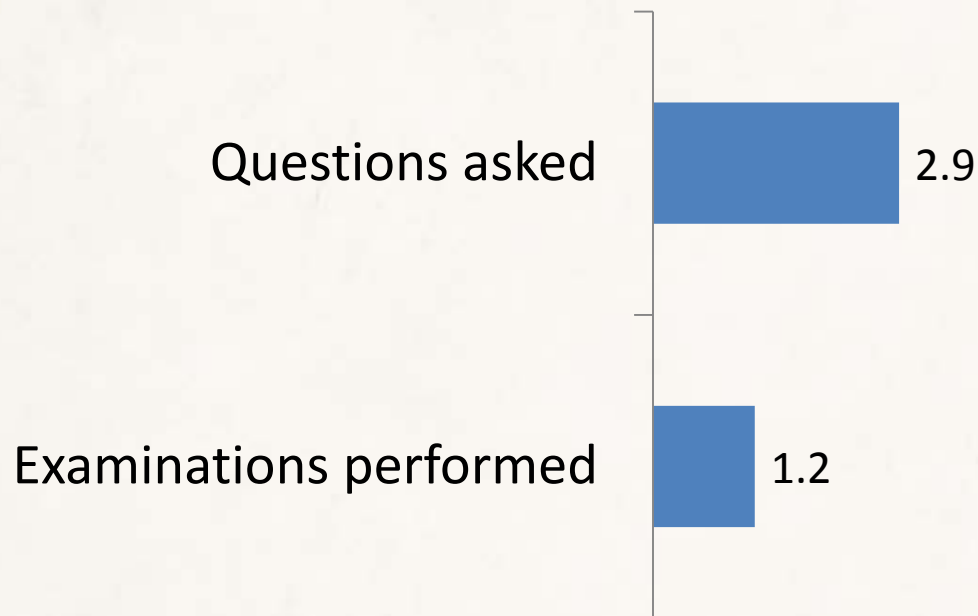


How can we improve?

Ottar Mæstad / Siri Lange
Dar es Salaam, October 2011

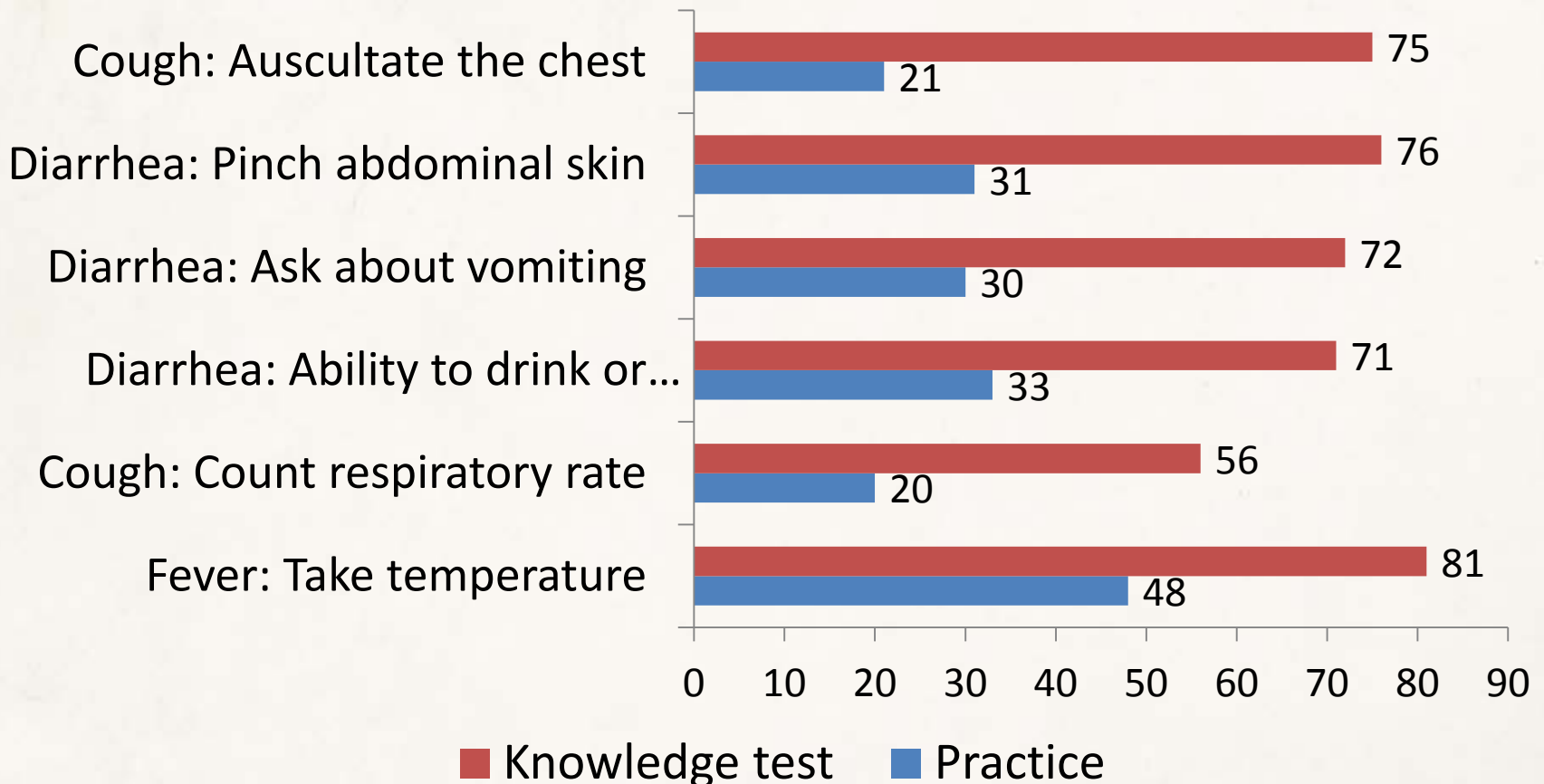
Huge potential for improvement
with existing workforce

