




Effective Leadership and Management for MNCH

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Background

- Maternal, Newborn and Child Health (MNCH) an International and National priority
- Increased rather than declining mortality since 2000 despite increased availability and utilization of services
 - ▣ HIV epidemic
 - ▣ Poor quality of care
 - 40% of maternal deaths avoidable within the health system
 - 60% of perinatal deaths associated with health worker and/or administrative avoidable factors
 - 50% of child deaths related to health worker, 20% to health system

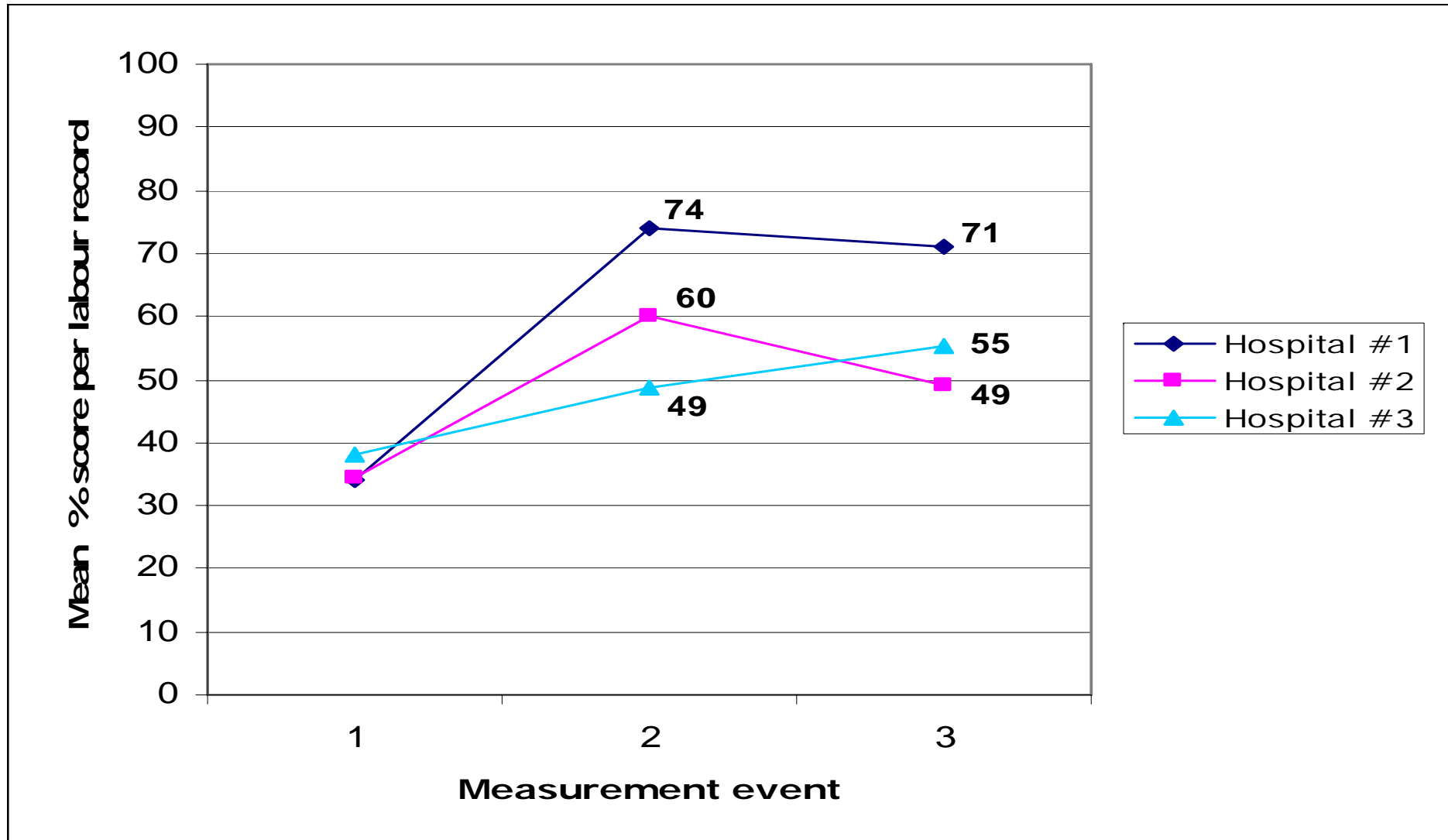
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- A decade of interventions to improve quality of care
 - Implemented in three provinces
 - ▣ KwaZulu-Natal, Limpopo Province, Eastern Cape

