

### Impact of Leadership Development on Sustainable Health System Performance in Kenya: Assessment of Institutional Priority Improvement Projects using the Challenge Model

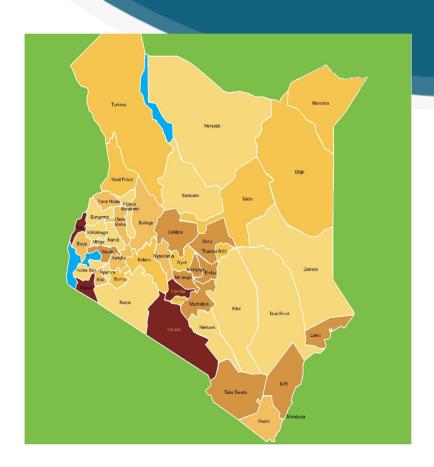
Presenter: Tecla C. Kivuli

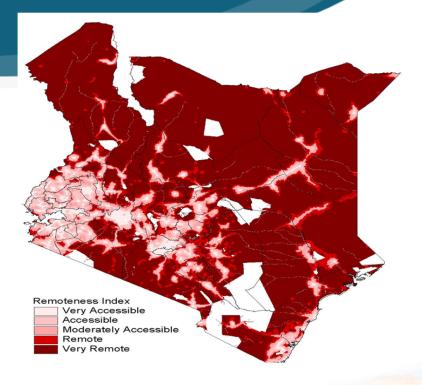
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### Administrative and Infrastructural representation of Kenya









### Devolved health system and its Challenges

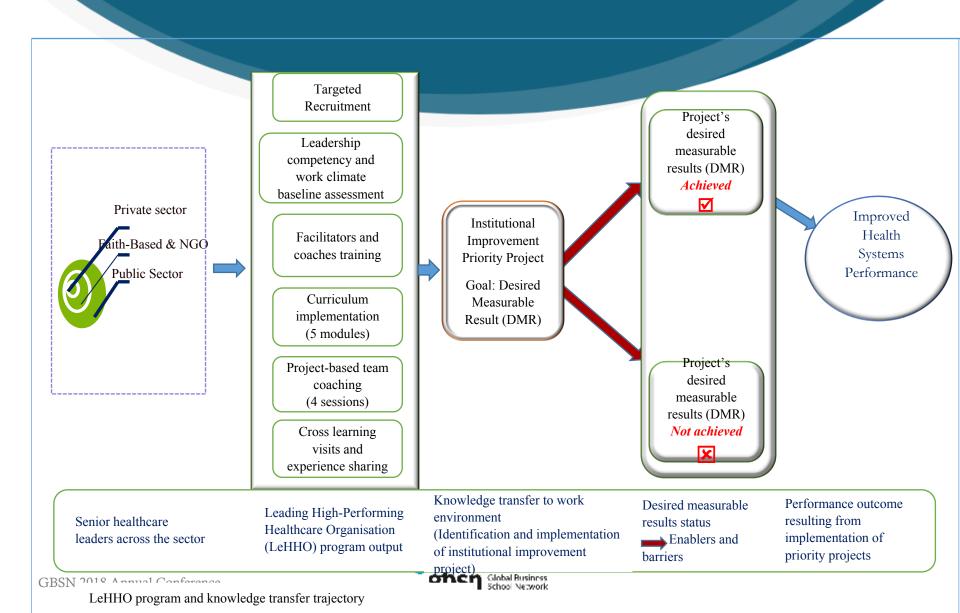
- \$8 trillion in global health care spending.
- Kenya-New constitution (Mdg, Sdg & vision 2030).
- Devolution was the way to ensure health services is universal.
- Capacity building gaps 61% leaders not prepared,
- 6% government budget.

