What happened in Makole, Lessons Learned and Way foward

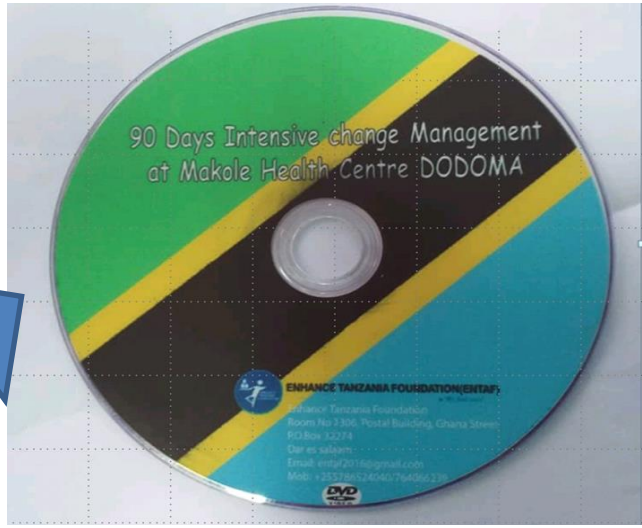
PORALG in Collaboration with
Enhance Tanzania Foundation
(ENTAF)

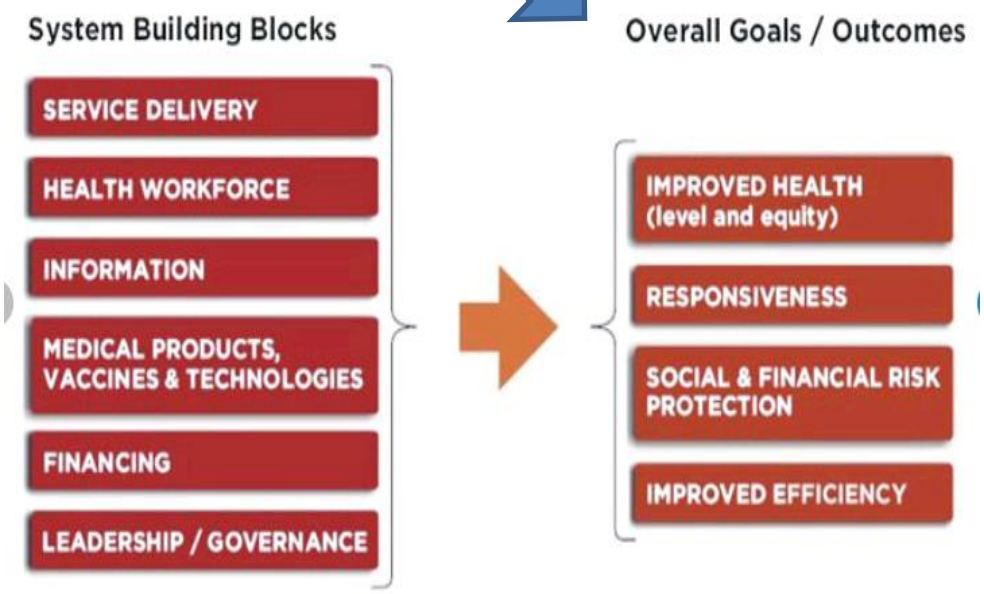
Outline

- Back ground and conceptual framework
- Documentation methodology
- What happened in Makole
- Lessons Learned
- Way Forward
- What PORALG is asking

