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South African
Learning Alliance for the DHS

Innovation in DHS leadership development - a dialogue

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Introduction

This webinar forms parts of a series of online engagements hosted by the South African Learning Alliance for District Health Systems (SALAD) bringing to the fore topical themes within the DHS.

Conceptualised by SALAD's leadership and management development working group, the core theme of the dialogue was to explore "new ways of thinking about and doing leadership development for sustained district health systems transformation".

The central issue identified was a growing disillusionment with traditional leadership and management development efforts, which, despite substantial investment, often fail to drive meaningful systemic change. Speakers shared valuable insights and experiences, highlighting innovative practices they've adopted, the influence of Covid-19 on the transition to online learning, and the evolving role of mentorship as a mutually enriching process. Key themes included systems leadership, workplace-based leadership development, and the unique leadership demands within the DHS.

The topic elicited robust engagement from attendees and we have tried our best to capture some of their key sentiments here.

Speaker Inputs

Nomalanga Ndhlovu: *‘Strong leaders don’t just improve systems, they change lives.’*

Nomalanga shared her experiences of leadership development, highlighting the impact of the COVID-19 pandemic and the various innovative approaches she has adopted which have supported her on her journey.

Nomalanga expressed that leadership is *‘not simply about position, but about people, decisions, and responding to uncertainty.’* Her development was shaped by both formal training through her undergraduate and post-graduate studies as well as innovative approaches; the latter has been described in greater detail below.

Leadership in health care involves navigating complex systems, responding to crises, leading diverse teams, while managing limited resources. To develop her competencies, she had to go beyond theoretical knowledge and required a change in how she *learned and led*.

For Nomalanga, COVID-19 was a defining moment in her leadership journey. She refers to her time during the pandemic as a ‘living classroom’ where she gained a deeper sense of empathy, how to communicate under pressure, and adaptability.

Innovative approaches in leadership development

The pandemic also sparked a change in how learning was delivered. Online blended learning platforms took the place of in-person workshops. These were short, focused modules with practical tools like templates and checklists that could be applied immediately afterwards. Topics varied from ‘managing human resources in rural clinics’ to ‘ethical decision-making in public health emergencies.’ On-demand learning allowed her to learn at her own pace and align development with day-to-day challenges. In terms of decision-making, digital tools played a crucial supporting role. This support came from the use of rapid digital updates and the employment of scenario planning tools, both of which significantly aided the decision-making process.

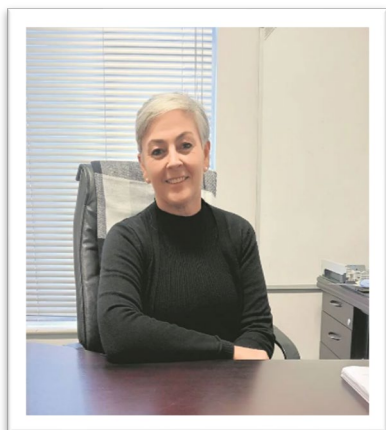
Nomalanga’s leadership development was enriched through peer learning and community-based mentorship, connecting virtually with peers and learning from frontline health workers and local leaders. She emphasized relationship-building, empowering team leaders, and leveraging technology for continuous learning. Reflective practices like journaling, structured feedback loops, and self-assessments helped her shift from reactive to proactive leadership. Through immersive training in emotional intelligence and inclusion, she deepened her understanding of diverse perspectives and became a more empathetic, grounded leader.



Nomalanga concluded that innovation in leadership development is a mindset and involves continuous learning, not always high-tech solutions. It means listening better, reflecting more often, and learning from those around you. Leadership development must be practical, responsive, and grounded in real experience in the district health setting.

Ronel Bezuidenhout: A Reflective Journey as an OTF Mentor

"I strongly believe that mentoring is a gift to both the mentee and the mentor a gift I did not know that I needed, but I did so."



Ronel shared her experiences of mentorship as part of the Oliver Tambo Fellow Programme (OTFP). Commonly known as 'OTF', the UCT-based health system leadership development programme is an eighteen-month long journey for managers and directors in the public health sector. During the OTF program students receive mentoring from experienced health system leaders. Once fellows have completed the programme, they are invited to mentor an incoming fellow. More information on the fellowship can be found here: [link](#)

Ronel was reluctant to become a mentor when she was first approached. Despite having the OTFP certification and leadership experience, she felt like an impostor. A year later, supported by dedicated leadership coaching and engaging in regular reflective practices, she accepted the role.