### **LMG Training Approach**

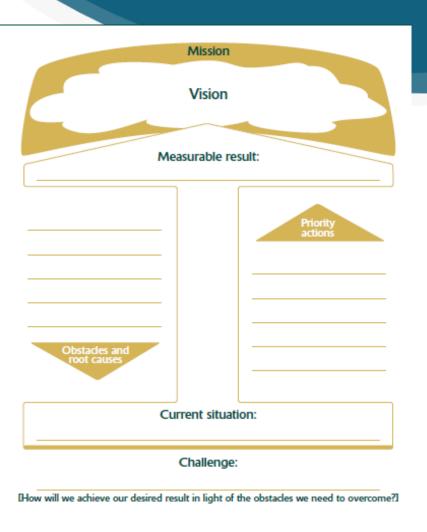
- (MSH, Strathmore, MOH and USAID) 2010-2016
- Target team recruitment
- case methodology
- peer-cross learning
- challenge driven
- team-coaching



### Leading High-Performing Healthcare Organisations (LeHHO



## The Challenge Model



priorities priorities

- 2. Create a shared vision
- 3. Agree on one measurable result
- 4. Assess the current situation
- 5. Identify obstacles and root causes
- 6. Define key challenge
- 7. Select priority actions
- 8. Develop action plan
- 9. Implement action plan
- 10. Monitor and evaluate the progress

# Results

Group	Year	Public Sector	Private Sector	Faith Based & NGO	Total	Project Teams
Cohort 1	(2010-2011)	12	2	1	15	
Cohort 2	(2011-2012)	22	-	9	31	
Cohort 3	(2012-2013)	30	1	-	31	<b>\</b> 69
Cohort 4	(2013-2014)	25	1	9	35	
Cohort 5	(2014-2015)	17	7	1	32	
Cohort 6	(2015-2016)	11	6	1	21	)
Graduates by 2016		117	17	31	165	

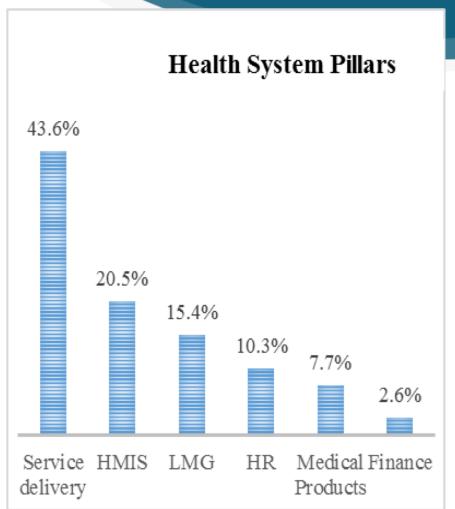


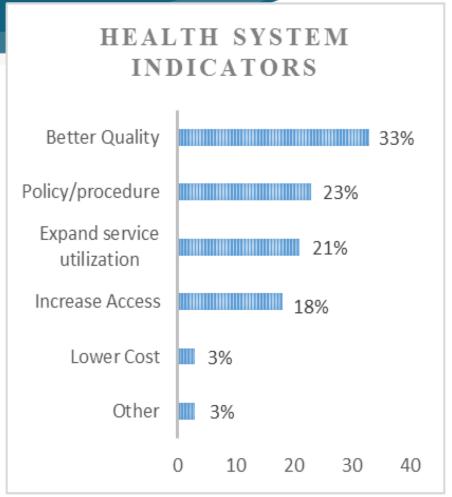
## Characteristics?

Item	Category	Frequency (No)	Percentage (%)
Sex	Male	16	41%
	Female	23	59%
Age Category	26-35yrs.	1	10%
	36- 45yrs.	13	33%
	46-55yrs.	19	49%
	>55yrs.	3	8%
Highest Education	Bachelor degree	12	31%
Level	Master degree	23	59%
	Doctoral degree	1	3%
	Others	3	8%