RATIONALE

TRANSLATING HAPA KAZI TU AS TECHNICAL PERSON

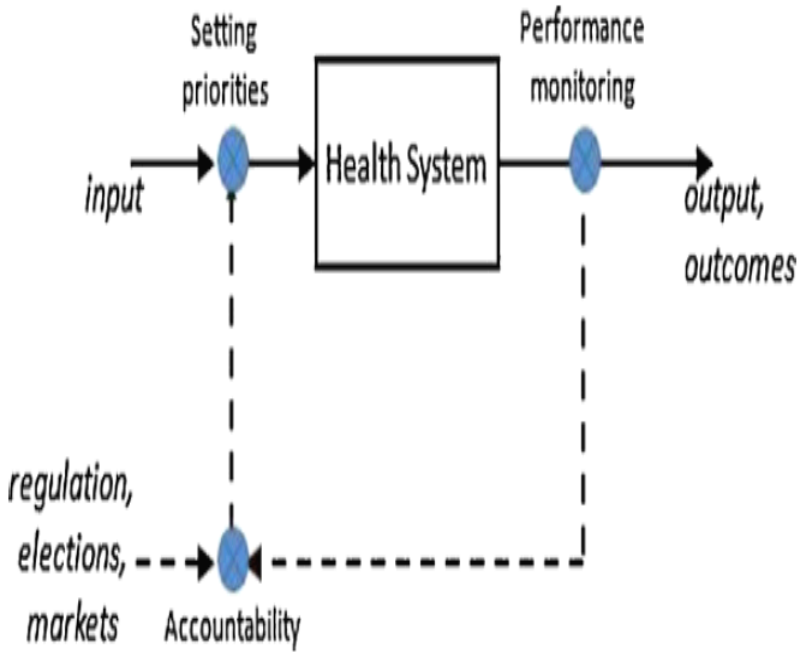


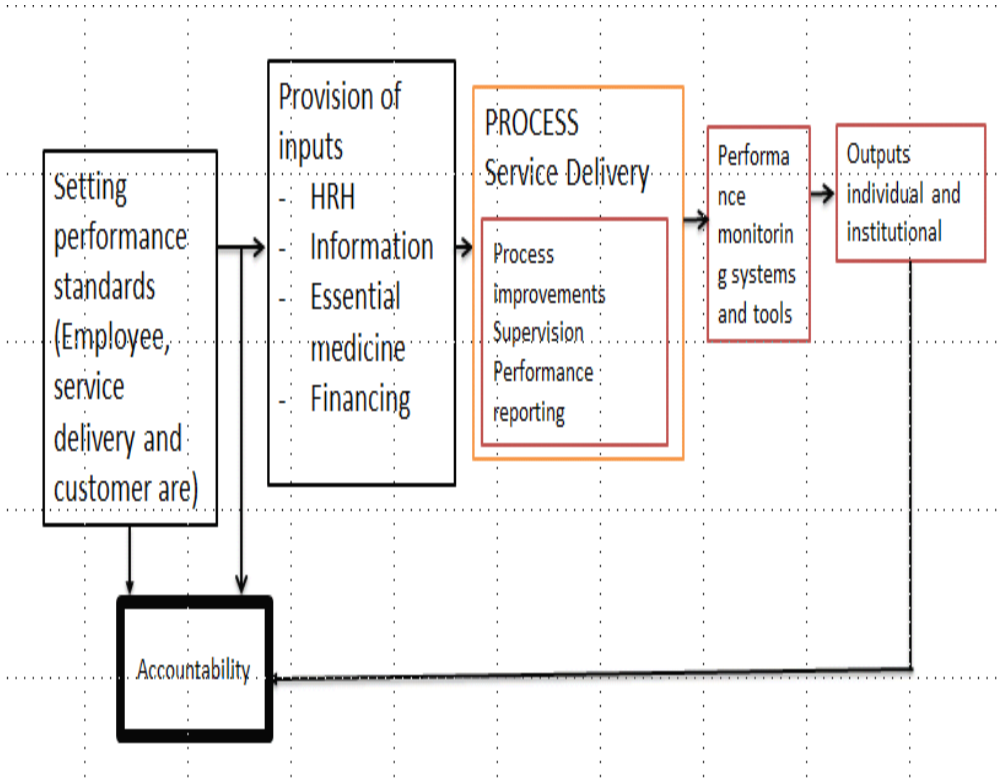


The building blocks and goals of the health system.

