SERVICOM Index Report

The People’s Right To Be Served Right

COMPLIANCE EVALUATION OF THE PRIMARY CARE CENTRE OF NATIONAL EYE CENTRE, KADUNA

FEDERAL MINISTRY OF HEALTH

SEPTEMBER, 19TH 2007

SERVICOM
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1.0 Introduction

This is a report on the findings of a SERVICOM Compliance Evaluation of THE NATIONAL EYE CENTRE (PRIMARY CARE CLINIC) herein after referred to as the NEC, (PCC). Compliance has been measured against the SERVICOM Index, a yardstick for measuring the quality of service as delivered by Government through its various Ministries, Departments, Parastatals and Agencies.

The SERVICOM Index is predicated on the facts that:

- The ultimate purpose of governance is to serve citizens;
- Citizens have the right to be served right;
- Service is well delivered only when citizens are satisfied; and
- The Federal Government's commitment to the provisions of SERVICOM (Service Compact with All Nigerians) as a programme to improve service delivery throughout the country.

Customer’s satisfaction is the overriding consideration of service delivery. Extensive research, consultations and surveys have shown that customer’s satisfaction is broadly driven by several drivers, listed below. Key service windows, representative of the services provided by the NEC, Kaduna (PCC) have been evaluated for each of these drivers through customers’ interviews, discussions with staff, discussions with partners, review of key documents and observations made at the service window. The overall Index score for the NEC, Kaduna (PCC) has been calculated as a weighted average of the composite scores evaluated for each driver. The weight of importance attached to each driver is as follows:

- Service Delivery – 30%
- Timeliness – 24%
- Information – 18%
- Professionalism – 16%
- Staff Attitude – 12%
2.0 **Acknowledgement**

We acknowledge the cooperation of the following for their contributions in the course of the evaluation exercise:

2. Alhaji Ibrahim Talba -Permanent Secretary, Federal Ministry of Health, Federal Secretariat, Abuja
3. Dr. G.O. Adejor -Medical Director, NEC, Kaduna
4. Dr. Abdulrazak Gbadamosi -Nodal Officer, Federal Ministry of Health, Federal Secretariat, Abuja
5. Dr. (Mrs.) U.U. Ihenacho-Agbo -Head of Clinical Services & Training NEC, Kaduna
6. Mr. J.P. Zamuna -Head of Administration NEC, Kaduna
7. Dr. M.E. J. Bassey -Head, Coordinating Unit, Federal Ministry of Health, Abuja
8. Mrs. E.C. Obiweluoazor -Nodal Officer, SERVICOM Unit, NEC, Kaduna
9. Mr. Akale -Head, Primary Care Centre, NEC, Kaduna
10. Mrs. Roselyn Igbokwe -Chief Nursing Officer (Ward), NEC, Kaduna
11. Mrs. Clement Igbabee -Head of Medical Record unit, NEC, Kaduna
12. Mal. A.B. Buhari -Head of Pharmacy unit, NEC, Kaduna
13. Mrs. C.F. Ayanda -Head of Laboratory, NEC, Kaduna
14. Mal. Sanni Babayaro -Head, Rehabilitation Unit, NEC, Kaduna

3.0 **Terms of Reference**

The **National Eye Centre** (Primary Care Clinic), Kaduna was selected for SERVICOM Index compliance evaluation following a presidential directive that all Government Departments and Agencies be evaluated for SERVICOM Compliance.

