USING LEADERSHIP SKILLS TO INCREASE FACILITY DELIVERIES:
The Case of Gotani Health Center
Leadership and Management Skills Help Gotani Health Center Improve Maternal and Child Health Outcomes

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**Front Cover Photo**
Expectant mothers at Gotani Health Center

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The importance of skilled management and inspired leadership are increasingly evident to those who are working to improve health system performance. Many of the critical challenges facing Kenya’s health system, including scarce resources and the changes resulting from devolution, are exacerbated by weak or absent management and leadership skills. This document, published by USAID’s Leadership, Management and Sustainability Program in Kenya, is the first in a series that highlights effective practices in management and leadership that are making a difference in service delivery in Kenya. Effective Practices are programmatic approaches related to leadership and management that help to improve the health system or health outcomes. Through this series, LMS/Kenya hopes to inspire individual teams and organizations to consider and replicate these practices to achieve their own goals. This publication focuses on improving maternal and child health, using a case study from Gotani Health Center, and illustrates how leadership and management skills helped Gotani team to improve maternal and child health outcomes.
A. Success Story

**Gotani Health Center Achieves Tremendous Improvement in Maternal and Child Health Outcomes**

Facility-based delivery is considered critical in ensuring provision of timely emergency obstetric and newborn care when life-threatening complications arise. Yet, in Kaloleni district, many mothers choose to deliver at home with the help of traditional birth attendants (TBAs), compromising the health of both the mother and baby.

The USAID and PEPFAR-funded Leadership, Management and Sustainability Program in Kenya (LMS/Kenya) delivered a six-month Leadership Development Program (LDP) to a number of health facilities in the Coastal region in 2011, including Gotani Health Center. The LDP provides an opportunity for health managers and their teams to identify service delivery challenges and improve health services by developing their leadership capacities. During this program, the Gotani team embarked on a journey to address the low number of women delivering in their facility. The team set a goal to increase the average number of women delivering at the facility each month from 15 to 30 within six months.

The team applied the leading and managing practices they had learned during the LDP – such as scanning their environment, setting their targets and priority actions – to achieve their result. For example, they analyzed their environment and realized that many mothers suffered complications as a result of delivering at home with the help of Traditional Birth Attendants (TBAs). They further determined that the reasons women preferred to deliver their babies at home included cultural practices, lack of knowledge on the health benefits of facility-based delivery, lack of transport, and the fact that most facilities did not operate for 24 hours. Armed with this knowledge, the team then set priority actions aimed at overcoming these barriers. For example, they began building the awareness of all community members on the health benefits of facility deliveries. In addition, they opened the facility to operate 24 hours a day, seven days a week to accommodate mothers who delivered at night, and partnered with motorcycle riders to provide transport to mothers both to and from the facility.
By the end of the six months these efforts resulted in an increased number of mothers delivering at the health facility, with the number rising from a monthly average of 15 in October 2011 to 30 in April 2012. By October 2012, the number had risen further to an average of 45 women. The team remained committed to sustaining these results by continuously applying leading and managing practices and inculcating them among all staff and stakeholders, who then examined their environment for new challenges and obstacles, set measurable targets and identified priority actions to improve services. In addition to increasing the number of women delivering in the facility, the application of leading and managing practices at the facility yielded additional results. For instance, the number of women exclusively breastfeeding their babies from birth to six months rose from 100 to 345, while the number of women taking long-acting family planning methods increased from a monthly average of three to 40 as a result of the health education initiated by Gotani staff.

“A client of Gotani Health Center.”

“The first two children that I delivered through a TBA, developed chest complications because of the cold they were exposed to. But when I decided to deliver my third child in a health facility, I saw a difference.”
B. About Gotani Health Center

