

Almost all staff in poor countries feel underpaid and there was little we could do about actual salaries. Therefore it was heartening to see staff respond to intangibles such as more concerned follow up from supervisors, recognition and praise, the chance to use new skills in a better-organized and less- frustrating environment, and the sense of camaraderie that develops when people work towards a common goal. These intangibles can be provided by good leadership and good management.



How do institutional makeovers happen? The process of change is like juggling – it requires several balancing acts to be underway simultaneously. The details of the work are described in a monograph, “Karibuni Macho: Transforming the eye department at KCMC to reach VISION 2020 goals.” This can be downloaded from:

www.kcco.net or www.iefusa.org

Author John Kotter has studied successful change initiatives in organizations. He describes two important patterns underlying them: (1) successful changes are usually associated with a series of steps that “create

power and motivation sufficient to overcome all the sources of inertia;” and (2) the process requires high quality leadership to be driven effectively.

Leading Change by John P Kotter (Harvard Business School Press, Boston 1996),

Karibuni Macho: Transforming the Eye Department at KCMC to Reach VISION 2020 Goals

The Vision

The KCMC Eye Department will provide 3000 high quality cataract surgeries to the people in Kilimanjaro Region while increasing its own organizational and financial sustainability.

Karibuni Macho, welcome to the Eye (Department), is the Kiswahili name adopted by the Kilimanjaro Christian Medical Centre (KCMC) Eye Department for a major change initiative, begun in 2002. In spite of generous support from donors, the Department was falling short of meeting the needs of the population; fewer than 10% of people with cataract living within one hour of the hospital had received sight-restoring surgery. Services at the hospital, while of high technical quality, were not “patient friendly,” and monitoring was minimal. Could this trend be reversed with something *other* than another large infusion of money?

With the goodwill of key leaders at the KCMC Hospital and Eye Department, KCCO, supported by the International Eye Foundation SightReach© Management programme, took on the challenge of leading the change initiative in the Eye Department. The community outreach programme that “feeds” patients to the Eye Department is a real partnership, supported by Seva Foundation, Seva Canada, SightSavers International, local Lions Clubs, Cristoffel Blindenmission, and the Kilimanjaro Regional and District Ministries of Health.

The Table shows some changes since the transformation began.

Indicator	2001	2004
# cataract operations at KCMC*	752	2,026
# total surgeries at KCMC	1,420	3,005
Regional cataract surgical rate	402	1,124
Cataracts /staff surgeon at KCMC*	188	506*
number of department staff	47	58
number of trainees	Five residents, four cataract surgeons	Ten residents, five cataract surgeons
Management information system (Patient service statistics)	Yearly reports produced by nurses	Monthly reports from clerks used to monitor progress toward goals
Cost recovery	No system to calculate	Monthly reports show around 40% recovery of running expenses from patient fees in a tiered system which serves rich and poor.

*This includes all adult and pediatric cataracts operated at KCMC. The Eye Department provides about 750 additional cataract surgeries/year outside Kilimanjaro Region, which are not included in these statistics.

The KCMC Eye Department has not yet reached their service delivery goals, nor is it clear yet what proportion of costs can eventually be recovered given the circumstances and socio-economic environment in which the hospital works. Karibuni Macho was initiated in 2002, but if successful, it will never be finished. That’s because successful institutional change requires a commitment to *continual* change, the choice to look constantly for ways to improve existing systems to serve patients with better quality services. Technical and managerial skills, coupled with open, thoughtful, strong leadership is essential to the process.

We hope that others may learn from our experiences.