

REPORT OF STRATEGIC MANAGEMENT AND LEADERSHIP TRAINING FOR GOVERNMENT OFFICIALS IN HEALTH (FAMILY PLANNING AND ROUTINE IMMUNIZATION) IN COLLABORATION WITH AMREF INTERNATIONAL UNIVERSITY, NAIROBI KENYA 9TH -13TH DECEMBER 2019

INTRODUCTION.

The development Research and Projects Centre (dRPC)-PACFaH@Scale project in partnership with Amref International University, Kenya, convened the Translating Knowledge into Practice - Strategic Management and Leadership Course for government officials in child and family health from the PACFaH@Scale focal states and the national level.

Course Objective

The objective of this training was to build the practical capacity of Health Managers on strategic management and leadership in health. The 5-day training focused on reorienting the managers and practitioners on pre-requisite knowledge on issues pertinent to the strategic direction of health care at a given level or organisation. The training exposed the selected 14 professionals to strategic management and leadership concepts, principles and application in their respective health programmes and settings.

Expected Learning Outcomes

By the end of the proposed five-day strategic management and leadership in health training, it is expected that the participants will be able to:

- Develop contextualized health systems strengthening interventions that reflect health systems thinking
- Apply the concepts and principles of strategic management and leadership in improving the health outcomes of beneficiaries
- Practice effective, strategic management and leadership
- Adapt strategic management approaches in discharging their roles in health service organization and delivery
- Translating knowledge into practice.

Course Content

This course consisted of the following modules:

- Module 1: Overview and Context of a Health System, Systems thinking and Health Financing
- Module 2: Strategic Management and Leadership in health
- Module 3: Overview on Immunization (EPI) and FP
- Module 4: Performance Management (PM Cycle, vision, mission, goal setting and performance planning) Results Based Management (RBM)

□ Module 5: Overview on Human Resources for Health

Target group We targeted government officials currently involved in programs implementation in the area of Family Planning and Routine Immunization at the National level and in Kaduna, Kano, Niger, Lagos, Enugu and Taraba states.

Delegates included

- **Dr Tijani Hussaini** (Executive Secretary, Kano State Primary Health Care Board)
- **Mrs Atika Bakari** (FP focal person, Taraba State Primary Health Care Board)
- **Dr Wada Imam Bello** (Director Public Health Kano State)
- **Mrs Okanlawon Juliana Idowu** (Senior FP officer, FP master Trainer/ RH unit Lagos State Ministry of Health)
- **Pharm Emily Olalere** (Director Pharmacy Practice, Pharmacy Council of Nigeria)
- **Dr Hauwa Kolo** (Director Community Health Services Niger State Primary Health Care Board)
- **Dr Ibrahim Idris** (Director of Public Health Niger State)
- **Dr Okaga Saidat** (Director Lagos State Child Survival Strategy unit)
- **Mrs Isa Safiya Inusa** (Kaduna State Ministry of Health)
- **Pharm Ahmed Ibrahim Babashehu** (Director Planning Research and Statistics, Pharmacy Council of Nigeria)
- **Dr Okafor Christopher Sunday** (Family Planning coordinator Enugu State Ministry of Health)
- **Dr Mohammed Ado Zakari** (Director of Hospital Services Kaduna State)

METHODOLOGY

The delivery of the course adopted the principles of adult learning, which are facilitative problem-based, applied to enhance participatory teaching and learning. Including;

- Modified lectures
- Question and Answer
- Small groups discussion and plenary sessions
- Supervised practice
- Case studies
- Individual and group assignments

Teaching and learning resources included the use of multimedia tools and aids, qualified and experienced facilitators, newsprints and markers, case studies, books/ manuals, journals, videos and soft copy materials.

The modes of assessment will included;

- Written post-tests
- Individual and group participation and assignments
- Individual demonstrations
- Course and facilitator/facilitation evaluation.

TRAINING NARRATIVE.

Day 1

The first day training was done off site.

The sessions were on Introductions and overview of Health systems and the context of health systems. In this session Dr Francis Namisi the head of department for trainings delivered a series of engaging lectures on the components of Health systems, characteristics of a functioning health systems comparing the East African experience to Nigeria and the challenges there in. This session was to lay a ground work for introducing the idea of strategic leadership in health systems strengthening for FP and RI implementation in Nigeria.

The course was participatory with delegates given the opportunity to brainstorm on health systems vs healthcare system, health systems strengthening vs health sector reforms culminating in the need for systems thinking by these delegates.

The delegates had the opportunity to share ideas and leverage on their experiences in highlighting areas in their services that could benefit from strategic leadership through the process of systems thinking.



