How can we improve?

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Huge potential for improvement with existing workforce
Diagnosing patients in the OPD

- Questions asked: 2.9
- Examinations performed: 1.2
KNOWLEDGE
MUCH BETTER THAN
PRACTICE
Comparing knowledge and practice (COs)

- Cough: Auscultate the chest 75
- Diarrhea: Pinch abdominal skin 76
- Diarrhea: Ask about vomiting 72
- Diarrhea: Ability to drink or... 71
- Cough: Count respiratory rate 56
- Fever: Take temperature 81

Knowledge test (red) vs Practice (blue)
Large know-do gap (42 %)
CASELOAD IS NOT OVERWHELMING
Caseload OPD: Patients per clinician, per day

Average: 18
High workload?

5.7 minutes per patient

Time use with 18 patients

Hours per day

- consultations
- other activities
Health workers are capable of improving quality
Qualitative study

- In-depth interviews
- 40 Clinical Officers
- 30 Facilities
- Discussed the survey results
- Reasons for poor performance
1/3 admit that their own work ethic is low

The majority says that others are negligent
Lack of acknowledgement

• The Ministry of Health has completely forgotten about us. The salaries are so low, and so is the work morale. You work, but the willingness to give that little extra (*kujitumia*) is castrated. Instead of thinking of examining the patient in front of you, you think «I don’t know where I will get school fees for my child». 
Some health workers justify poor performance

• If your are working and your family is hungry at home – definitively your morale will be low.

• The call is still there, but it is just that there are really some things that destroy our motivation (yanatuvunja moyo) – like poor economic rewards and the lack of staff which means that we are left with a lot of work.
Policy implications

• Huge potential to improve service quality with existing workforce
  – Without further training!
  – Motivate HWs to perform up to their potential!

• Higher number of health workers
  – Not likely to improve performance a lot among existing health workers
  – Add performance enhancing interventions!
THANK YOU!