

MONITORING THE PERFORMANCE OF RCC HEALTH UNITS RESULTS IN THE YEAR 2004/5

The motto “Faithfulness to the Mission” certainly expresses a widely shared intention in our network. Another widely known say cautions us, though that “The road to hell is paved by good intentions”. The meaning is clear: good intentions, when they remain such, do not lead us, per se, closer to our objectives. They are a good starting point, true; but it is necessary, every now and then, to check whether the good intentions are reflected in actual practice. In more technical jargon, we speak of monitoring.

This is how we introduced our “corporate accountability” last year. For the last eight years we have been collecting comparable information from all the hospitals. For Lower Levels Units we have managed to get comparable information for a span of four years from 163 LLUs (about three quarters of all units registered with us). In our regular workshops we have explained our way of proceeding in monitoring performance of the RCC Health services, and have also provided individual feedback on the own performance of Hospitals and of each and every LLU (through the Diocesan Co-ordinator).

The question is: how does “Faithfulness to the Mission” translate into performance indicators? We have also explained this: we want to be able to answer the following questions:

- Are our units more accessible?
- Are they more equitable?
- Are they more efficient?
- Do they offer services of better quality?

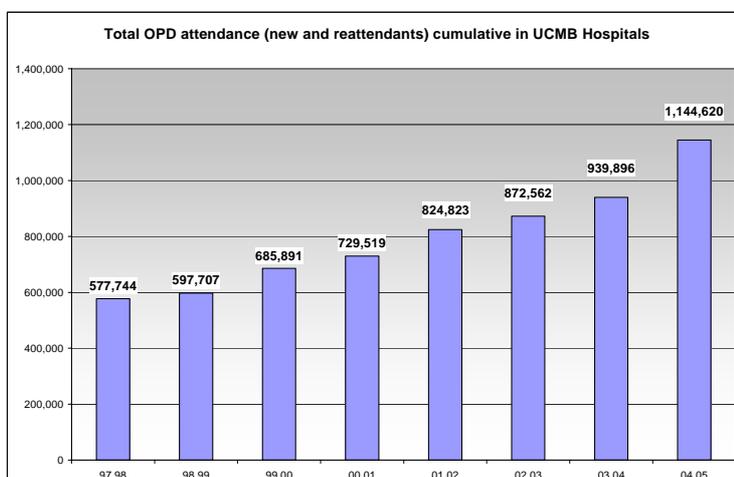
We do not claim that we are able, now, to give a thorough answer to these questions, but we have identified proxies and we have monitored them. We have also asked the ultimate custodians of the Mission, the Bishops, to ask these questions, and solicit an answer. This is important for custody of the Mission.

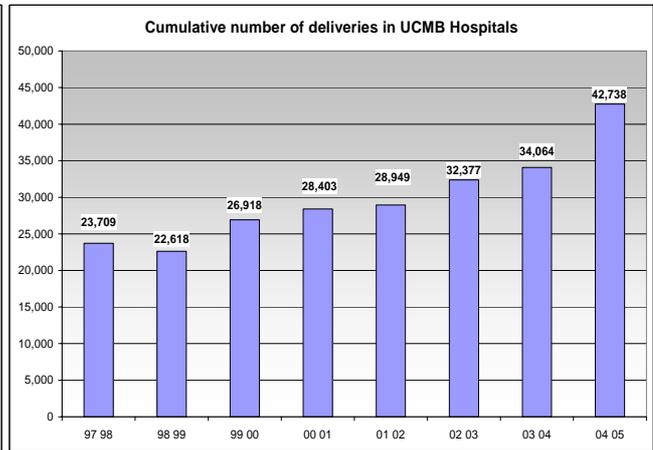
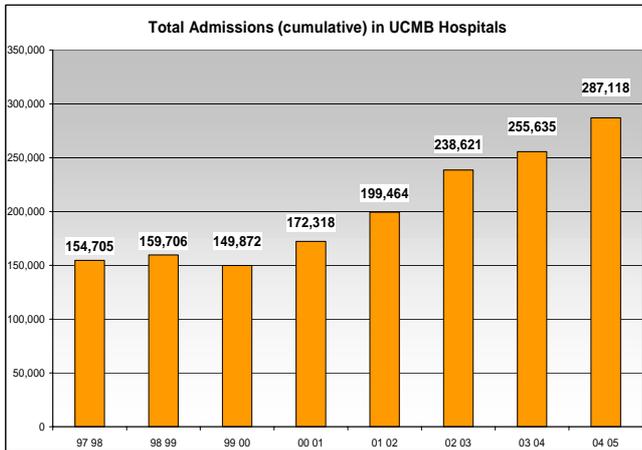
During the past three years we have been insisting with all our units that they should step up initiatives aiming at decreasing and flattening fees in order to improve access, equity, efficiency. These initiatives, whose positive effects had already started showing in 2002/3, have continued to produce positive results, as documented in the brief graphic review that follows.