Delegates with Dr Francis Namisi



Day 1 lectures with delegates.

Day 2

Day 2 of the Strategic management and Leadership course for FP and RI saw delegates taken on Strategic thinking, Key leadership competences, how to effectively adapt to the health environment, Strategic planning for health amongst others.

The delegates were given the opportunity to dialogue on challenges for effective delivery in FP and RI, this culminated in an opportunity to strategically plan and design solutions to some of the challenges. Day 2's session was more practical.

The learnings from today will feed into building some of their core competencies in their various states.



Day 3

Day 3 focused on team building for Strategic Leadership, Team management, management styles, performance management, the role of KPI, Performance Management cycles and approaches to performance planning for Health.

Day 3 was a very practical session for the delegates. The delegates were tasked on sharing challenges with regards to the FP and RI programs they implemented in their various locations and using learnings come up with solutions to them using the principles of strategic management from day 2.

This was followed by sessions on how the team constitution may affect implementation of programs, core competencies to look for in constituting a team from programs, visible signs of ineffective team work, team build strategies for efficiency and appropriate models to use in filling roles in team building. This session was particularly useful as from reflections most of the Directors and FP/RI coordinators saw team ineffectiveness as reasons why some of their programs implementation didn't work as expected.

Delegates also undertook sessions on designing a perfect team for chosen projects using the models taught after which presentations were made. This was particularly useful with the programs, they had the opportunity to constitute a team for FP/RI programs they were implementing. They hope to go back to rectify in their various directorate and locations.



Group work sessions



Group presentation by delegates.

Day 4 had delegates go through RBM approaches in performance Planning for FP and RI programs, its applications and conclusions on KPIs for FP and RI programs. This was a continuum of Day 3 with time spent on Performance management, role of Key performance indicators, Performance management cycles and results based management for FP and RI programs. During the course of the day, delegates were put through application of performance management cycle with group work and presentations.

Delegates were tasked to utilize the learnings to develop performance indicators for some of their ongoing projects from their directorate and states.



Presentation on KPI by Pharm Olalere



Group Photo with Course trainer Dr Maina

(Director of Policy and Pharmacy Practice PCN)

Day 5

Day 5's session, saw the delegates go through Routine Immunization and Family Planning key problems and underlying issues and their contextual scenarios. They observed the various levels defining underlying causes and followed through on learnings of developing and solving the issues using the Problem/ Objectives three model and the logical framework.

Following these learnings the delegates were tasked to come up with Projects that would be monitored in their various locations by issue areas. They committed to taking these developed projects back to strengthen the FP/RI status in their states.

The delegates were awarded certificates for the course and have committed to take the learnings to their directorate for implementation and cascading.



Delegates developing projects.



Delegates working on project plans.



Certificates awards following completion of short course.

PAS/AMREF ASSESSMENT RESULTS

The Strategic Management and Leadership training for FP and RI was a bespoke short course designed to increase the capacity of strategic government officials working in the aforementioned issue areas as part of the PAS mandate of capacity building for government officials and champions building for improved implementation of child and family health policies.

A post evaluation tool (questionnaire with open and closed ended questions) was designed (and tested for validity and reliability) to assess the status of the expected outcomes of the trainings, measure passion areas, relevance to current position, how the trainings will improve outcomes in their states, barriers to implementation and the likelihood of champions developed for child and family.

Analysis from the assessment tool

The assessment tool sampled information from 13 delegates in attendance. Out of which this was the first capacity building training in the past five years for seven (54%) of the delegates, with six having attended a strategic training in the past five years of their professional career.

Have you attended any training on Strategic Leadership in the past 5 years of your professional career?	Number of Respondents
Yes	6 (46%)
No	7 (54%)

Table 1

When asked how long delegates had held the positions they were currently in, seven of the delegates said less than one year, with two each spending one to two years and seven to eight years. One participant had stayed three to four years with another spending five to six years. Majority of the participants (54%) were under a year in their current position.

When enquired about which component of public health they were most passionate about and willing to take leadership on, majority chose Reproductive Health (7) with others identifying health promotion and systems strengthening, Immunization, Epidemiology and Disease control.

We asked how the training had improved their leadership capacity in public health, the following thematic responses were observed; Improved insight into team building and coordination for project success, Improved capacity for strategic planning, improved skills for performance management and appraisal, improved capacity for leadership and improved capacity for strategic design and implementation.

To what extent did the delegates characterize themselves as champions of child and family health?

To a great extent	To a moderate extent	To a limited extent	Not a champion
8 (62%)	5 (38%)	0	0

All the delegates saw themselves as champions with a majority of the delegates characterising themselves as champions for child and family health to a great extent whilst the remnant five to a moderate extent saw themselves as champions for child and family health.

