

Winners show the way to good management in health care

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To stimulate resourcefulness in the health care services of the Philippines, the German Agency for Technical Cooperation (GTZ) organized a competition to discover and publicize examples of good management. The results provide a rich fund of new ideas.

To achieve good management one needs to form a clear idea of what it is. One way of doing this is to find examples of it and analyse them. The Health and Management Information System (HAMIS) project organized a contest in order to obtain such examples in the field of health care, using the double incentive of public recognition and a monetary prize for winners. The nationwide contest was launched in August 1990, with the announcement that we were looking for examples of innovative improvements in health care which would increase the following:

- effectiveness – getting better results from health care activities;
- efficiency – achieving better management of health resources;
- equity – providing better access to health care for the poor.

An extensive campaign to launch the contest was undertaken. Posters and flyers were used

to provide information on the scope and purpose, who could participate and how, the prizes, the closing date, and the judges. An order signed by the Secretary of Health reinforced the campaign within the public health care system. Thousands of posters were distributed through the network of the Department of Health, which was also used to inform other public and private social service organizations. All known nongovernmental organizations in the field of health care were informed directly and provided with flyers and posters. Announcements appeared in the major newspapers in English, and numerous radio and television spots promoted the campaign in the three major local languages of Tagalog, Cebuano and Ilocano. The closing date was extended twice owing to the combined effects of a major earthquake and communication bottlenecks.

Judging the entries

A total of 102 entries were received: 58 from nongovernmental organizations, 30 from services of the Department of Health, nine from local government services, one from the Department of Labour, and four from a combination of two or more of these organizations. They came from all 12 regions of the Philippines and 52 of the 75 provinces. They were evaluated and given a score by

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A sample of criteria for good management

- **Maintains acceptable standards**
- **Avoids routine procedures**
- **Uses previously unrecognized resources and capacity available in the area**
- **Serves the underprivileged or excluded**
- **Improves access to health care**
- **Reflects willingness of beneficiaries to participate**
- **Introduces the concept of risk-sharing**
- **Involves minimal running costs**
- **Is initiated from own resources.**

19 Service Directors in the Department of Health, 15 outstanding specialists from outside the Department and two members of the HAMIS team. The judges were asked to assess each project in terms of its quality, innovativeness, effectiveness, efficiency, equity and eligibility for a site visit. Many of the reviewers justified their scores with lengthy explanations which were used to develop screening criteria for site visits.

Some of the projects seemed rich in documentation but poor in merit and others the other way round. To correct this bias, as many apparently worthwhile projects as possible were visited by a team composed of at least one Department of Health official and one HAMIS staff member. A total of 70 projects from 50 provinces were screened in detail. On the basis of their own observations, interviews and verification of the information in the written entries, the team defined each project as specifically as possible in terms of facts and figures on their benefits, beneficiaries, services, personnel, equipment, facilities, income and expenditure. A checklist of

59 criteria was used to evaluate details of management (see box).

Members of the teams had to decide by consensus on the applicability of each criterion to the project reviewed. As a result of the peer reviews and site visits, about 50 projects were considered to merit support. Twelve of them – fairly well balanced in terms of content and regions – were considered outstanding by the Technical Committee. A 10–15-minute video was made of each one, together with a 3–5-page description of the project and a one-page summary of the relevant facts and figures.

The Selection Committee included the Secretary of Health, two of his under-secretaries, one under-secretary of the Department of Budget and Management, one Congressman, one Senator, one representative of a non-governmental organization, three representatives of universities, and the manager of the HAMIS project. One project was unanimously chosen as the best, and two others were chosen with only one dissenting vote each. These three were chosen for gold medals, followed by eight for silver medals and 38 for bronze medals.

In a ceremony held at the presidential palace on 25 June 1991, the gold and silver medals were awarded by the President of the Philippines, the German Ambassador, the Secretary of Health and the HAMIS Project Manager.

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The national recognition this gave to the projects was considered by the winners to be the most important benefit. The prizes ranged from about US\$ 1000 to US\$ 9000. Most of

this money came from GTZ funds, which consist of German tax money donated to the Philippine government through the German Ministry for Economic Cooperation and the German Agency for Technical Cooperation. In addition, the best projects were equipped with a Health and Management Information System.

Examples of good management in health care

The following notes on the projects shed light usefully on many aspects of health care management under the constraints of everyday work and life in the Philippines, often far away from urban and administrative centres. They can be used as a rich source of ideas on how to improve management at the grass-roots level. Further valuable findings are expected from the case studies now being carried out by five multidisciplinary groups of researchers.

The gold medal projects

- **Diabetics' association.** A voluntary association of diabetics in Quezon Province reduces public costs by early recognition and prevention of complications through monthly testing and training. It also reduces private drug and consultation costs by effecting economies of scale and managed care. At the same time, social and mental suffering

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is alleviated through mutual support. Membership fees and donations are collected. The project bears powerful testimony to the benefits of cooperation.