HOSPITALS

Access

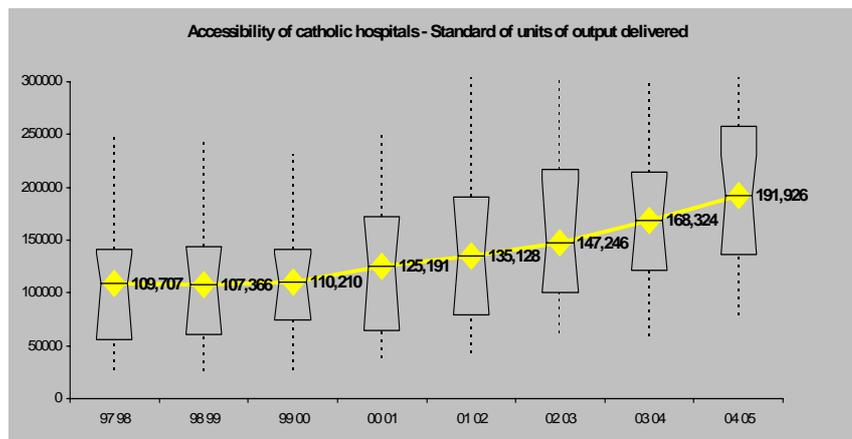
Observations from the 27 RCC Hospitals have shown positive trends of the main output indicators (cumulative values). Outpatient and Inpatient attendances have registered an increment of 22% and 12% respectively. Deliveries in the Hospitals have also registered an increment of 25%.



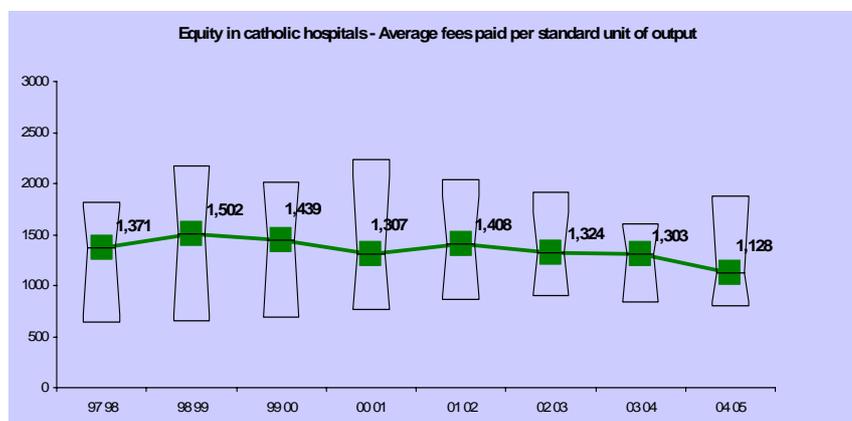


Overall (median) performance is monitored by observing over time the median values of indicators of access, equity and efficiency calculated on a comprehensive unit of output (SUOp). This means that half of the hospitals show parameter values above the median, and half below. The Box sitting around the median encompasses 50% of the hospitals.

