

Building capacity for efficient and effective service delivery at the hospital and in the communities to achieve VISION 2020 in Africa

Introduction

Implementing VISION 2020 in Africa requires addressing the needs at the district level (population 1-2 million) in such a way that eye care activities have the following characteristics:

- They are planned for the entire population within the catchments area, rather than just those who “use the hospital”
- They actively reach out to the community and ensure that services are provided in a way that makes them accessible to the community
- They are efficiently planned so that all existing eye care staff in the District, whether private or government, are involved and used effectively
- They are well managed to avoid waste of resources
- They are comprehensive, providing the range of services that people demand

KCCO’s approach to capacity building at the “district” level in Africa

KCCO uses tested management practices and evidence from operational research to enable client hospitals and the districts they are serving to meet the needs of their population and become organizationally sustainable. KCCO adapted models developed at LAICO in India to help hospitals and VISION 2020 districts (clients) in Tanzania and Uganda redesign how they provide services. KCCO approaches the enabling process in two phases. There is some overlap between the phases, however, budgeting time and money for phase two depends on the outcomes of phase one, so these are contracted separately.

Phase one – assessment and development of a plan

In this phase, KCCO and the client complete an assessment of the hospital and District structures and then, working with all relevant stakeholders, develop a plan for changing these.

Activities usually include:

- First, the client must satisfactorily complete a written self-assessment using a form supplied by KCCO. This supplies baseline information, reveals gaps in available information and helps KCCO to determine how committed the client is to change
- Next a KCCO team (usually 2 people) visits the hospital to follow up on and review the findings from self-assessment. We identify the primary “change leader” and team, and help them decide on key management and planning changes and set hospital/district targets for service delivery.
- The change leader and team, assisted by KCCO, develops the first “change plan” complete with specific activities, budget, and time line.

Phase two- implementation of the plan with mentoring from KCCO

The second phase, implementation, will require varying degrees of supervision and mentoring from KCCO, depending on the expertise and leadership at the client facility.

Activities depend on the plan made in phase one but often include

- Hiring and training a manager in basic management procedures, relevant to VISION 2020. These include accounting and stores systems, and reliable purchasing procedures.
- Assisting the hospital and local authorities to define specific management practices to be adopted. This often includes:
 - Re defining the roles and responsibilities of all members of the department and re-drafting job descriptions
 - Revising patient flow through department
 - Revising procedures for patient management (standardizing procedures, where possible) in OPD, ward, and theatre
 - Revision of pricing
- Purchase of computers for patient registration, accounting, patient records, and reporting (including installation of basic software and instruction in use). Not all systems need to be computerized.
- Training of selected district staff in skills for implementing a bridging strategy. This allows increased use of services by population and drives efficiency at hospital. Training generally includes the following:
 - Counseling
 - Community optometry (refractionist) for dispensing presbyopic spectacles
 - Managing the bridging strategy (including budgeting)
 - Partnership
- Routine frequent coaching and conferences (via email and Skype) during the first year to assist with problems as they arise.
- Periodic visits by KCCO for follow up as needed by the client

Funding

Funding for the process generally comes from a third source (the funding agent). Initial communication usually leads to the development of a short-term contract for phase one. A contract for phase two will depend on successful completion of phase one and the desires of the client, KCCO, and the funding agent.

Requirements

Successful change requires the following to be in place:

- Good leadership (someone who can lead the process forward) at the institution
- Desire for change (recognition that the current approaches are not leading to the desired outcomes)
- Supportive donor (for some of the investments needed to make change)

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