Progression



- From centralised training interventions
- To on-site mentoring and coaching
- From classroom-based development of knowledge and skills
 - ▣ Albeit problem-based/experiential learning with practical assignments
- To on-site accompaniment for context-specific problem solving


Mean overall percentage score per labour record, in each Level 1 Hospital, at three measurement events



Hindrances to success




- Poor sustainability
- Poor accountability of midwife and doctors
- Poor team functioning
- Organisation and management of health facilities
 - ▣ Inadequate supervision
 - ▣ No link between ANC and IPC
 - ▣ Poorly organised facilities
 - ▣ Irregular audit of the service

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- Organisation and management of the health system at higher levels
 - ▣ Not supportive of health workers
 - ▣ No response to deficiencies reported and clearly apparent
 - ▣ Little attention to staffing, structural and equipment norms

Principles for leadership and management development

- Work on-site
 - ▣ Geographical shift and attitudinal shift
- Build up individual integrity and capacity
 - ▣ Role modelling - sharing own qualities and competencies as a person, practitioner and leader
 - ▣ Assessing people in action, providing a more realistic assessment of their capacity
 - ▣ Implementing an apprenticeship approach to capacity development, taking people from where they are and moving them progressively forward

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- With teams
 - ▣ Collective ownership
 - ▣ Builds broader capacity
 - ▣ Promotes continuity of care between community, clinics and Level 1 Hospitals
 - ▣ Harnessing and sharing of resources
 - ▣ Sustainability
 - In relationship with management teams (at hospital and district level)