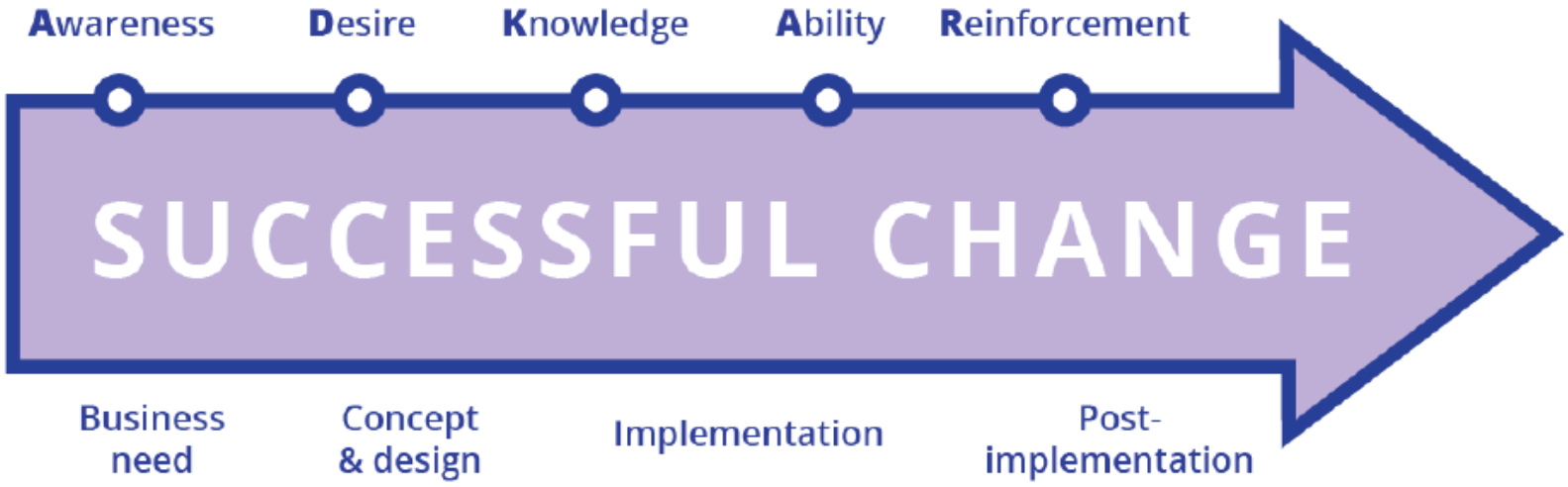
The Documentation Process

cybernetic model of leadership and governance framework (Smith, Anell et al. 2012)