On coaching, Ronel focused on refining her communication style, cultivating active listening, and authentic communication. By accepting the mentoring role, Ronel was able to apply these skills intentionally.

Challenges in the mentor journey included initial nervousness and uncertainty for both mentor and mentee, as they were 'two rookies' with no instruction manual. For Ronel, the greatest challenge was remembering it was the mentee's journey and she was not in control.

Key learnings from Ronel's journey as a mentor

Ronel emphasised the importance of acknowledging that relationships take time and that leaning into the initial awkwardness is a necessary part of the process. Vulnerability emerged as a key quality for her, alongside the realistic challenge of finding time for engagements amid competing priorities for both mentor and mentee. Ongoing communication and support from the university and the mentor support group played a vital role in sustaining the relationship, grounding her and affirming a shared journey. Ronel noted that while having similar experiences to her mentee aided understanding, this won't always be the case for other mentors. The tools obtained from a Time to Think orientation assisted when she got stuck. She learned the value of stepping back, listening deeply, and allowing the mentee to lead conversations without feeling the need to offer solutions or direct the dialogue. Creating a safe and confidential space through active listening, affirmation, and trust enabled the mentee to find their own answers. Being intentional, resisting the urge to respond immediately, and trusting both herself and the mentoring process were crucial elements. Lastly, Ronel highlighted the importance of carving out time to reflect on engagements afterwards, reinforcing that the mentor's role is not to provide academic support or managerial oversight, but to offer a reflective and supportive space for thinking together.

On the benefits of mentoring for the mentor, Ronel shared:

"What surprised me most during this journey was probably the unexpected and unintentional benefits for me as a leader. From starting what I can do for my mentee. It ended with what my mentee in this journey offered me. Very early on in my journey as being a mentor, I realized the profound impact of the mentoring on myself as a leader. The value of open and honest conversations allowed for self-reflection, highlighted blind spots which created greater self-awareness."

Maylene Shung King: Systems Leadership and Workplace-based Leadership Development

Convenor of the OTF Programme, Maylene spoke about systems leadership and what it constitutes, the value of systems leadership to the DHS, workplace-based training and how it can strengthen leadership when implemented at a sub-district level.

Maylene highlighted the persistent, skewed perspectives on leadership that continue to shape practice. Leadership is still often viewed as the responsibility of individuals in senior or formal roles, reinforcing the idea that leadership challenges can be resolved by sending individuals to training courses. This perspective undervalues teams as collective leadership units, resulting in limited investment in their development and capacity. Furthermore, the broader system is rarely recognized as a dynamic component of leadership, too often, it is reduced to a static, compliance-driven structure.



Leadership, however, operates across three interconnected dimensions: the individual, the team (as a collective entity), and the system (which shapes the environment for effective leadership). For leadership to be strong at a systemic level, these dimensions must function coherently. Only through their alignment can we achieve transformative change and cultivate a responsive, adaptive system grounded in shared values and goals.

Systems leadership and the District Health System:

Systems leadership is important for the DHS because it is a complex system with interlinked actors, including community-based and intersectoral ones. It requires systems thinking and leaders who can act across boundaries. From a systems leadership view, individual leaders are distributed throughout the system, not just in formal positions. Multiple teams engage across levels and sectors. The system itself finds ways of being responsive and adaptive.

Key Characteristics of Systems Leadership

Systems leadership is collaborative, interconnected, and adaptive - focused on navigating complexity and driving collective change. It is:

- Rooted in values, trust, and relational ways of working
- Oriented toward collaboration across boundaries
- Committed to continuous reflection, learning, and innovation
- Aligned across individuals, teams, and system processes
- Guided by a shared vision and a reflexive culture
- Supportive of psychological safety, accountability, and responsible risk-taking
- Grounded in integrity and trustworthiness

- Providing direction with innovation, enabling internal and external teamwork.

System leadership requires layered competencies and capabilities:

Heads, Hands, Hearts, Whole body

Systems leadership requires layered competencies (cognitive, technical, social, relational) and individuals with appropriate mindsets/skills working in teams across silos and organizations.

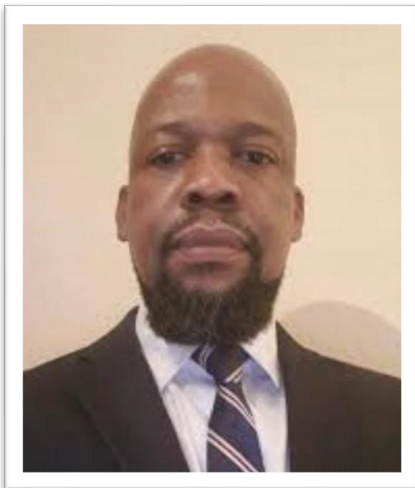
Teams need appropriate mindsets/competencies, and individuals/teams must be enabled by broader systems level environments. This requires a different model of leadership development.

