluation of the LMRP program to align with individual and team behavior changes. The results demonstrated changes in team effectiveness and behavior across the program.

**Facilitators**

**Stakeholders Commitment**

The LMRP was implemented through a partnership involving the Centro Nacional de Epidemiología, Prevención, y Control de Enfermedades de Perú (Perú CDC) as a key authority in providing permission for the LMRP program. The LMRP program was implemented in collaboration with the Ministry of Health, the Perú CDC, and the LMRP program’s implementation team. This collaboration ensured that all stakeholders were involved in the implementation of the LMRP program.

**Challenges**

The LMRP program faced several challenges, including the need for coordination and collaboration among stakeholders and teams. The program was conducted in a period of six months, which presented a challenge in terms of time constraints. Additionally, the program was implemented in a country experiencing a public health emergency, which required coordination with multiple stakeholders.

**Lessons Learned**

The importance of actual teams working together to address complex problems and taking ownership in leading change was emphasized. The LMRP program was designed to build leadership and management capacities for public health teams in order to improve response to current and future public health threats. The program was implemented in a country experiencing a public health emergency, which required coordination with multiple stakeholders.

The LMRP program was delivered in four regions of Peru: Lima Norte, Lima Sur, Ucayali, and Huancavelica. The program was designed to build leadership and management capacities for public health teams in order to improve response to current and future public health threats. The program was implemented in a country experiencing a public health emergency, which required coordination with multiple stakeholders.