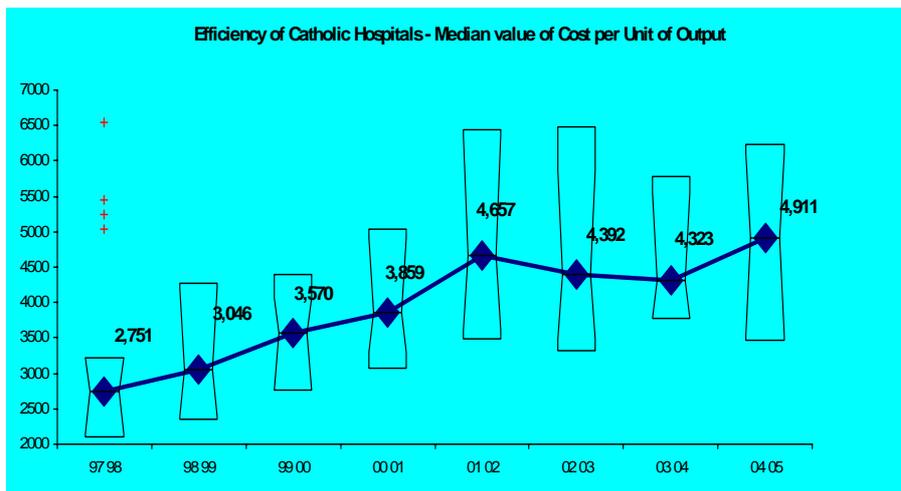
- **Increased access:** access has increased by 14%
- **Financial accessibility:** as proxy for equity median fees charged for each unit of services delivered has decreased by 13%
- **Efficiency:** efficiency gains are documented by the increased productivity of staff – increased by 13%. Overall efficiency has instead decreased as the cost per unit of service has increased by 13%.



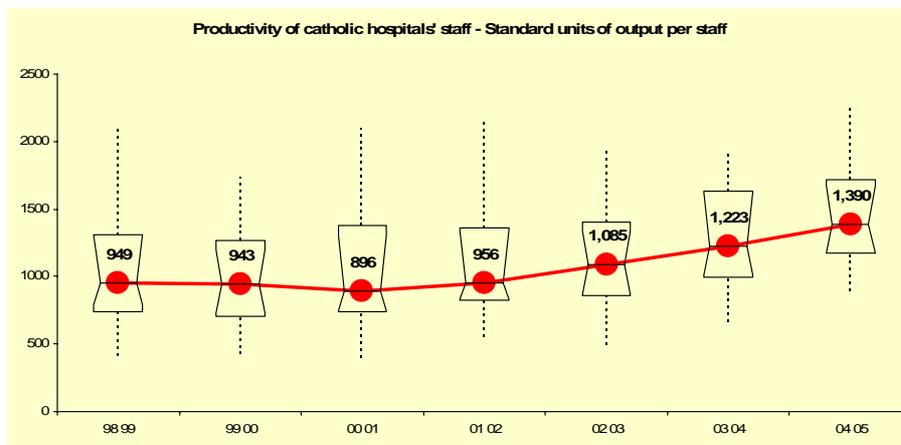
Access: Median Values SUOp



Financial Access: Median Fees charged



Efficiency: Median Cost per SUOop



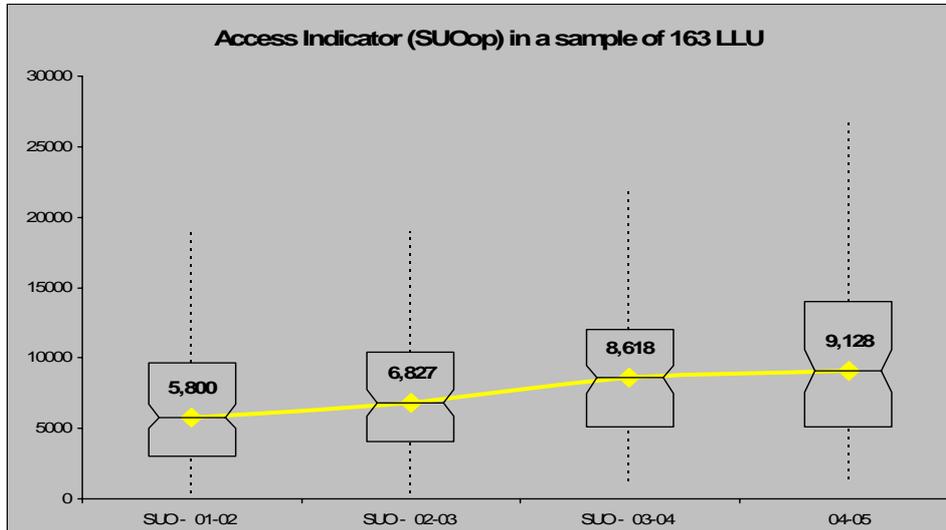
Efficiency: Productivity of Staff (Median Values SUOop per Staff)