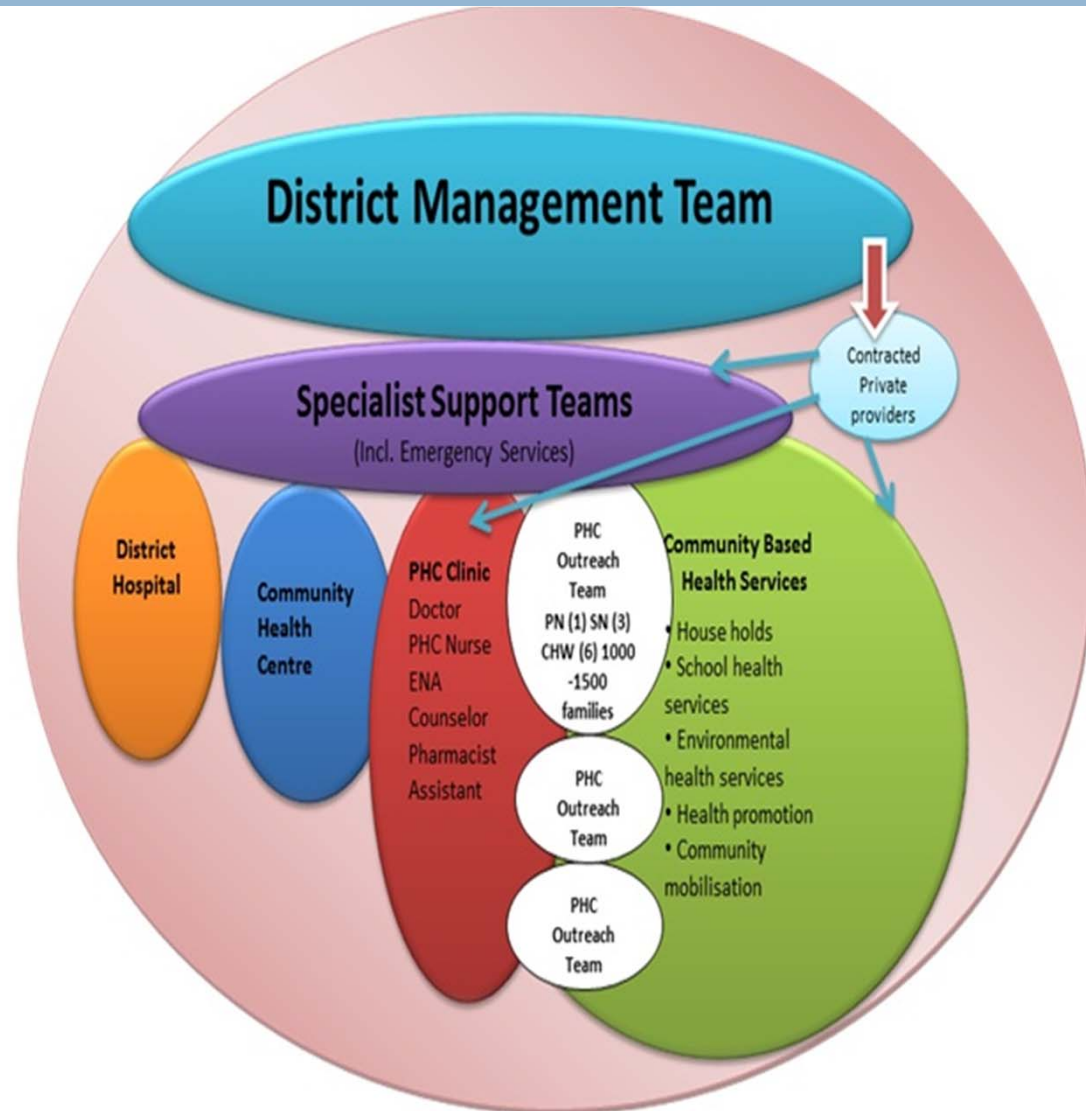


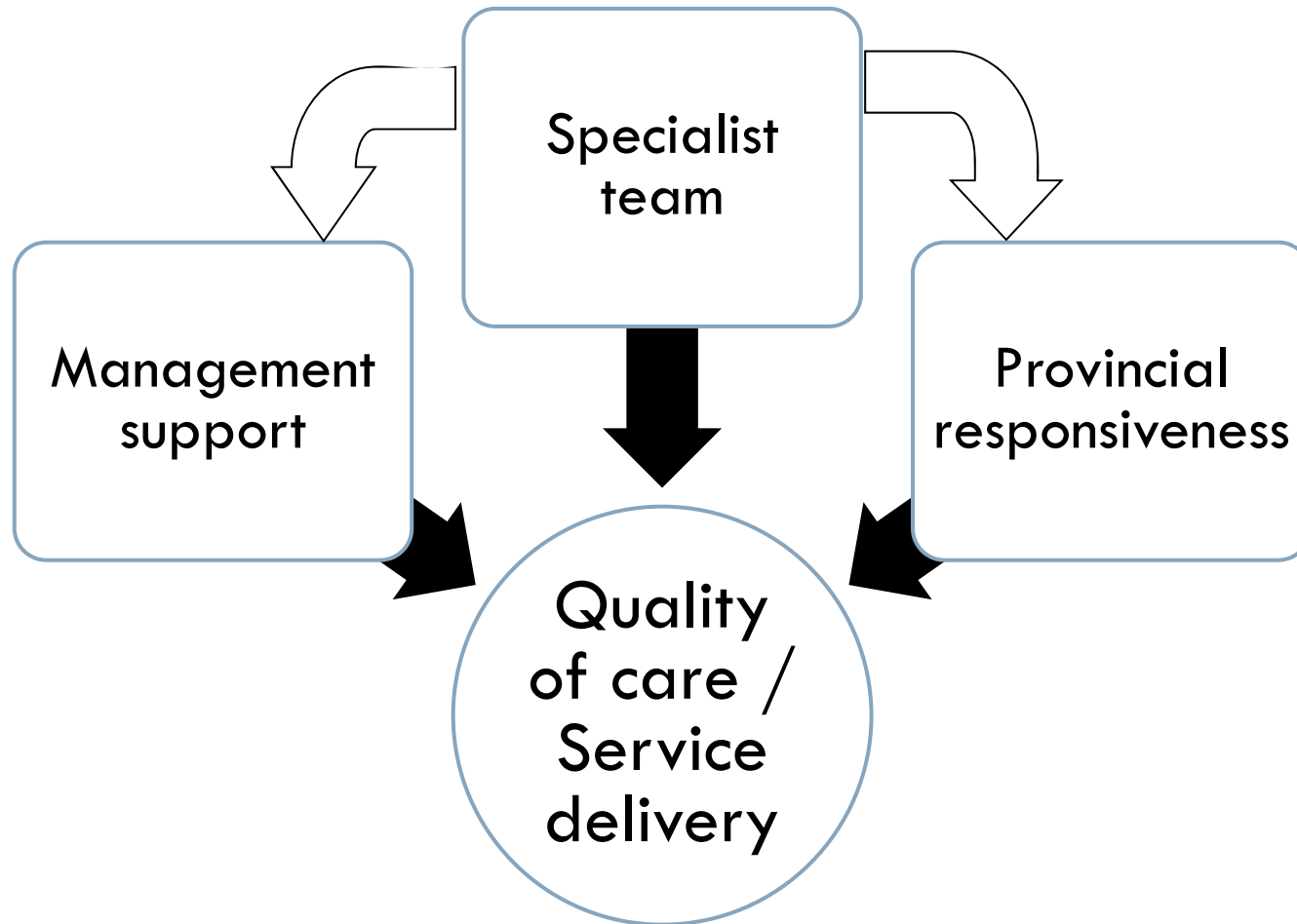
□ In collaboration with outreach consultants/Level 2 personnel for:

- Continuity of care between clinics, Level 1 and 2 Hospitals
- Standardisation of protocols
- Implementation of packages
- Increased accountability for clinical management
- Development of supportive outreach skills

New model proposed

Will this model work?



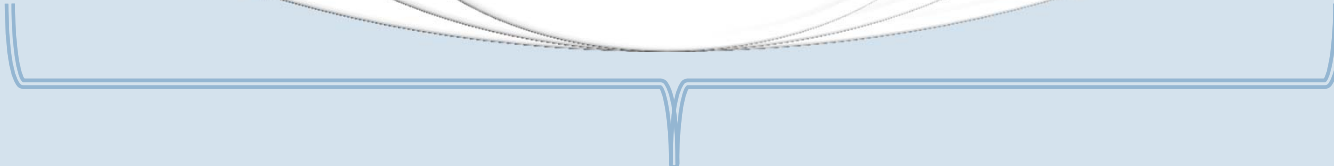


Context

**Health system
responsiveness/
governance**

Team excellence

**Personal
metanoia**
*(Impenduko,
Inguquko)*



Leadership effectiveness



Quality of care



Health Outcomes



**Health worker and
patient satisfaction**

Context

Questions for discussion?



- Health system non-responsiveness is a major hindrance to improving and sustaining quality of care
- Non-responsiveness to:
 - ▣ Poor discipline and accountability
 - ▣ Inadequate resource distribution and allocation
 - ▣ Poor supply chain management
 - Equipment supply, maintenance, repair
- Why?
 - ▣ But why?
- What needs to be done to increase response-ability?



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