Gotani Health Center was first established in 1942 as a private facility for soldiers, and then became an outreach facility for Saint Luke’s Mission Hospital in Kaloleni. By 1960, Kaloleni District took over the management of Gotani, making it a public facility. For 50 years, the dispensary provided basic health services for the surrounding community. By 2010, Gotani could only offer preventive and curative care based on clinical symptoms because lab services were unavailable. The facility was serving an average of 80 to 90 outpatients and delivering 15 babies each month. Today the facility is one of the Government of Kenya’s model health centers, providing a range of primary health care services to an average of 120 outpatients per month, and operating a 24-hour maternity. In October 2011, Gotani Health Center was chosen by the Coast Provincial Director for Health to participate in the Leadership Development Program (LDP), facilitated by the USAID-funded Leadership, Management, and Sustainability Project (LMS/Kenya) implemented by Management Science for Health (MSH). Gotani is also a beneficiary of the Output Based Approach (OBA), a reproductive health voucher program by the Ministry of Health, supported by the German Financial Cooperation (KfW). The program, which was launched in 2005, incentivizes access to women’s reproductive health. The program reimburses health facilities for every birth, meaning that mothers with vouchers do not pay for maternity services.

C. Increasing Facility-Based Births

Increasing the number of mothers giving birth in health facilities is a key priority of the government of Kenya and all health facilities have targets related to this priority. Increasing facility-based deliveries contributes toward the elimination of maternal and neonatal disabilities and deaths. Gotani Health Center stands out in this area because of the way it has continuously raised the number of mothers delivering in facility as well as influenced other factors central to improving maternal and child health outcomes. This section highlights how Gotani achieved these impressive results.

1 Model health centers are a product of Kenyan Government comprehensive reform initiative covering infrastructure development, promotion of preventive care and devolved management of health centers. This initiative was undertaken under the Economic Stimulus package to improve primary health care intervention at the primary health facilities for the benefit of the community.
1. Setting a Measurable Result to Increase Facility-Based Births

To realize their vision of “a community free from maternal and newborn morbidity and mortality,” the Gotani team determined that increasing the number of pregnant women who delivered in the facility was important. Only an average of 15 women delivered in the facility every month. This meant that the facility fell short of their annual target of 213 as set in their annual work plan. In conjunction with the launch of the LDP in October 2011, the Gotani staff decided to work on increasing the number of women delivering at the facility from a monthly average of 15 to 30 by April 2012.
2. Scanning the internal and external environment to determine the situation, the root causes and obstacles

Gotani staff members carefully examined the facility’s internal environment as well as the external environment to determine the current situation of facility-based delivery in the catchment area. Here, they compared the number of those mothers who took their children for immunization with the number of mothers who delivered at the facility. They realized that the number of children immunized at the facility was much higher than those who were delivered there. They also interviewed mothers who sought treatment at the facility to find out why they were not delivering at a health facility. Additionally, staff participated in chief’s barazas (public forums convened by the local administration to discuss issues affecting the community) and community outreach programs through community health workers (CHWs) to better understand the community’s points of view. Through these methods, they determined that many mothers preferred to deliver at home with the help of traditional birth attendants (TBAs). As a result, many mother and newborns suffered complications from the childbirth process, including contracting infections, because TBAs did not have the knowledge, skills and equipment to detect complications at an early stage and deal with them in a timely manner.
Through these methods, Gotani determined that the obstacles to facility-based delivery included:

a) Cultural beliefs that equated delivery at health facilities to cowardice. Mothers also indicated that their husbands, who are the decision makers in the household, did not approve of delivery in a health facility due to cultural practices that required women to deliver at home under the care of their mothers in law. In addition, women avoided health facilities because they were staffed by male nurses and they did not want men to be present while they were delivering.

b) Facility operating hours limited services to the daytime yet many deliveries occurred at night, requiring 24-hour operation. The limited hours were due to inadequate staff and lack of electricity in the maternity area.

c) Preference for TBAs because of the extra mile they went to make mothers comfortable and feel cared for. For example, TBAs provided mothers with hot water for bathing, porridge to drink after delivery and a shawl to swaddle their newborns; these services were not offered to mothers who delivered in health facilities.

d) Lack of knowledge on the health benefits of facility-based delivery.