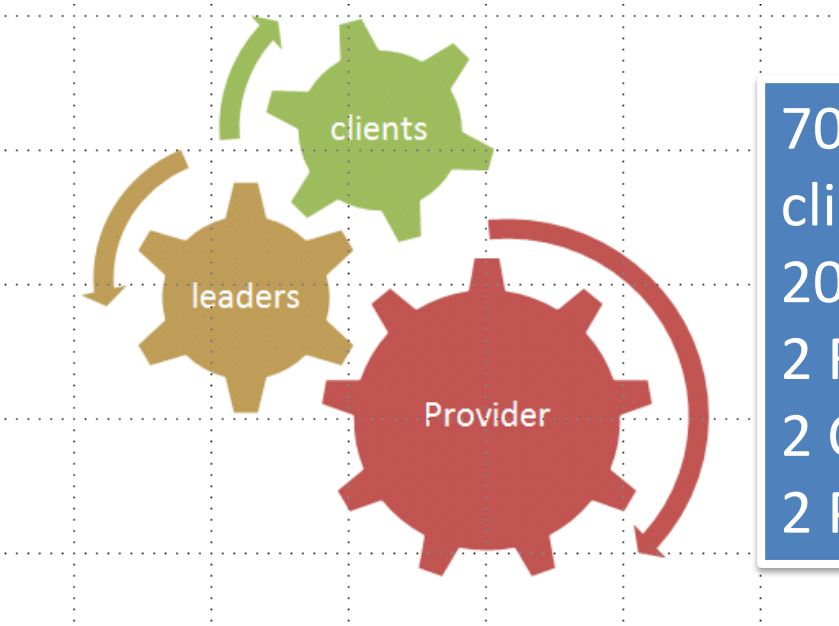


Additional Framework- Potentials to sustain Makole



Data Collection Methods

- Documents review
- Key Informants Interviews
- FGD
- Exit interviews
- Video



70 interviews with clients
20 KII –Providers
2 RHMT
2 CHMT
2 PORALG

We collected information on

- Standards set
- Tools/ mechanisms used
- How performance was measured
- Changes realized

Makole Health Center

- Upgraded Health Center
- Located in Dodoma City
- Has 107 Health workers
  - *23 Doctors, 61 Nurses, 16 Medical attendants, 3 Dental Technologists /assistants, 1 Mortuary Attendant, 1 Accountants, 1 Pharmacist and 1 Security Guard*
- Received 500,0000 TZS for rehabilitation
- BUT **STILL** there were complaints on quality of service delivery

ISSUES IN MAKOLE HEALTH CENTER

- Ineffective ward rounds
- Absenteeism
- Poor management of exemptions
- Poor nursing care
- Poor division of labor
- Poor team work
- Services provided were below the existing capacity
- Ineffective clinical meetings
- Corruptive practices
- Long queues

The Problem- Quoted from providers

1. *"…a doctor would come and attend just one patient per day and does not record anywhere. Health Provider*

2. *"Previously one would come to work one or two days then the following days is sick…" Health Provider*

3. *"we were not committed to work as one would report in the morning and attend two or three clients and just leave or there is that situation where a health worker pretend to be sick and just show up two or three days in a week" Health Provider*

The Problem- Quoted from providers

1. *"Initially, when patients arrived here they received services but we did not sort them to identify those who need emergency services."*
2. "A patient would come with his/her insurance card and leaves without showing it."
3. *"Initially patients were prescribed medicines which are not available at the facility and doctors didn't bother even to prescribe alternative medicines which are available here."*
4. *"In the past we did not have emergency tray we used to borrow from emergency room"*

The Problem- Quoted from providers

1. *"As for us doctors, we were not doing ward round effectively instead we were just passing around but not that much serious. If we go today the next day we don't go*"

2. *"In the past our language to clients was not good. We were reported that we use bad language to clients"*

3. *"In the past nursing care and observation was not adhered to during service delivery but nowadays as soon as the patient arrives follow up through charts is also done."*

The Problem- Clients Perspective

1. *"Initially the queue was too much to the extent that some of the patients decided to leave and look for services from private facilities"* **KII patient**
2. *you can come here at 9am and leave at 5pm."-* **KII patient**
3. *"if you have money you could go see the doctor, get services and leave but if you don't have money you would stay in queue"* ***–KII Patient***

90 DAYS INTENSIVE CHANGE MANAGEMENT AT MAKOLE HEALTH CENTER

Interventions to promote individual performance

- Allocation by number of patients as per minimum requirement of staffing norms
- Daily performance reporting
- Assessment of Biometric and taking action
- Assessment of Biometric and taking action

Interventions to promote oversight in service delivery

- Services provision on daily basis- Weekends and public holidays
- Supervision on daily basis (each shifts) by internal supervisors
- Ward round on daily basis and proper documentation of ward rounds
- Revitalizing nursing care and introduction of nursing care plan, including allocation of patients to each nurse

