

### WHAT WAS THE PROGRAM?

In January 2006 the Leadership, Management and Sustainability Program (LMS) of Management Sciences for Health (MSH), in collaboration with the USAID-funded EngenderHealth/ACQUIRE Project and the Tanzania Ministry of Health (MOH), initiated a six-month Leadership Development Program (LDP) in Kigoma, a remote rural province in western Tanzania. The aim of the collaboration was to integrate leadership and management development into ongoing technical assistance in an ACQUIRE-led family planning program in order to revitalize family planning in the region and ultimately improve maternal and child health through performance improvement at the service delivery level.

MOH staff from six health facility teams and three district teams participated in the program. With the assistance of ESAMI staff and a local consultant, three LDP workshops were delivered in Swahili. Between the initial workshop and additional workshops in March and June 2006, Kigoma ACQUIRE and district level MOH staff provided follow-up coaching to the teams to help them refine their action plans and apply the leadership and management skills they learned in the workshops.

### THE CHALLENGE

Early in the LDP, teams were asked to scan—to review their family planning data to assess service delivery weaknesses and strengths. Originally of the opinion that they were doing relatively well, participants realized that they were achieving only modest results vis-à-vis family planning utilization. District teams acknowledged that health centers were under-performing, in part due to poor coordination between district activities and those of the health centers within their jurisdiction, resulting in situations where health centers felt isolated and unsupported.

### WHAT WERE THE IMMEDIATE RESULTS?

Teams responded well to the participatory approach of the LDP. Several nurses who attended the first workshop revealed how they would seldom speak up and simply performed what was requested of them. By the third day of the workshop they were standing before the entire group of participants and facilitators to present their group's identified challenge.

The participating teams successfully used the tools introduced in the program, including the priority matrix to engage stakeholders and to identify priority activities, action planning, resource mobilization, and monitoring and evaluation (M&E) planning. As a direct result of their data analysis, teams reallocated health personnel to ensure adequate human resources were available for family planning counseling and service delivery; mobilized resources, including transportation for outreach services; provided training and refresher training for providers of family planning; and raised awareness in the communities served by the facilities about the importance of family planning for the health of women and children.

### WHAT WERE THE LONGER TERM RESULTS?

All of the teams selected increasing the number of new family planning clients as their challenge. As of December 2006, one year after the start of the LDP, the average number of new family planning clients per month had increased in all nine participating health facilities—in one by as much as 80%. The chart in Figure 1 compares the performance of the nine health facilities between 2005, before the program began, and 2006, during and after the LDP. Two of the six health centers reported achieving less than a 20% increase in new family planning clients: Kakonko Health Center reported an increase of 7% and Kiganamo Health Center an increase of 2%. During the program both facilities suffered contraceptive stock-outs because of a lack of district transport to supply long acting and commodities for permanent methods. Nyakitonto, Nguruka, Rusesa, Kifura, and Bitale health centers and Kibondo and Kasulu district hospitals increased the average number of new family planning clients per month by 52%, 51%, 20%, 61%, 80%, 20% and 38%, respectively.

Kigoma District Council did not implement an action plan directly. Rather it replicated the workshops in five small dispensaries in its catchment area. The chart in Figure 2 compares the average number of new family planning visits per month at the five dispensaries before the LDP with the average monthly performance during and after the LDP. Even at this basic level in the health system, four out of five of the dispensaries, Mwazizega, Kasuramemba, Kaseke, and Manemba, were able to increase new family planning visits – by 33%, 36%, 50% and 53%, respectively.

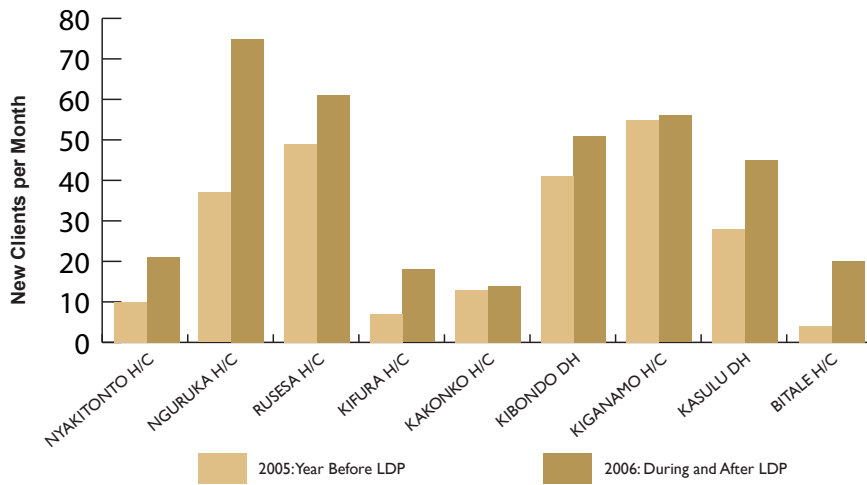


Figure #1: Average Number of New Family Planning Clients per month in Health Centers Participating in the Leadership Development Program, Kigoma Region, Tanzania

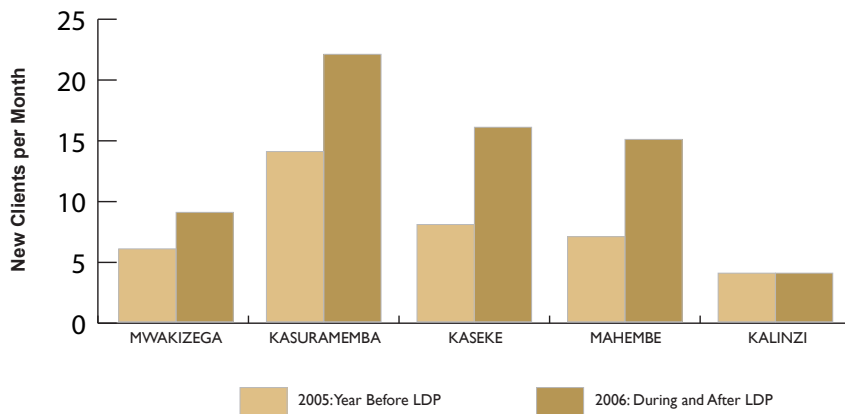


Figure #2: Average Number of New Family Planning Clients per month in Dispensaries Participating in the Leadership Development Program, Kigoma Region, Tanzania.

## WHAT DOES THE FUTURE HOLD?

The chart in Figure 3 demonstrates that overall, the average number of new family planning clients per month increased by 33% in health centers/district hospitals and 62% in dispensaries. These impressive results have motivated the Kigoma LDP facilitators from ACQUIRE and the MOH to scale up the program to 20 more dispensaries and health centers in two districts on their own without technical assistance from the LMS Program. As a first step, they held a workshop in October 2006 to empower lower level facility staff and equip them with leadership and management skills to strengthen health service delivery.

## CONCLUSION

Health centers, district hospitals and dispensaries in Kigoma successfully applied management and leadership skills learned in the LDP to the challenge they faced of expanding family planning coverage in the region. The ACQUIRE Project, LMS Program and MOH facilitators demonstrated that integrating the LDP into a service delivery project was effective in improving the performance of health units.

Figure #3: Average Number of New Family Planning Clients per month in Health Centers and Dispensaries participating in the Leadership Development Program, Kigoma Region, Tanzania