3. Setting priority actions to overcome the obstacles

After identifying the obstacles and root causes, Gotani Health Center leadership and staff set priority actions to overcome them. These included:

a) Community engagement

Gotani employed an approach referred to as ‘education through listening’ where the communities took the lead role in finding solutions to their problems. To achieve this, Gotani participated in chief’s barazas and also held meetings with CHWs and interviewed clients who sought services at the facility. Through these forums, Gotani facilitated the sharing of knowledge among community members, especially regarding the importance of facility-based delivery and dispelled the myth that delivering at a health facility was cowardly.
A community health worker noted, “Each CHW is in charge of up to 20 households. During our regular meetings we educate mothers on the importance of facility delivery and we encourage them to deliver at a health facility. We also educate the TBAs on the importance to encourage mothers to deliver at a health facility. Our efforts have seen many mothers now choosing to deliver their babies at a health facility.”

b) Partnership with Traditional Birth Attendants

Rather than view TBAs as an obstacle to increasing facility births, Gotani staff chose to engage them as allies and partners. Health center staff held meetings with the TBAs to share information with them on the benefits of facility-based delivery and urged them to refer and encourage mothers to deliver at a health facility. Recognizing that the objective of increasing facility-based births would deprive TBAs of their prestige and livelihood, Gotani found ways to include them in the process by engaging them as birth companions. The health center was able to pay the TBAs KShs 200 for their services. As a result of this, the number of mothers delivering at the health center has increased because TBAs now prefer to refer mothers to the health facility rather than deliver babies at home.
"Since I was taught, I now know the importance of delivering at a health facility. Whenever a mother comes to me for delivery, I tell them I cannot help them from here. Instead I direct and take them to the health facility for delivery."

Jane Ngunga, Traditional Birth Attendant, Kayafungo Village.

TBAs with mothers after they delivered their babies in the health facility.
c) Operating 24 hours to expand maternity services

To achieve this goal, Gotani undertook a number of actions:

i. **Connecting maternity ward to electricity:** The leadership and staff of Gotani held a meeting to brainstorm on how to connect the maternity wing to electricity which would enable the center to operate 24 hours each day. They examined their budgets and decided to use the money from the OBA program to accomplish this.

ii. **Addressing staffing issue:** As a first step, the leadership decided to re-organize the shifts of available staff to work longer hours. To ensure that staff stayed committed, they motivated the staff by acknowledging their efforts publicly and giving them lunch whenever they worked for extended hours. As a second step, the leadership assessed the facility’s staffing needs and then sent a request to the Ministry of Health to provide them with additional staff. This request was granted and within two months of the request, the Ministry of Health provided the facility with seven additional staff.

iii. **Sensitizing community on the 24-hour operation:** Gotani used chief’s barazas and their notice boards to inform the community about their new schedule of 24 hour services. Nurses and other service providers communicated this message to any client they served and encouraged them to share the information widely. In addition, the facility used TBAs and CHWs to disseminate the information.

4. Working towards continuous improvement

In order to sustain the results and to foster a culture of continuous improvement, Gotani leadership has institutionalized the leading and managing practices described above. Staff and leadership embody these practices in their day to day work. They continuously scan the environment to identify new challenges, obstacles and root causes and then set priority actions to address them. For example, after achieving the measurable result of increasing the number of mothers delivering at the facility from a monthly average of 15 to 30 in just six months, Gotani
scanned again to determine what other obstacles prevented mothers from delivering in the health facility. Transport was identified as another key barrier because mothers had to travel long distances to access the health facility. In addition, the vehicles had a hard time reaching the facility because of the rough terrain surrounding it. To overcome this obstacle, the health center staff decided to provide roundtrip transport for women delivering at the facility. They analyzed the cost implications and set aside a budget from the available resources. They then identified motorcycles, also known as *boda bodas*, as the kind of transport that would be appropriate for the terrain in their catchment area and held a meeting with the *boda boda* drivers to enlist their support. The drivers agreed to transport the mothers to and from the facility.

> “Since we started this partnership, we have helped mothers a great deal. Even when am called late in the night to pick and transport the women to the facility, we always find health staff ready to take care of them.”

Omari Ngonyo Katana, motorcycle rider.

