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STRIDES LEGACY SERIES



USING LEADERSHIP AND MANAGEMENT PRACTICES TO IMPROVE REPRODUCTIVE HEALTH SERVICES IN UGANDA: THE CASE OF KAGANDO HOSPITAL

Photo by RUI PIREZ

STRIDES for Family Health increased access to and improved the quality of integrated reproductive health, family planning, child survival, and nutrition services in Uganda. Management Sciences for Health (MSH) implemented the project with core partners Communication for Development Foundation Uganda (CDFU), Jhpiego, and Meridian Group International.

Funded by the US Agency for International Development (USAID), STRIDES worked in 15 districts of Uganda: Kamwenge, Kalangala, Nakasongola, Kyenjojo, Mityana, Kasese, Bugiri, Mayuge, Kamuli, Kayunga, Mpigi, Kaliro, Kumi, Luwero, and Sembabule.

Uganda's high maternal mortality ratio is one symptom of the inadequacies of the Ugandan health system. For every 100,000 live births in Uganda, 438 mothers die, compared to 320 in nearby Rwanda, for example, or 16 in developed countries.^{1,2} While many factors contribute to the poor quality of health services, lack of leadership and management skills is one of the major causes, according to Uganda's Ministry of Health (MOH).³

In the past decade, decentralization of health services to local governments has exposed the need for stronger leadership and management at the district and facility levels. The ability to manage resources, use data, assure accountability and quality, plan, supervise, and coordinate are crucial for being able to deliver and scale up life-saving services and interventions.

Managers of health programs, services, and health institutions in Uganda are mostly clinicians with limited management skills. STRIDES for Family Health collaborated with the MOH and adopted Management Sciences for Health's (MSH) Leadership Development Program (LDP) to improve management and leadership in districts, health institutions, and communities to improve health outcomes. STRIDES conducted the LDP in nine districts with 333 district staff, including health workers from 54 facilities that together serve more than five million people.

1. Uganda Bureau of Statistics (UBOS) and ICF International Inc. 2012. *Uganda Demographic and Health Survey 2011*. Kampala, Uganda: UBOS and Calverton, Maryland: ICF International Inc., p. 237.
2. World Health Organisation, Factsheet Number 348, May 2014, <http://www.who.int/mediacentre/factsheets/fs348/en/>
3. Health Sector Strategic and Investment Plan II, Ministry of Health, Kampala, Uganda (2005/06 – 2009/2010).

Management Sciences for Health has implemented LDP in over 40 countries. Strong leadership, effective management, and transparent governance are key to country ownership and sustainability of health systems.



Photo by TADEO ATUHURA

Rolling Out the Leadership Model

MSH has implemented the LDP in more than 40 countries. Strong leadership, effective management, and transparent governance are key to country ownership and sustainability of health systems. To build ownership, the LDP develops providers, district staff, and community leaders into managers. The program aims to train health care managers so that they can lead their work groups to face challenges and achieve results. The goal is to create a work environment that motivates staff at all levels of the health care system so they are committed to continuously improving client services.

The LDP introduces leadership practices and tools in a series of participatory workshops. Workplace-based teams use the information learned in the workshops to address real workplace challenges and produce measurable organizational results. Throughout the process, teams receive feedback and support from facilitators and local managers. The LDP typically lasts from four to six months so that workplace teams have time to apply the practices and tools, receive coaching, and refine their action plans.

STRIDES first trained project staff members with Action for Community Development Uganda (ACODEV), a local nongovernmental organization (NGO). A five-day training of district health management team (DHMT) members in each of the nine districts followed. For the next three to six months participants implemented action plans developed during the training. ACODEV supported the district teams to cascade the LDP program to health facilities in each district.

To enable the DHMTs and facility-based health care teams to successfully implement the action plans, STRIDES and ACODEV provided two rounds of onsite coaching and mentoring. After six months, participants convened to share achievements, lessons, and challenges, and to make plans for the way forward.

Developing Leaders, Improving Systems

The changes that the LDP inspired will endure long after patients exit the hospital's wards. LDP promoted evidence-based management and increased use of data for service planning and quality improvement at service delivery points. The program enabled staff to understand their individual contributions towards service delivery and

provided individuals at every level of the organization with leadership and problem-solving skills. Staff also understood how their roles fit into the larger goal and vision of the institutions.