The mandate of the SERVICOM Compliance Evaluation team is to identify those areas or actions that can bring immediate or urgent improvement in services to citizens.
4.0 **Methodology**

Services are provided to citizens by **NEC, Kaduna** through various key Service Windows, some of which are:

- Primary Care Clinic
- Consultant Clinics
- Staff Clinic/ Sick Bay
- Sub-specialty Clinics
  - Glaucoma
  - Cornea and Anterior segment
  - Paediatric ophthalmology
  - Orbit and oculoplastic
  - Retina
  - Radio Diagnostic Services
  - X-ray
  - A/B Scan
- Pharmacy
- Optometry (Refraction), Orthorptist and Optical Services
- Low vision
- Rehabilitation Services
- Community out-reach services
- Medical Illustration
- Laundry services
- Catering
- Cyber-cafe

We consider that the service windows of **NEC, Kaduna** vary significantly according to:

1. Volume of transaction
   i. High
   ii. Low
2. Range of services offered
   i. Full range of services offered
   ii. Limited range of services offered

Thus, a sample of service window representative of services provided by the National Eye
Centre, Kaduna will consist of at least- **Primary care Clinic** (PCC): It provides full range of services and has high volume of customers; it is the first point of call for all new (non emergency) patients coming to the Hospital; it serves as referral clinic to the various specialists clinics and admissions for patients whose illnesses need further attention. It also runs 24 hours call Services.

This service window was selected for evaluation, where evidence was gathered through customer interviews, discussions with staff, discussions with partners (Sightsavers, Kaduna), reviews of key documents and general observations.

<table>
<thead>
<tr>
<th>Name and location of service window evaluated</th>
<th>Date evaluated</th>
<th>With cooperation of</th>
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<tbody>
<tr>
<td>National Eye Centre, Kaduna, Kaduna State (Primary Care Clinic)</td>
<td>19th Sept, 2007</td>
<td>Dr. G.O.Adejor Mrs. C.F. Ayanda Mal. A.B. Buhari Mr. Akale Mr. Clement Igbabee Mrs. E.C.Obiweluzor</td>
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### 4.1 Other customers, staff or documents consulted

Given the particular nature of the services provided by NEC, Kaduna (PCC), the Team considered it important to evaluate further evidence by interviewing Officers of the Sightsavers Kaduna as partner of the NEC, Kaduna. In addition, the Team interviewed members of the Management staff and other staff of the Centre as well as reviewed all necessary documents and operational guidelines.

### 5.0 Findings

The findings presented in this section comprise an Index score that have been awarded for the service window evaluated and for the NEC, Kaduna (PCC), as a whole. In addition, we also present major findings on the quality of service delivery found at the service window,
which we would like to bring to your attention.

5.1 Charter Evaluation

The evaluated score for the Service Charter of the NEC, Kaduna is: 2 out of 3.

**Description:** Commendable

5.1.1 Findings:

The following observations have been made on the Service Charter of the NEC Kaduna.

- The Charter does not describe the service and its opening is not in an acceptable format.
- Vision statement has no timeframe
- Customers expectation is not clearly stated
- Stakeholders participation is not described
- It does not state existing limitations and how it affects NEC’s mandate

5.1.2 Recommendations for improving the Hospital Service Charter:

The following recommendations are provided to assist the centre to come up with a realistic service charter:

- The charter should briefly describe the service. The historical background should be changed to **Introduction and Background**;
- Vision statement should include time frame e.g. “To be the leading Eye Care provider in Africa by the year 2015”;
- The Charter should clearly spell out customers’ expectation. For example appointment procedures could be highlighted, a statement on estimated duration for receiving service;
- The charter should describe stakeholders and staff participation and responsibilities. This shows that the organisation is engaging and cooperating with experts to provide services; and
- The Charter should have a clear statement of existing limitations and should be realistic.

The table below summarises the Index results of the service window. Based on the evaluations of the service window, we have calculated a composite score for the NEC, Kaduna (PCC)