Health facility staff sensitized mothers and the community at large on the new transport arrangement by giving the telephone numbers of the drivers to women attending antenatal clinics (ANC) and other mothers and clients who sought services at the facility. This intervention increased the monthly average of mothers delivering at the facility from 30 in April 2012 to 45 in October 2012.
Having addressed and met targets around women delivering in the facility, the team decided to tackle other challenges. Upon observing that many mothers were seeking treatment for their infants for infections related to diarrhea and malnutrition, the team once again looked at the root causes. They realized that many mothers were not exclusively breastfeeding their children and then determined a series of priority actions to foster exclusive breastfeeding among all mothers in the catchment area. This included enlisting the support of CHWs and participating in chief’s barazas to educate mothers on the health benefits of exclusive breastfeeding until babies are six months old, the importance of good nutrition for lactating mothers, and hygiene practices for handling infant feeds. The CHWs helped to create a breastfeeding support group made up of breastfeeding mothers, CHWs and Gotani nurses.

This intervention has increased the number of mothers exclusively breastfeeding their infants from 100 to 345, an aspect that has reduced the number of cases of malnutrition and diarrhea from 50 in October 2012 to 15 in April 2013.
Gotani used the same approach to increase the number of women using long-acting family planning methods from a monthly average of three to 40.

D. Enabling Environment

The tremendous success achieved by Gotani is partly due to flexible budgets as a result of reimbursements from OBA program. This made it possible for Gotani leadership to allocate funds to cater for transport, connect the maternity section to electricity and address other obstacles. Additionally, staff could immediately focus on increasing service uptake with minimal infrastructure expansion or resource mobilization because the facility generally had adequate supplies and equipment.

However, it is important to note that while these factors supported the success of the Gotani team, they are not prerequisites to success. Each team and working group has their own set of enabling factors that it can strategically use to support their success. The key is how teams take advantage of and leverage the assets and resources that exist in their environment. This will contribute toward any team’s
success. For example, the Gotani team reallocated finances obtained from the OBA to finance transport and connect the maternity to electricity and expanded maternity services, instead of waiting for the Ministry of Health headquarters to address these challenges.

E. Personal and Team Leadership

Of the many things that leaders and managers do, inspiring teams and providing a clear vision to achieve the desired goal is perhaps the most critical. This action of inspiring is as versatile as the leaders and teams working in facilities and can manifest itself in many ways. However, regardless of the forms it takes, inspiration and commitment toward achieving the team’s vision requires a common factor; a strong belief on the part of each individual, on the importance of and ability to achieve the teams shared vision. Gotani leadership team clearly demonstrated how inspired teams can surmount their obstacles to achieve results.

“Leadership and management skills helped us achieve our measurable results and also improve other maternal and child health outcomes.”

For example, the Nursing officer in charge, Veronica Kumbambayi, noted, “Although we had a shortage of staff that resulted in longer working hours, we continuously motivated them to do more. To achieve this, we clearly communicated the desired results to them, defined their roles and the actions they needed to take to achieve them. We also publicly acknowledged those who demonstrated exceptional per-
formance. These little acts really motivated our staff who worked longer hours to ensure that we achieved our goal.”

The Gotani staff also shared the same view. A nurse noted, “Here, the leadership really values our work. They involve us in making decisions about the priority actions. They also recognize whenever we work hard to achieve our results. This really motivates us and has made us want to do more. What’s more, they have inculcated in use the leadership and management principles such as setting a measurable result, scanning our internal and external environment and taking priority actions. Using these practices, we have realized significant results in both our workplace and private lives.”

For the nursing officer in charge, the application of leadership and management principles such as setting a measurable result, understanding the internal and external environment and setting priority actions have not just been restricted to her professional work, but she is now applying them to her own life where she has realized great results. She noted “Using the leadership and management skills, I have achieved a lot in my personal life. For example, I set a measurable result to buy a piece of land to construct my house. I developed priority actions to achieve this result. Using this, I saved enough money, identified the piece of land and purchased. I am now making arrangements to construct the house. With leadership and management skills, you can achieve anything, there is nothing like impossible.”
F. Steps for Replication and Proposed Activities

The sustained increase in the number of mothers choosing to deliver at Gotani health center following the interventions is a clear indication of what health facilities can do to ensure that mothers seek skilled delivery. To realize the results achieved by Gotani, here is a list of steps along with proposed activities which we encourage you to use as a guide. Please note that while each of the steps is necessary for achieving results, the activities will likely vary depending on your particular facility and situation.