Workplace-Based Training as a Systems-Nurturing Approach

Workplace-based training offers a contextual, system-strengthening alternative by enabling:

- Team-based learning within real-world settings
- Support across all levels of management and service delivery
- Simultaneous learning across multiple spaces
- Ongoing reflection and continuous learning cycles
- Development of a shared systems language and values
- Integrated support from facility to district hospital at subdistrict level
- Peer learning and feedback
- Alignment with workplace priorities and challenges
- System-driven development that reinforces internal capacity

Obakeng Mongale: Leadership development in the North West Department of Health



Obakeng Mongale's contribution emphasized the critical interplay between leadership development, the broader systemic context, and the specific needs of the District System, advocating for practical, context-aware, and collaborative approaches to fostering effective leadership. He highlighted that the current system of training health professionals is not sufficiently supporting systems Health leadership.

The type of leaders developed and the models used must interact with the existing context, which is crucial to consider.

Evolution of the DHS

Early ANC health policies highlighted teamwork within the DHS, centering primary healthcare as the system's foundation. The RDP expanded this view, framing health as a development issue that requires DHS leadership to manage across sectors, recognizing social determinants and avoiding siloed approaches. Health education for staff and

leaders should be multidisciplinary, gender-sensitive, problem-focused, and community-based.

Characteristics of Early DHS Gains in the North West:

Strong, ethical, and passionate political leadership was pivotal, with leaders seen as key decision-makers beyond bureaucratic roles. The department fostered robust, selfless engagement focused on improving the DHS. It also benefited from legacy assets like health inspectors from municipalities, underscoring the value of municipal experience in recruitment. A culture of learning thrived, emphasized by programs like the Oliver Tambo Fellowship and the drive to become a “learning organization.”

Requirements for Future Leadership Programs

Programs must involve facilitators with the academic profile and substance to produce the desired type of leaders, citing the value of experienced academics and the National School of Government's models. Programs which blend academic rigor with practical experience should produce leaders who can manage effectively in teams, break down "group think" and factions, navigate volatile, ambiguous, complex, and uncertain times, and understand that communication is key. Leaders must be able to effectively manage important stakeholders in DHS settings, including traditional leaders, traditional healers, local government, other departments, and businesses. Without this ability, progress in DHS work will be limited.

Workplace-Based Leadership Development

Obakeng endorsed the exploration of workplace-based leadership development programs, noting that his department had mandated a team from UCT, UWC and NWU to work with his team in a sub-district to explore such approaches. This program includes mentorship, support for changing routine meetings, and a workplace-based short course, forming a package of activities aimed at leadership development at scale.

In summary, systems leadership is critical for building resilient, responsive, adaptive DHS. Leadership development must be a continuous, context-driven, and embedded in practice. Workplace-based training is a potentially scalable alternative to traditional models.

Comments from our attendees

The webinar chat comments highlight key, interconnected themes essential for DHS leadership development. Participants call for a reframing of leadership as a continuous, adaptive process, where leaders learn from mistakes and are open to 'unlearning' and relearning positive management practices. There is a strong emphasis on workplace-based learning as a 'boots on the ground' approach, where everyday interactions become opportunities for growth - especially during crises, which open unique learning pathways and drive behavioural change.

Mentoring and succession planning are described as both a 'necessity' and a 'profound gift,' vital for sustaining leadership across levels in an ageing public sector. These require intentional time investment and thoughtful pairing, particularly when mentors are also line managers.

An enabling organizational culture and system support is seen as critical - 'culture eats strategy for breakfast' - with leadership development needing systemic recognition and a shift toward becoming a learning organization. Participants also advocate for reforming performance management to include leadership as a core competency in Employee Performance Agreements and to decouple mentorship from financial incentives.

There is an urgent call to embed leadership development in undergraduate health sciences training, as current education models fall short in preparing professionals for systems leadership. Finally, the value of shared, inclusive, and adaptive leadership is underscored - promoting collective decision-making, cross-disciplinary collaboration, and the inclusion of junior and middle managers to avoid disengagement and better navigate the complex, relational dynamics of the DHS.