Interventions to promote respect to client

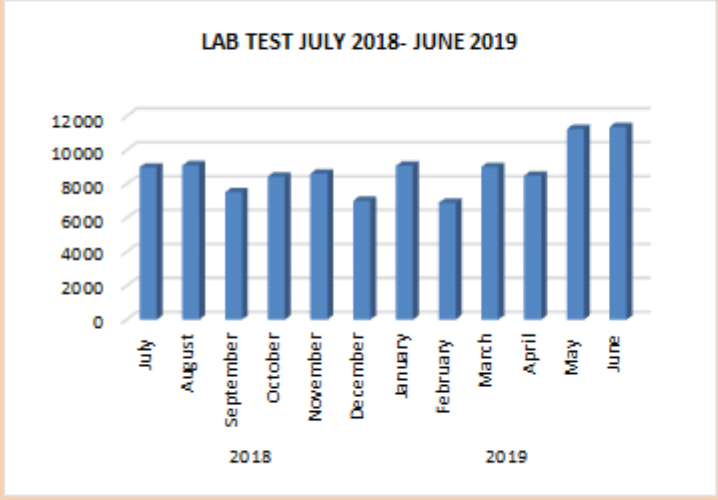
- Pleasant language to clients
- Sign post including – individual with "Niulize mimi Poster"
- Book for complaints/compliments recording.
- CCTV Camera
- Display of leaders phone numbers for direct communication

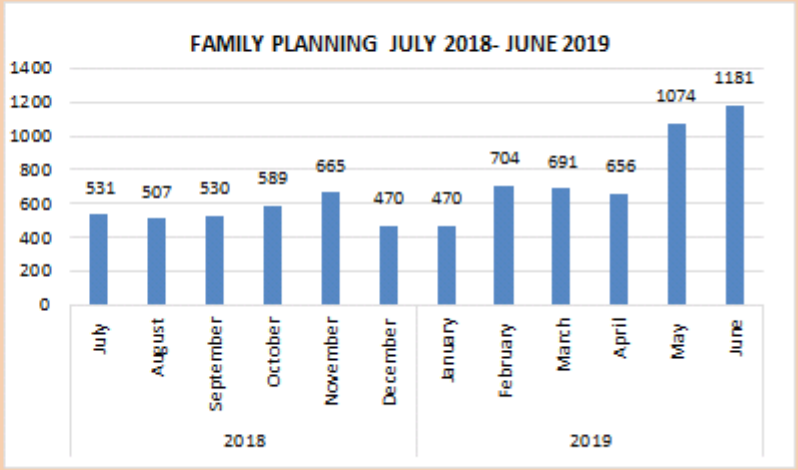
Interventions to Clients' focused

- Separate windows for insurance holder and cost sharing
- Separate wind for exempted patients
- Expansion of types of services provided: More diagnosis at lab, introduction of ultra sound services, expansion of service in dental and eye units