LOWER LEVEL UNITS

The latest analysis of reports form a sample of 163 LLUs (observed over time for the last four years) shows that access keeps improving.

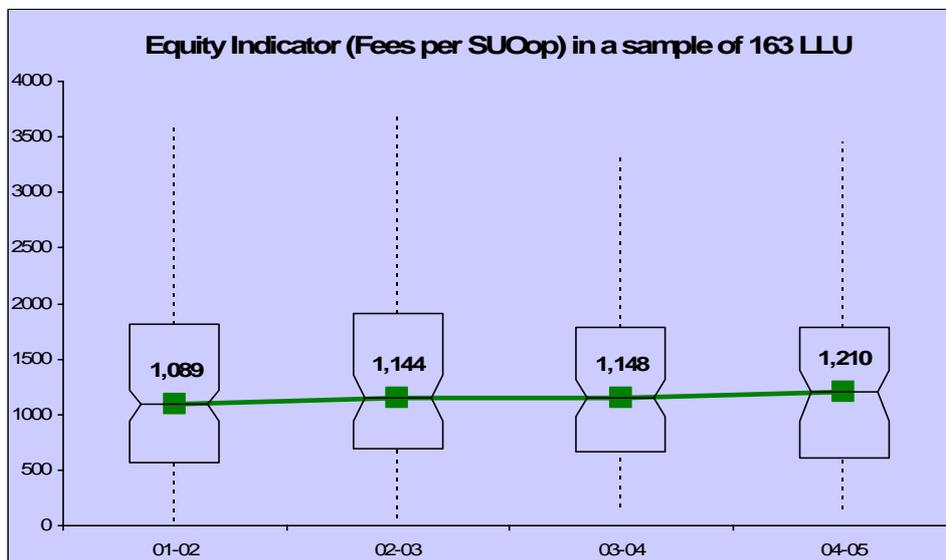
The graph shows a 6% increase of service delivery measured by median values of SUO OP. The same sample registered as increase of 17% in the median cost per SUO OP, a slight increase of the median value for the fees per SUO OP (+5.4%) and an increased productivity of staff (+5%).

Access:



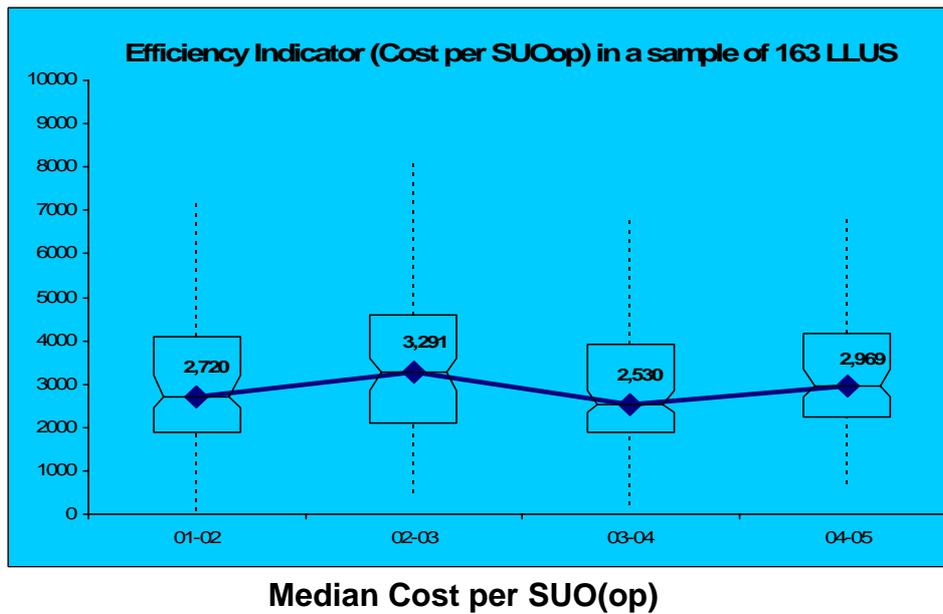
Median values SUO(op)