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| 1. Setting a measurable result | • Meet as staff and determine the result to be achieved  
• Make sure that the target is SMART (specific, measurable, achievable, relevant and time bound) |
| 2. Examine your internal and external environment to determine the current situation and root causes | • Check your records to see how many mothers are delivering at the facility  
• Compare this with the number of those children being brought to the facility for immunization. You may also compare this to the performance of other facilities in your catchment and your monthly targets  
• Hold a meeting with CHWs, participate in public forums like chief’s barazas to discuss the situation and elicit their support in determining the situation |
| 3. Scan your internal and external environment to fully understand the obstacles and root causes | • Interview mothers attending MCH clinics and other patients visiting the facility to determine why they do not deliver in a health facility  
• Undertake client exit interviews by giving questionnaires to patients visiting the health center to find out why mothers choose to deliver at home  
• Hold or participate in public forums such as chief’s barazas to better understand the community attitude toward facility based births  
• Involve CHWs and TBAs to collect information from households  
• Hold staff meetings to brainstorm on the obstacles |
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| 4. Set priority actions to address the obstacles and root causes     | • Examine your environment to determine the stakeholders that you need to involve. These may include heads of households (fathers/husbands), community leaders, TBAs, CHWs and community members  
  • Categorize the stakeholders by their levels of influence and interest and design measures to engage them - you could hold meetings with them, reach them through chief’s barazas and other public forums, community outreach through TBAs and CHWs among others  
  • Identify areas where you need the support of stakeholders  
    o Meet with them to discuss the areas and define the roles and benefits  
    o Enter into an agreement by for example signing a memorandum of understanding  
  • Determine the human and financial resources that you will need to address your challenge and where you will get them from  
    o For example, Gotani determined that they needed money to pay for transportation of mothers to and from the facility, they then had to look at their budget to see whether they could reallocate some money towards this or if they needed to identify other sources of funding  
    o You may want to develop a fund raising strategy  
    o You may also determine that you will require additional staff to expand maternity services. In this case, you will need to establish where you will get the additional staff. For example, when Gotani realized that they would need additional staff to provide expanded maternity services, they requested the Government to provide additional staff. Depending on your situation, you may consider requesting government for staff or partner with private sector to second staff  
  • Inspire and motivate your staff to commit to the goal of ensuring that as many mothers as possible deliver at the facility. You could publicly acknowledge those who demonstrate excellent performance or provide incentives to the staff  
  • Determine the kind of infrastructure and equipment you will require to offer expanded maternity services. For example, you may discover that you will need to acquire additional beds, install electricity, in order to provide the services. This requires additional budget. Hold a meeting to discuss how to acquire additional infrastructure and equipment and identify potential stakeholders or sources of funding (could be government, other donors). For example, when Gotani realized that they would need a budget to fix the electricity and pay for transport, they reallocated money from existing funds to cater for this. An example that you might consider is approaching donors to discuss funding for infrastructure expansion |
| 5. Work towards continuous improvement and sustainability             | • Institutionalize and inculcate these practices – situation analysis, setting targets/measurable results, identifying obstacles and root causes, setting priority actions and commitment towards continuous improvement – in all staff, stakeholders (TBAs, CHWs, heads of households, transport providers etc.) and beneficiaries (mothers). This could be through training/sensitizing them, involving them in seeking solutions to the challenges affecting the community, including this as a standing item for routine meetings (staff, stakeholder or community)                                                                 |
G. Reflection Questions

As you consider replicating these activities in your own facility, take a moment to reflect on the following questions:

1. What is your target? Why do you think that this target is reasonable? Does this target require you and your team members to stretch? (If not you may wish to increase your target)

2. What is the current situation in your area? How many women are delivering in your facility each month? What is prohibiting/discouraging women from delivering in the facility?

3. What are some of the enabling factors in your facility that you could use to help you achieve your desired result?

4. What kind of activities could you undertake to take advantage of your enabling factors and help you to overcome some of the obstacles toward achieving your desired result?

5. Which stakeholders in your area have an interest in seeing you achieve this result?

6. How would you ensure that your results are sustained?