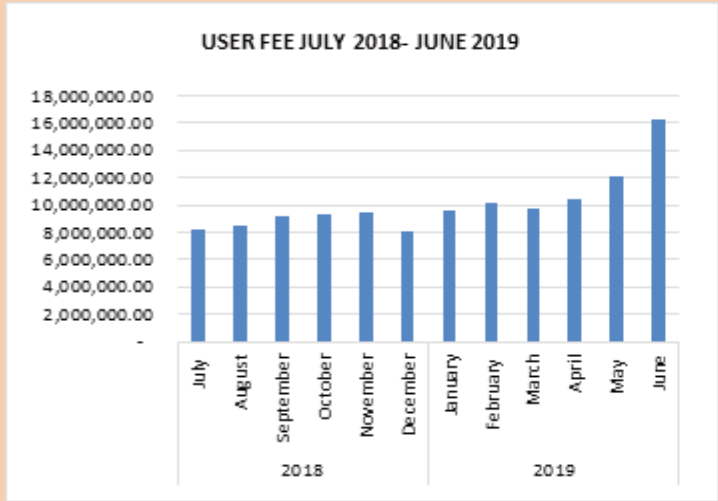
Improvements observed

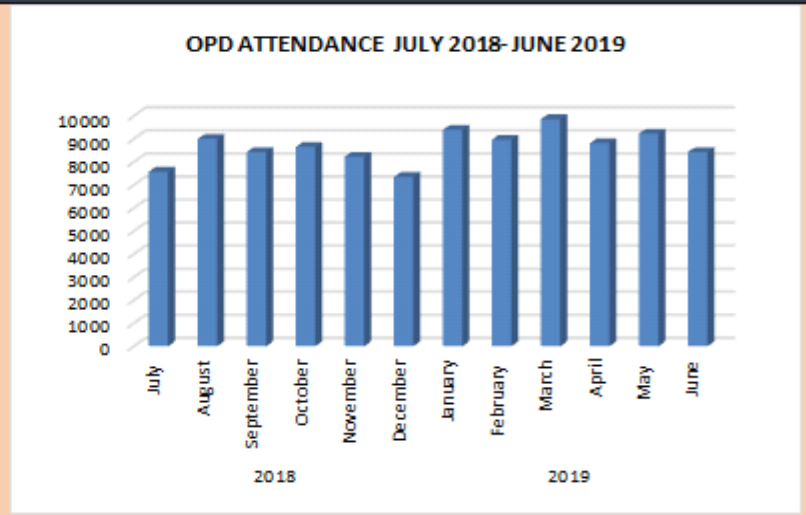
Changes in Service delivery





Changes in Revenues and OPD attendance





Results

Changes in Ouputs of Nurses and Doctors

Provider	Before # of Deliveries	After # of Deliveries	Ratio
Nurse 1	5	33	1:7
Nurse 2	4	17	1:7
Nurse 3	17	28	1:7
Nurse 4	5	15	1.6
Nurse 5	51	16	1:31
TOTAL	82	109	1:11

Source: Makole Guardian (RHMT)

	BEFORE	RATIO	AFTER	RATIO
Doctor 1	390	1:13	1190	1:40
Doctor 2	421	1:14	883	1:29
Doctor 3	377	1:13	1082	1:36
Doctor 4	310	1:10	820	1:27
Doctor 5	493	1:16	769	1:26
Doctor 6	252	1:08	748	1:25
Doctor 7	387	1:13	652	1:22
Doctor 8	232	1:08	650	1:13
TOTAL	2,862	1:12	6794	1:29

Makole Guardian (RHMT)

CLIENTS- SATISFACTION?

Customer care

"When you call a health worker she comes immediately but others in other place when Yes, we have a social welfare" -Client