The LDP model has promoted teamwork, helped to identify problems, find local solutions, and promote evidence-based programming at facilities in the nine districts. Local ownership of this initiative was assured through close collaboration with the public health system at every level. All activities were co-implemented with the district health departments. Those involved in the program, including health facility staff and DHMTs, were empowered to roll out the leadership development trainings and mentor staff at lower-level health facilities on their own. Department supervisors who participated in the LDP continuously mentored and coached their staff.

Health facilities that have gone through the LDP have put in place management and quality improvement committees that represent clients, health subdistricts, community health workers, local leaders, partner organizations, and community-based organizations. These committees allowed for ongoing review of progress on set priorities.

The LDP model was highly efficient because it promoted facility-based training and mentorship support. Through this approach, staff spent more time offering services and less time out of the facilities for training workshops. This also reduced costs associated with transportation and lodging for training.

Better Health Outcomes and Sustainable Improvements at Kagando Hospital

Kagando Hospital, located in western Uganda's Kasese district at the foot of the Rwenzori mountains, saw impressive results after going through the LDP. The 35-member LDP team transformed the way services were delivered. Team members institutionalized monthly planning and review meetings, developed their service and management skills, and improved their ability to capture and use data through on-the-job training.

The team identified obstacles and priority areas to tackle high maternal mortality and implemented actions to improve services for pregnant women such as:

- ▲ Providing family planning services through community outreach sessions;
- ▲ Conducting group discussions with male partners about the benefits of family planning;
- ▲ Carrying out health education talks at antenatal clinics and the hospital maternity ward, participating in radio talk shows, and training village health teams to provide information about family planning, HIV testing, and other health topics to potential clients;
- ▲ Providing free contraceptives obtained from STRIDES partners; and
- ▲ Ordering supplies before stocks run out.

As a result, staff and service records indicated improvements in maternal health outcomes. The in-charge of the maternity ward revealed a decrease in maternal deaths from an average of four a month to one or less because of increased efficiency and early referrals from the community.

Service records between March 2013 and March 2014 showed a 27-percent increase in antenatal visits and an 11-percent increase in the number of mothers delivering at the health facility. Contraceptive use among women of reproductive age increased from 7 to 13 percent during that year.

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Mothers attending the antenatal clinic reported in focus groups that services had improved enormously. They cited better service quality, including reduced waiting time, respectful care, friendly staff, a clean environment, and clear information on where to access specific services. Other improvements at the hospital included averting stock-outs of contraceptives, expanding outreaches, integrating HIV & AIDS and maternal health, and increasing testing among pregnant women.

At Kagando Hospital, the LDP resulted in staff and managers who acted as agents of change, a workgroup climate that supported commitment to continuous quality improvement, and increased access to and use of services as a result of improved leadership. ■

Photo by TADEO ATUHURA



Improved Care at Kagando Hospital Saves a Mother and Her Baby

Rachael Kabugho and her daughter, Bira, after delivering at Kagando Hospital

After five hours of labor, Rachael Kabugho was in excruciating pain. The staff at Bwera Hospital in western Uganda examined her but they lacked the clinical skills to determine why the birth wasn't progressing. Meanwhile, Kabugho was getting weaker and her pain was becoming worse. Fears were growing that the 29-year-old mother of three and her baby would not survive.

The record for labor and delivery in Uganda's rural health facilities didn't bode well for a positive outcome. Fortunately, for Kabugho, the Bwera staff referred her to Kagando Hospital where its head nurses had been trained in clinical and leadership skills through STRIDES.

The training enabled staff to quickly assess Kabugho and determine that the baby was malpositioned, making a vaginal delivery both difficult and dangerous. Staff then promptly opted for cesarean delivery, saving Kabugho and her new daughter, Bira.

Once afflicted by poor emergency care services, a high maternal mortality rate, and few trained staff, Kagando Hospital's service delivery has been steadily improving since 2012 when STRIDES first began working with the facility, according to hospital staff.

"Before STRIDES' training our providers were not working together and we could not identify solutions to the many problems at our hospital," said Esther Atolere, Kagando Hospital's Principal Nursing Officer. "After the trainings, all this changed. Kagando Hospital now has a committed team with the capacity to solve any challenges that hinder service delivery or access to health care. Our patients are now satisfied with our services."

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This contribution to the legacy series was developed by Henry Kakande, Tadeo Atuhura of STRIDES for Family Health, and Fabio Castaño of Management Sciences for Health, with contributions from the following STRIDES for Family Health colleagues: Celia Tusiime Kakande, Thomas Emeetai, Miriam Mutabazi, and Rita Lulua.

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