Diagnosing patients in the OPD

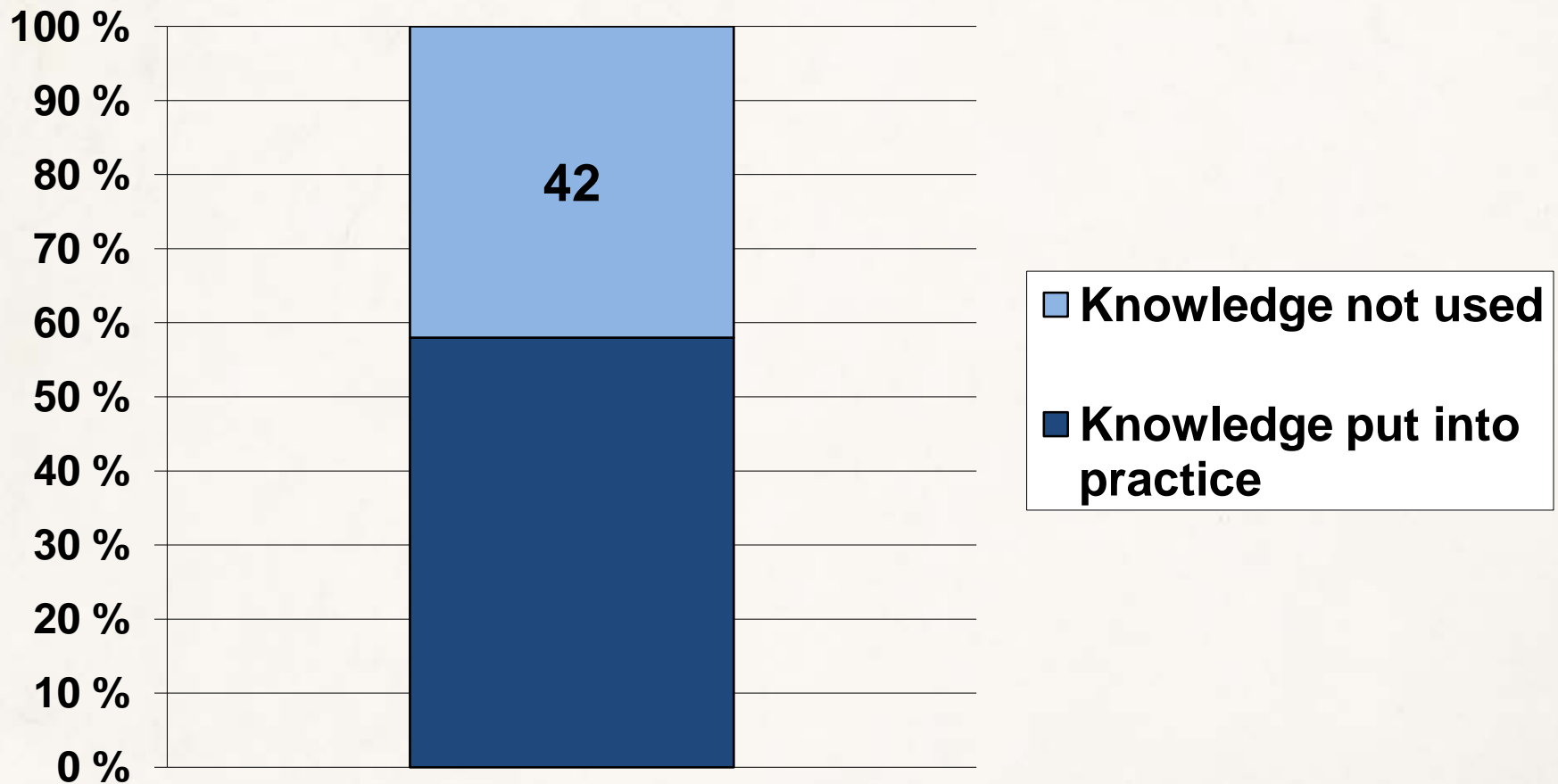


**KNOWLEDGE
MUCH BETTER THAN
PRACTICE**

Comparing knowledge and practice (COs)