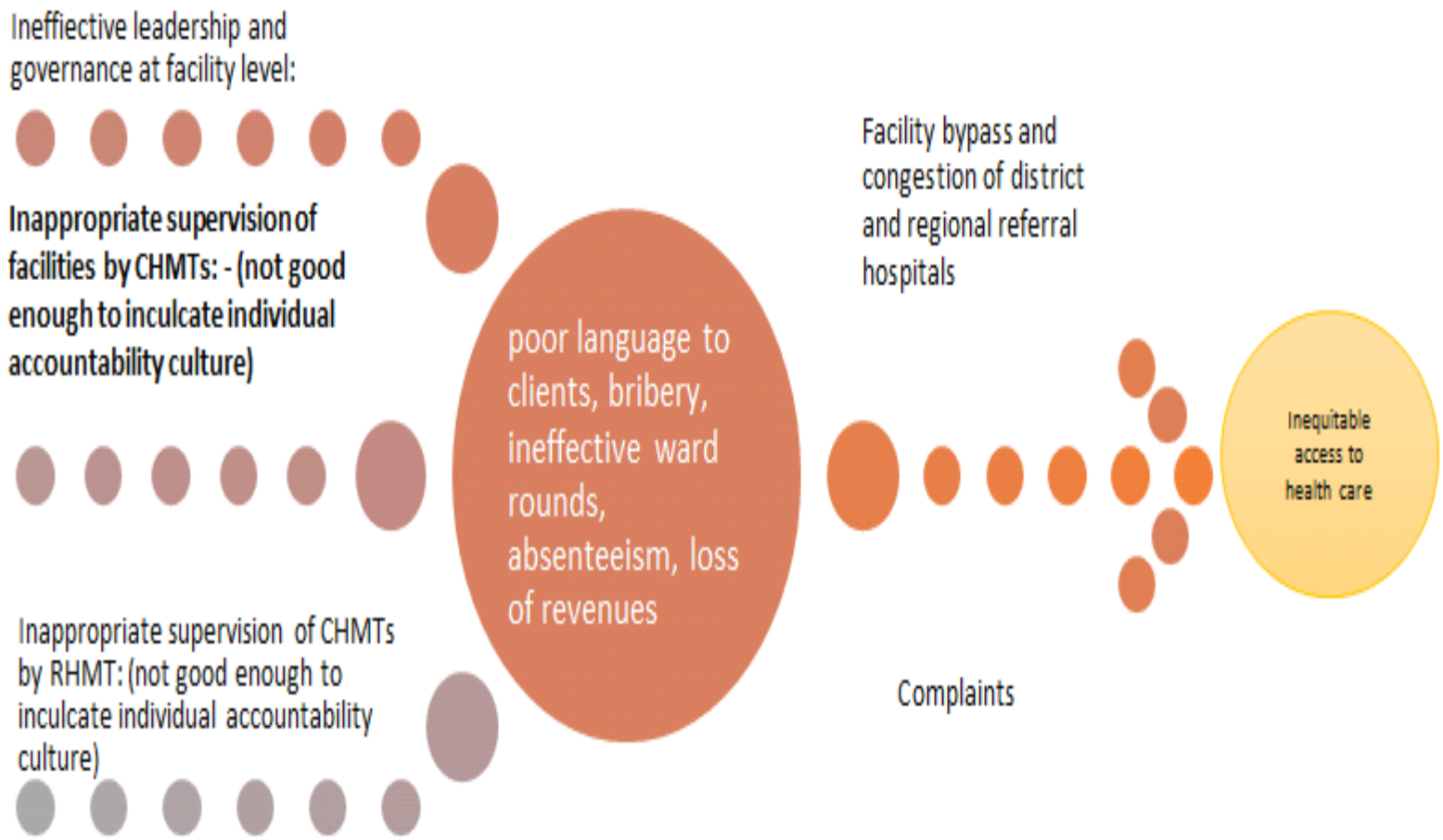
"There is also a nurse who puts on a poster written "Niulize mimi" to help clients who are unfamiliar with the facility environment after arriving at the facility. She directs a patient that you have to register here and then go to CRDB agent for payment then you will go to see a doctor. It really helps instead of a person being stranded not knowing where to go"-Client

Lessons

Central Guidance

- **Supportive supervision alone is not enough if routine oversight system within the facility is weak**
- **Over reliance of institutional performance and less emphasis on individual accountability for results jeopardizes quality of service**
- **Poor enforcement of existing rules lessens accountability culture**

Lesson from Makole



Video clips

- G:\Makole documentary\Dr. Gwajima.mp4
- G:\Makole documentary\Dr. Matiko.mp4
- G:\Makole documentary\Mteja.mp4

Way forward

- Following Makole initiatives it was agreed in the RMOs/DMOs meeting that each council will select four facilities to be the centers for initiating accountability initiative.
- So far 740 facilities have been identified country wide. What is missing at the moment?
  - Clear design to guide councils in implementation of lessons from Makole. PORALG and any other performance management initiatives that exist within and outside the health sector
  - Cost effective, efficient and robust M&E mechanisms that will track the ongoing transformation and
  - Learning questions and learning design to inform local policy making and planning and for sharing it globally.

What PORALG is asking

Asks

Reference

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Smith, P. C., A. Anell, R. Busse, L. Crivelli, J. Healy, A. K. Lindahl, G. Westert and T. Kene (2012). "Leadership and governance in seven developed health systems." Health Policy **106**(1): 37-49.