Financial Access:

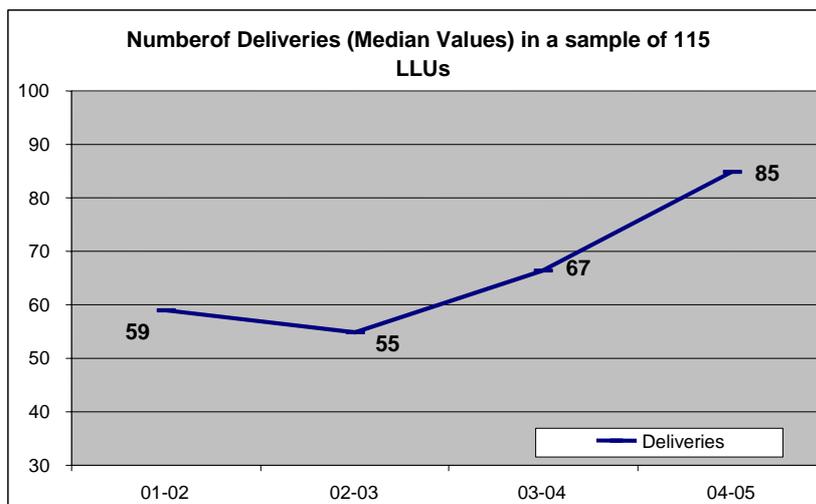
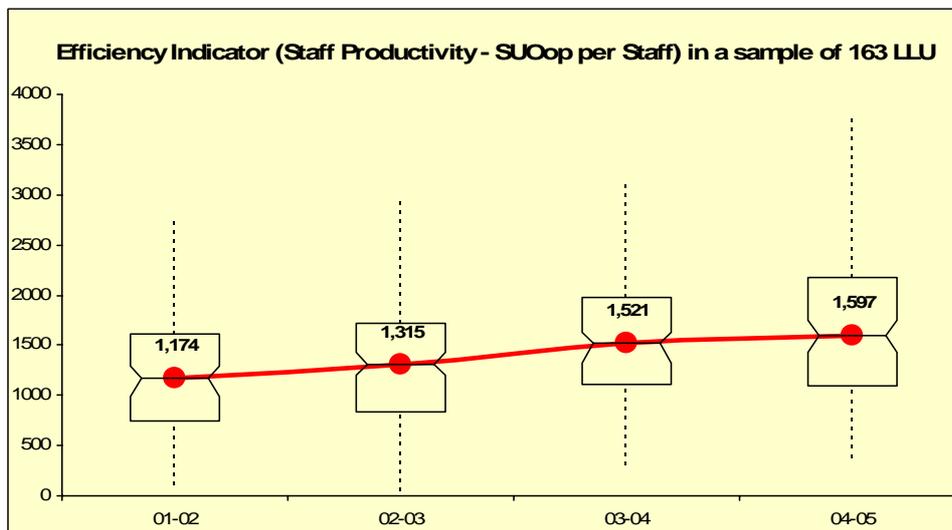


Fees charged per SUO(op)
Showing an almost neutral trend

Efficiency:



Productivity of staff

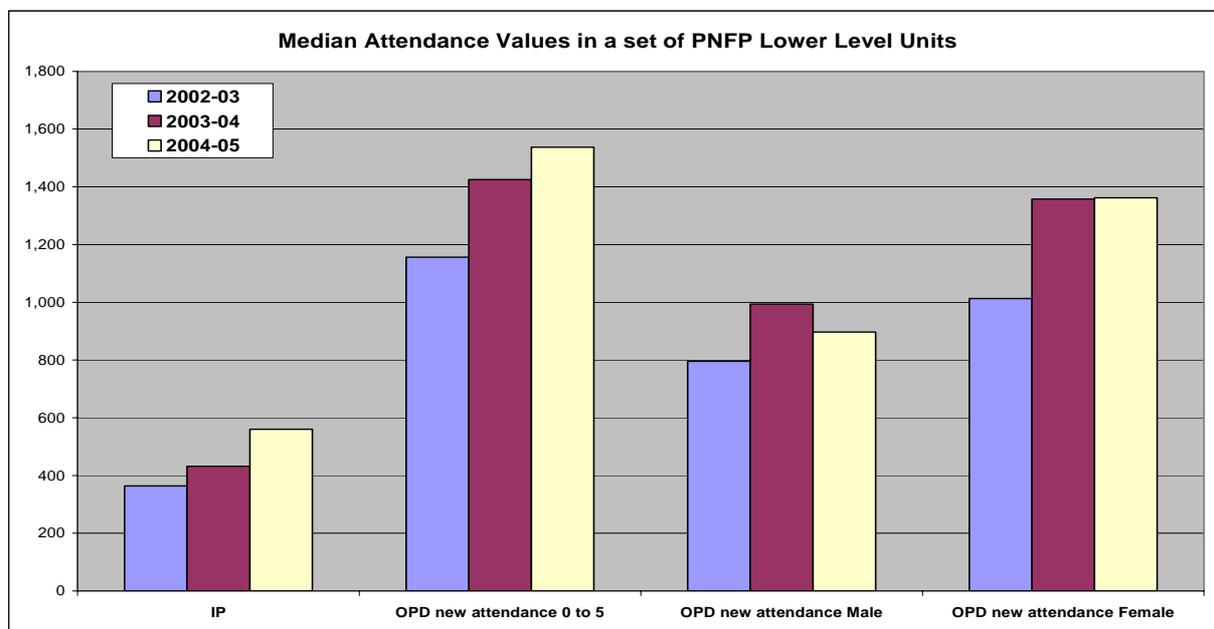


Deliveries (median values) in a sample of 115¹ units have increased by 25% compared to year 2003/4.

¹ Not all RCC LLUs are able to offer deliveries. Only the 149 HC3 and 4 can. 115 are those have provided data for 4 consecutive years.

Disaggregated data of new OPD attendance demonstrate that the highest increase between 2003/2004 and 2004/2005 occurs among children, showing an increment of 8% in a sample of 176² LLUs (+33% as compared with the year when the policy of reduced fees was introduced), while women OPD attendance shows an increment of 1% as compared with previous year in a sample of 184 LLUs (+34% as compared with the introduction of fees policy).

It is also remarkable to notice that In Patients activities have increased: the total number of admissions shows an increment of 30% in a sample of 70 LLUs (+50% as compared with the year of introduction of fees policy).



Conclusion

There is little doubt that the positive trends observed in hospitals for the last three to four years have been maintained even in an environment that has become increasingly difficult. The 25% increase of deliveries is particularly meaningful if it is considered that, at Country level, this indicator is stagnating.

In LLUs positive trends are a bit more difficult to demonstrate but there is ample evidence that some achievements are a fact: the increased utilization of children at a much higher rate than that expected by population growth and the cumulative increase utilization for women. Perhaps the leveling of this latter in the last year reflects the fact that, the harsher the economic environment the more focused the targeting of facilitated access: children as first priority, women as second priority and perhaps some (un-desired) barriers for male utilization.

It is very important to note that all the financial indicators are not corrected for time adjustment. If we place these considerations in the context of decreasing support from Government, this means that the system reveals a remarkable resilience to stress (good trends are maintained even in persistently unfavorable circumstances). The right questions perhaps would be: can this resilience still continue for another year? UCMB has justified doubts. It is highly possible that the momentum reached with the introduction of the strategy of accelerated reduction of user fees has been spent. There is a limit to resilience which we do not know yet. Next years' data will tell us more. For the time being, our compliments to the RCC Health Units: as group, they are moving in the right direction.

² Disaggregation of utilisation by sex and age has not been adopted by all units at the same time. This explains why sample sizes vary for different parameters. They are anyway very large numbers if compared with the totals.