- **Drugstore cooperative of garbage collectors.** With the encouragement of an enlightened group of medical students, poor garbage collectors in Manila set up a cost-sharing scheme which enables voluntary community health workers and medical doctors to provide some essential preventive and curative health services. The cooperative collects contributions from families so that they can get a 50% discount on the factory price when buying prescribed drugs. As a result, others in the area also get drugs for less than the standard retail price. Contributions are according to family income. The project shows how self-organization and cooperation can save money for all in the area, not just members of the cooperative.

- **Women's welfare clubs.** A network of mothers' clubs in Surigao del Norte organized a mixed set of activities to develop skills among mothers, their families and others in the community to enable them to achieve an acceptable level of health and well-being in a self-reliant way. Their activities include training in health care, health education, nutrition, food production, environmental sanitation and infrastructure development, as well as livelihood projects, day care centres, weekly radio programmes, bargains for club members in certain stores, emergency credit arrangements, scholarships, regular self-evaluation with awards for good performance, and fund-raising. This project shows how comprehensive care, sustainability and expansion can be achieved when people understand and share the work.

The silver medal projects

- **Doctors' training.** In and around a small hospital serving mountain areas, a local medical school gives its students field experience and provides underserved areas with a variety of health care services. By combi-

ning university programmes with the local health services, value is added to both.

- **Medical ambassadors.** In ethnic communities in remote areas not reached by government health services, community-based child survival and maternal health care activities are built up through health committees which learn to use, and if necessary demand, basic health and other services. Here health care becomes a catalyst for community empowerment.
- **Social work and health.** Social work students at a university in Iloilo help individuals, groups, and rural communities to participate in their own development through training in organization and leadership skills, community-based health care, women's programmes and other activities. Here again, both get added value.
- **Quality control of herbal medicine.** At a university institute in Los Baños, herbal medicine is studied, tested and produced to increase awareness of its availability. Plentiful and cheap resources are thus tested for quality, and information about them is made available.
- **Comprehensive health care.** A "Western and Oriental" medical clinic for the urban poor is run by nuns in a squatter area in Manila. It includes a variety of highly active livelihood and nutrition projects and provides a good example of cost and benefit sharing in practice.
- **Broadcasting for health.** Radio broadcasting on health was strengthened by the Department of Health and other health agencies through over 150 networks and radio stations throughout the country, including very small ones. This programme links formal and informal resources, which include radio enthusiasts, to promote health and economic improvement.
- **Empowerment of women.** This maternal and child health care programme provides a

broad array of services and activities for pregnant women and mothers, focusing on their role as agents of production and change.

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- **Herbal medicine in practice.** Herbal medicine is produced and marketed locally to support primary health care in poor communities in Western Samar and provide medicinal alternatives in remote areas, thus bringing help directly and affordably to the end-users.

One aspect of good management that these projects bring out strongly is the use of previously untapped human and material resources. The winning projects also became a valuable source of information and ideas for each other, and were encouraged by HAMIS to exchange site visits and participate in a revolving fund as members of a common management network. Some possibilities have been picked up very quickly, especially the development of herbal medicines, which has spread from four of the projects to 20 in less than two years.

The videos and written summaries prepared during the selection stage of the competition have been used extensively to spread the ideas and approaches being used. Conferences, site visits, newsletters, articles in the press and booklets have reinforced this process of dissemination. Flyers summarizing the lessons learnt from all 52 winners are being widely distributed to stimulate participation in a second contest, which will be judged later in 1994.

The federation of 52 HAMIS winners has already shown that it is strong enough to influence local and national policies and legislation in areas such as health care financing, incentives for volunteers, diabetes programmes, and household information systems.

The whole series of activities has been very productive, and strongly confirmed our belief

in competitions as a good way to generate creative ideas and solve problems that otherwise often seem intractable. Poverty and dependence are a crushing reality for many people, but these projects remind us that most situations also contain a wealth of possibilities waiting to be discovered. ■

Tips for women who want to stop smoking

- If you smoke to distance yourself from others who depend on you (children, elderly relatives, partners, friends, etc.), try to find another way of doing this.
- If you smoke to control your emotions, experiment with other methods of releasing your feelings: e.g., writing down your thoughts, discussing issues with the people in your life, meditation or exercise.
- Try to enlist support for quitting smoking from your partner, family and friends, particularly during the first few weeks as you break your dependence on nicotine.
- Get someone to look after your children, or to relieve you of other responsibilities, even for a few hours, as you begin to learn to live without tobacco.
- Plan what you will eat and drink when you decide to quit, as opposed to concentrating on what you cannot eat. This way, you can control your food intake, and control your weight.
- Consider giving up alcohol and coffee for the first month or so, as these often serve as "triggers" for social smoking.
- Change your daily routine for a while to avoid the situations where you would normally smoke, and incorporate exercise into your life instead of smoking. This will not only make you feel better, but will prevent some weight gain as well.
- Make your immediate environment smoke-free, and remove all cigarettes and other tobacco products from your home. Ask others not to smoke in your presence during the first few weeks of quitting.
- If you relapse, and have a cigarette, do not lose confidence in your ability to quit. Consider it a learning experience, and remain committed to stopping smoking.

■ C. Chollat-Traquet. *Women and tobacco*. Geneva, World Health Organization, 1992: 86.