5.2 Index Score
Thus, the overall Index score for the NEC, Kaduna (Primary Care Clinic) is: **2.1 out of 4 (53 %)**

<table>
<thead>
<tr>
<th>Composite score for National Eye Centre, Kaduna (Primary Care Clinic)</th>
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<tbody>
<tr>
<td><strong>Overall Index score</strong></td>
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<tr>
<td><strong>Service Delivery</strong></td>
</tr>
<tr>
<td>1 - Standards &amp; practices / performance</td>
</tr>
<tr>
<td>2 – Reception experience</td>
</tr>
<tr>
<td>3 – Complaints &amp; grievance redress</td>
</tr>
<tr>
<td><strong>Timeliness</strong></td>
</tr>
<tr>
<td>1 – Standards &amp; practice / performance</td>
</tr>
<tr>
<td>2 – Customer friendliness</td>
</tr>
<tr>
<td><strong>Information</strong></td>
</tr>
<tr>
<td>1 – Information</td>
</tr>
<tr>
<td>2 – Customer feedback</td>
</tr>
<tr>
<td><strong>Professionalism</strong></td>
</tr>
<tr>
<td>1 – Transparency</td>
</tr>
<tr>
<td>2 – Efficiency</td>
</tr>
<tr>
<td><strong>Staff Attitude</strong></td>
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</table>
6.0 **Key findings**

The following observations have been made on the quality of service delivery provided by NEC, Kaduna, (PCC), which we feel need to be addressed as a matter of urgency.

**Driver 1  Service Delivery**
- There is no system in place to monitor and record performance against standards;
- Staff confirmed that the centre does not recognise poor performance;
- There is no record of analysis of poor performance and remedial action taken;
- There was no access to male toilet at the PCC as it was under lock and key;
- Complaint procedure does not have time limit for response and resolution not recorded;
- Frontline staff have not been trained to handle complaints;
- Customers complained that actions are not taken to remedy justified complaints; and
- Complaint desk officers do not have authority to deal with complaint at the point of contact.

**Driver 2  Timeliness**
- There is no system to monitor waiting times for initial and subsequent visits;
- The organisation does not meet its waiting times;
- Customers complained that explanations for delays are not given to them; and
- Staff complained that management has not provided extra staff to cover peak periods.

**Driver 3  Information**
- Cost/charges for services not displayed at all service outlets;
- Information are not reviewed and updated on a regular basis;
- There is no evidence to confirm that the Hospital encourages comments from customers on its services; and
- Results of consultations with customers and partners are not analysed and published.

**Driver 4  Professionalism**
- Cost and payment procedure are not detailed at all service outlets;
- Appointment procedures are not detailed at all service points;
o Frontline staff do not wear names/appointment badges
o Officers’ desks do not indicate functions and names of officials;
o Organisational chart is not displayed at all service points visited;
  o A summary of budget and expenditure/results of audit are not provided for the benefit of customers; and
  o There is no evidence that the Centre explains reasons for poor performance.

Driver 5  **Staff Attitude**
  o The Customer Relations Officer does not have sufficient authority to perform his function on behalf of customers; and
  o Some customers confirmed that the Centre has not cared for the special needs of all customers.

6.3  **Additional Findings**

Driver 1  **Service Delivery**
  o Consideration has not been given to the needs of all ethnic communities.

Driver 2  **Timeliness**
  o There is no record of monitoring waiting times; and
  o Customers are not told of any foreseen interruptions to service and unforeseen interruptions are not explained.

Driver 3  **Information**
  o Customers confirmed that their comments are not acted upon.

Driver 4  **Professionalism**
  o Actions taken on analysed complaints are not published; and
  o A record of all training not maintained.
7.0 **Recommendations**

The following recommendations are provided in order to suggest actions that can be taken which could directly lead to improvements in service delivery. In this report, we are unable to comment on general constraints relating to physical or human resources, or structural and systemic issues, which may or may not directly lead to improvements in services.

The mandate of the SERVICOM Compliance Evaluation Team is to identify those areas or actions that can bring immediate or urgent improvement in services to citizens. The question of how those actions might be best implemented is an issue for the Hospital Management to address. The Ministerial Servicom Unit will provide the needed guidance by developing Service Improvement Plans.