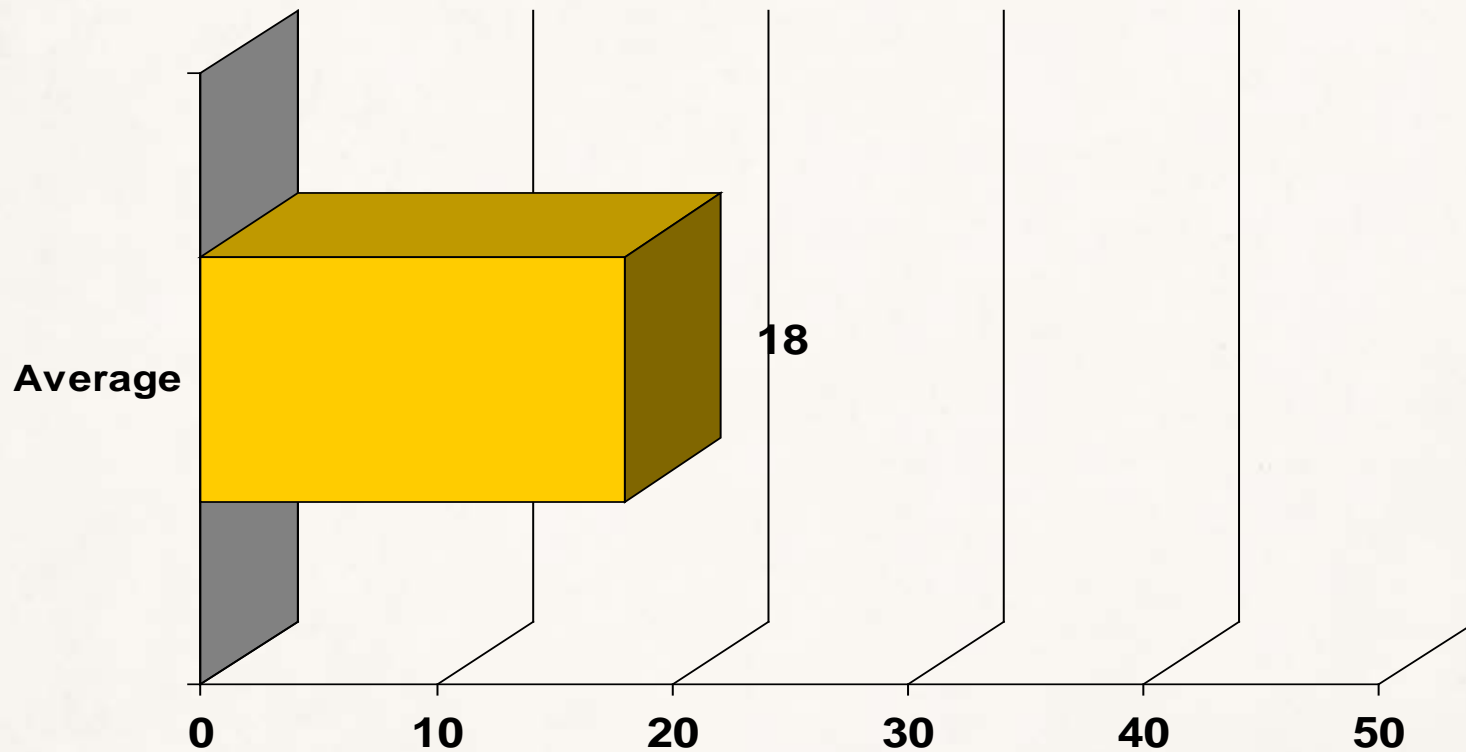


Large know-do gap (42 %)



**CASELOAD
IS
NOT OVERWHELMING**

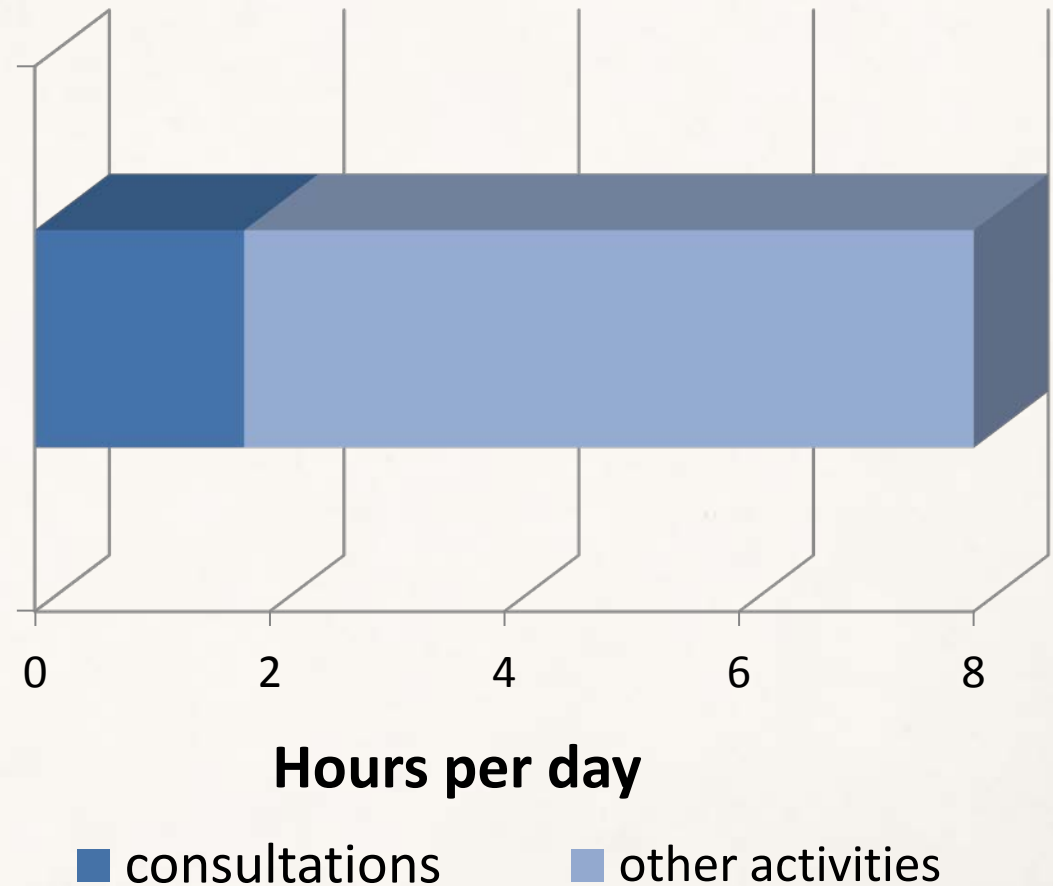
Caseload OPD: Patients per clinician, per day



High workload?

5.7 minutes per patient

Time use with 18 patients



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 you 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!