Post training, we sought to find out from the delegates which session they found most relevant to the development of their professional careers and why. More delegates appraised the Team building with its core competencies as most relevant with a modal response. Strategic management was highlighted as second most relevant, followed by performance management. A couple of respondents found all the sessions relevant and after being unable to identify most relevant sessions.

We sought to enquire which specific action the delegates will implement to increase child and family health outcomes following the training, the following commitments were observed;

- Reconstitute my team with the core competencies for effective performance.
- Strategic planning of programs and deployment of the logical framework for programs.
- Improve team building in my department.
- Strategic planning and team building.

- Address Family Planning commodities stock outs.
- Cascade down the training to FP providers in the states.
- Support performance management and design appraisal systems.
- Promote advocacy
- Capacity building for the department.
- Assignment of specific targets to FP coordinators and PHCs in the states.
- Implement the Belbin model for impact
- Cascade the training to members of the team.
- Cascade trainings to subordinates.

When we asked what barriers they envisaged to the success of the activities they previously highlighted, they responded with the following thematic findings;

- Lack of funds
- Resistance to the change by superiors and/or their departments.
- Lack of qualified personnel
- None.

Most of the delegates responded by noting that a lack of funds for implementation of the activities and resistance to change by superiors and other members of the department served up the greatest barrier to implementation. Others noted that a lack of appropriate personnel was an issue. Two of the respondents however said no barriers existed.

The assessment tool sought to find how the dRPC could be of support to achieve some of the highlighted activities. The following thematic responses were gotten:

- Provision of support for step down/cascading of the trainings.
- Provision of some of the resources required for the activities.
- Mentorship and supportive supervision
- Support for organizing half yearly follow up meetings.
- Support for development and deployment of appropriate strategies
- Increase capacity building for the Executives.
- Support the goals through advocacies, communications and social mobilization to the Executives.
- Support by continued partnership.

OUTCOMES AND REFLECTIONS

The outcome of this training was the development of a new batch of champions for child and family health issues. Their capacity built on strategic leadership to improve performance in their various locations. This was evident in some of the work plans developed by the delegates.

The PAS assessment tool revealed findings consistent with some of the expected outcomes from this Strategic Management and Leadership for Health course. More pertinent findings identified were the timeliness and necessity for this training as most of the delegates hadn't had their capacity built on any Strategic Leadership training and most of the delegates were in the first year of their current positions. The training served as a good foundation and is poised to shape the new leaders into effective and strategic leaders.

The selection of the delegates aligned with the dRPC's two core focal issues and most of the delegates are passionate about child and family health issues, most likely as they are operational in the area. All the delegates characterized themselves at varying levels of being a champion for child and family health. Hence the dRPC's approach and strategy on identifying, inspiring and building government officials to be champions is effective.

The delegates appear to focus on their teams core competencies, hence team building and strategic management was the more relevant topics for them from the trainings. This is unsurprising as a majority of the delegates are still fine tuning their respective teams for impact as a result of their recent attainment of the offices they now occupy. This was also reflected in their responses on their choice of actions to be implemented focusing on team efficiency and cascading down the trainings.

The barriers identified by the delegates aligns with findings from PAS policy and situational analysis, the issue of inadequate funding for FP and RI programs is still highlighted. The issue of resistance to change emerges as a close second bearing the need to sustain the capacity building for government officials to improve their adaptability to change in a dynamic environment.

CONCLUSION AND RECOMMENDATIONS

The PAS IPO (11.3.2) aims to increase the number of duty bearers in the Executive and Legislative self identifying as champions of child and family health and taking action to deliver on National and State commitments and curvilinear links to IPOs 4.2.1 and 1.4 which ties to champions capacity building within Health bureaucracies to respond to FP and RI funding and transition plan respectively. The Strategic Management and Leadership training for Health (FP and RI) hopes the delegates will translate the knowledge gained to practice in the various locations. The culminating activities saw delegates develop activities for improvement and implementation in their various locations using the learnings acquired. They applied the concepts and principles management, adapting the approaches. The implementations will be monitored by the dRPC in collaboration with Amref International University Kenya who will also be on hand to provide support for the delegates. The feedback gotten from the delegates evidenced that this training was impactful.

We recommend addition of these delegates to our dossier of champions to add to our mailing lists for newsletters etc. We also recommend that the coalitions in the various states integrate and leverage on these delegates in their activities in the states.

NEXT STEPS

dRPC PAS in collaboration with Amref International University will monitor the implementation of the commitments made during the course.

dRPC PAS will support the various delegates as appropriate and permissible by the grants.

Participants

Males- 7

Females- 6