# Health system indicators addressed

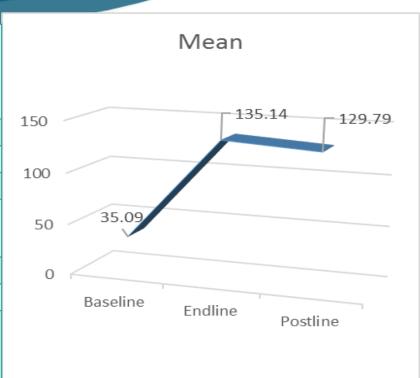






# Were results achieved and sustained?

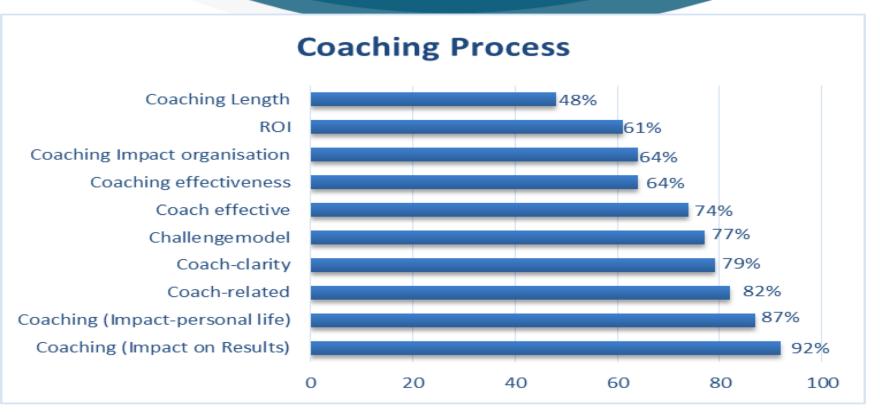
Priority Project	Desired	Results
(Health System Pillar)	Measurable	Sustained
	results	
	Achieved	
Health Financing (n=1)	1	1
Human Resources (n=4)	2	2
Medical Products (n=4)	3	3
Leadership and Governance	7	6
(n=7)		
Health Information (n=8)	6	5
Service Delivery (n=15)	14	12
Total (n=39)	33 (85%)	29 (88%)



Paired-sample t-tests P=0.034 for baseline and endline and for endline and post-intervention P=0.235 Means (35.09, 135.14 & 129.79)



# Role of coaching and challenge model



92% of the LeHHO alumni reported that achieved results were highly attributed to the coaching process



# Enablers and Barriers to achievement of Desired Measurable Results (DMR)

### **Enablers**

- 1. Team work/work climate Targeted team recruitment
- 2. Effective Curriculum
- 3. Real time knowledge transfer to work place challenge
- 4. Coaching trajectory and conversation
- 5. Good will and buy-in from senior management and politicians
- 6. Constant scanning and focusing
- 7. Others- Devine intervention

### **Barriers**

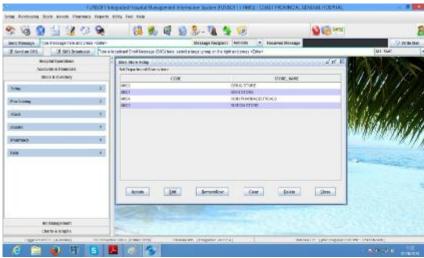
- 1. Unproductive Politics
- 2. Inadequate management support
- 3. Human resources capacity
- 4. Inadequate team work
- 5. Scope of the project



# Annexes: Tangible evidences

• DMR: To have a fully automated inventory management system for pharmaceuticals, non -pharmaceuticals, kitchen and x-ray







## Laboratory automation





### **After**



### **Before**

- Hand written requisitions and results
- The work is tedious
- Transcription errors are common
- Illegible hand writing
- Time consuming /wasting



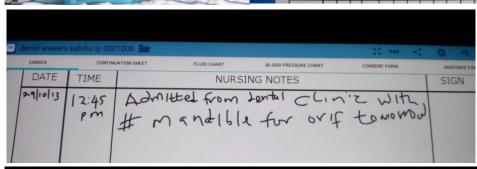
# DMR: To pilot on Electronic medical records of inpatients in 2 wards

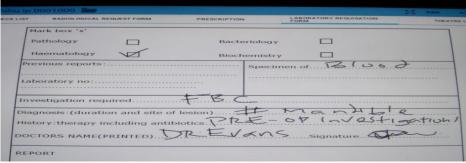
#### **Before**



- Litigation issues.
- Low /No Confidentiality.
- Difficulty in access of complete patient data.
- Compromised patient care.
- Time loss.
- Reduced Accuracy in diagnosis
- Easy to edit thus theft







### Acknowledgement

- LeHHO alumni
- SBS team
- MOH
- MSH
- USAIDGBSN