7.1 **Key Recommendations**

Driver 1 **Service Delivery**

- There should be a system in place to monitor and record performance against standards. This will assist the centre to measure and review its standards as appropriate;
- The organisation should recognise poor performance and work to improve services accordingly;
- Analysis of poor performance and remedial action taken should be recorded and published for the benefit of customers and other stakeholders;
- There should be access to all toilets at the PCC. Repairs of broken toilets should be given prompt attention, this will prove that the Centre is sensitive to customers needs;
- Complaint procedure should have time limit for response and resolutions should be recorded. This will show that the Centre treats all complaint within its set timeframe;
- Frontline staff should be trained to handle complaints. This will equipped them to handle complaints promptly;
- Actions taken to remedy justified complaints should be recorded and published for
customers benefit; and
o Complaint desk officers should be given enough authority to deal with complaint at the point of contact. This will eliminate unnecessary bureaucracy in handling complaint.

Driver 2  **Timeliness**

o There should be a system to monitor waiting times for initial and subsequent visits. It will benefit the Centre to keep improving its waiting times to the satisfaction of customers;

o The organisation should strive to meet its waiting times standards. It may review some payment procedure to save much time for the customers’ benefit;

o The Centre should honestly give explanations for delays in provision of service. For example most patients wait for upwards of 2 hours before consulting Doctors who might have attended to other professional needs and go for ward rounds. Customers will benefit if this communicated in advance; and

o Management should make some provisions for extra hands during the peak periods. This will reduce stress on limited staff and will contribute to limiting the time customers wait for service.

Driver 3  **Information**

o Cost/charges for services should be displayed at all service outlets for the benefit of all customers;

o The Centre should review and update information on a regular basis. For instance, all information contained in the Staff Information Handbook and Annual Report of 2002 and 2005 respectively are obsolete. Relying on such information can mislead the staff and the customers;

o The centre should show that it actively encourages comments from customers on its services. This will assure customers that that their views are valued and will be convinced that the Centre is committed to deliver high-quality; and

o Results of consultations with customers and partners should be speedily analysed
and published. These will give evidence that the organisation is responsive and ready to implement suggestions from stakeholders.

Driver 4  **Professionalism**

- Cost and payment procedure should be detailed at all service outlets. This will encourage transparency and increase customer confidence in the Centre;
- Appointment procedures including consultation times, payment after the closure of banks should be clearly detailed at all service points for the guidance of customers;
- Frontline staff should wear names/appointment badges for easy identification by customers;
- Officers’ desks should indicate functions and names of officials. In the case of different staff using same desk, removing desk names should be used. This will enable the customers to become familiar with the staff treating his case;
- Organisational chart should be displayed at all service points. This will inform the public of the structure of the Centre;
- A summary of budget and expenditure/results of audit should be provided for the benefit of customers, to ensure accountability for public money and guarantee continuous service delivery improvement; and
- There should be recorded evidence that the Centre explains reasons for poor performance. It will assure the public that the centre is humble and is willing to improve its services.

Driver 5  **Staff Attitude**

- The Customer Relations Officer should be given sufficient authority to perform his function on behalf of customers. This will eliminate avoidable waste of times; and
- The Centre should care for the special needs of all customers. Especially the needs of customers who have to sleep in the open at the reception areas for treatment the following day.

**7.2 Additional Recommendations**

Driver 1  **Service Delivery**

- Consideration should be given to the needs of all ethnic communities. The Centre should regularly publish how its activities are impacting/ socially enriching the communities using discretionary initiatives.
Driver 2  **Timeliness**
- There should be a record of monitoring waiting times. This will help the Centre to keep its performances in focus; and
- Customers' should be told of any foreseen interruptions to service and unforeseen interruptions should be explained. This will assure them that the Centre is concerned about their welfare.

Driver 3  **Information**
- There should be recorded evidence that Customers comments are acted upon. This will encourage them to continue to give feedback to the Centre.

Driver 4  **Professionalism**
- Actions taken on analysed complaints should be published; and
- A record of all training not maintained. This will guide the Centre on the needed areas of training for its staff.