



Evaluation of public health services in the governorate of Tataouine: diagnosis and alternatives

Executive Summary

Background and introduction

This participatory study is the first-of-its-kind in Tunisia to provide an evaluation of public healthcare services in the governorate of Tataouine and its delegations. This study takes as its starting point the belief that the involvement of citizens in evaluating public services is a fundamental pillar in the promotion of participatory democracy in marginalized regions affected by unequal access to basic services. This study falls within International Alert Tunisia's aim to produce knowledge, centred around citizen viewpoints, on public policies and their impact on inhabitants of Tunisia's marginalised neighbourhoods and interior regions.

For International Alert (Alert), the choice to conduct this study in Tataouine, the largest governorate in Tunisia, yet the second - least populated, was based on a number of reasons. Alert started work in Tataouine at the end of 2015 with a quantitative research titled 'Marginalisation, insecurity and uncertainty on the Tunisian-Libyan border: Ben Guerdane and Dhehiba from the perspective of their inhabitants'. This research showed that the provision of basic services such as healthcare and education were of far greater concern to local inhabitants than terrorism or insecurity. Additionally, the choice of this issue came after several discussions with local organizations and authorities. Local civil society organizations in Tataouine deemed the condition of healthcare services in their governorate as a priority issue that needs to be addressed, with the presence of only 11 specialized doctors covering the governorate. This need was more pressing after unfortunate incidents such as women's death during labour, due to the absence of a specialized doctor at the regional hospital.

The full study provides an overview of the healthcare services provided to the inhabitants of the governorate of Tataouine, from the viewpoint of citizens, then reviews the main recommendations and suggested solutions to overcome the current shortcomings, looking at successful international experiences that can be referred to for arriving at local solutions. It is an advocacy tool that could be used to shift the focus of the central government towards the human security needs of local inhabitants in border regions.

This executive summary summarises main findings and recommendations.



Partners

The study is not only participative in its attempt to place citizen viewpoint at the centre, but also in bringing together local, national and regional partners who possess complementary expertise: The **Network of Civil Society Organizations in Tataouine**, the **Civil Society Coalition for Defending Public Healthcare Services and the Rights of its Users** and **Shamseya for Innovative Community Healthcare Services**. The Network of Civil Society was created in 2012, bringing together around 32 local organizations covering all delegations of the governorate. The Civil Society Coalition was created in 2013 with an initiative from users of public healthcare services and the provider of healthcare services. Shamseya is an Egyptian social enterprise founded in 2012 comprised of healthcare experts, researchers and programmers working on creating sustainable community-based solutions for local healthcare challenges.

Methodology and research tools

In the belief that the right to health is a normative right that can be measured, partners agreed on the four main criteria to assess the realization of this right. The first is the adequate availability and provision of healthcare needs, including well-equipped medical institutions and necessary human recourses. The second concerns providing access to all, especially marginalized groups, women and children. Financial abilities should not stand as an obstacle to accessing this right, where equity ought to be guaranteed in the geographic distribution and financing of healthcare services, with a particular focus on remote and isolated regions. Third, the acceptability of the services where all healthcare facilities, goods and services must respect medical ethics and be culturally appropriate for the patients and the professionals in this sector. And finally, the fourth criterion is related to quality, whereby the facilities, goods and service provided should be of good-quality, dealing with patients as a human being and not just as biological beings.

The importance of this study lies in its ability to place citizens and their needs at the centre of debate, with of the conviction that community participation and fostering mechanisms of social accountability are cornerstones to the effectiveness and sustainability of reform approaches (demands), particularly in the healthcare sector.

In doing so, the study relied on quantitative and qualitative research tools that include:

- A questionnaire conducted by the Network of Civil Society Organization in Tataouine, which included a sample of 1,100 respondents who are residents of the various delegations of Tataouine with the aim of understanding their perceptions of healthcare services in their governorate. Field researchers undertook home visits to pose questions to the respondents and fill in the questionnaires.
- The organization of focus group meetings, those included respondents from the quantitative research. During the focus group meetings, the views and recommendations of citizens were collected in order to complement the questionnaire.

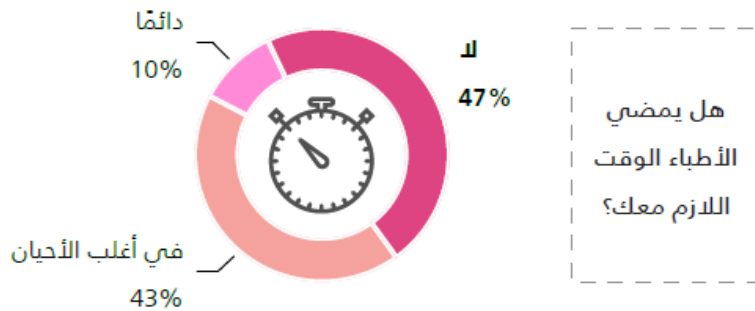
- c. Personal interviews by the research team with local authorities, doctors, nurses, patients, and representatives of civil society.
- d. Field visits that include Reproductive Health Units as well as primary healthcare centres.
- e. An evaluation of the quality of services provided at the *Tataouine Regional Hospital* from the viewpoints of the recipients of the services, through a community assessment process where researchers base their evaluations on 128 indicators of the quality of healthcare services provided to the service recipient. This evaluation is the first of its kind in Tunisia.
- f. A workshop on the key recommendations from various organizations as representatives of local civil society in Tataouine and the target groups their projects address.
- g. Recommendations from the Civil Society Coalition for the defence of public health services, entitled 'Urgent Actions to save public health facilities'.
- h. Desk review and discussions between experts and researchers on community solutions to health challenges.

As with any study, there are limitations that we were aware of in the development of the study:

- a. The study was conducted prior to the decision of establishing the eighth delegation of 'Beni Mehira' in Tataouine, consequently we covered only seven delegations in the third section of the study, 'Community assessment of health services in each delegation'.
- b. Physical access to the healthcare facilities has proven to be an administrative challenge, as we were not granted access, despite our continuous efforts to obtain necessary authorizations.

Major findings

When asked if the time the doctor spends with the patient is sufficient, 47% responded with 'no', 43% responded with 'in most cases' and only 10% responded with 'always'.



According to respondents, in the questionnaire as well as in the focus group meetings, one of the biggest problems is the shortage of specialized doctors in all specialities and their absence in others.

When it comes to the services of the regional hospital, there is a remarkable shortage of specialist departments (Cardiology, gastronomical diseases, psychiatry, resuscitation and anaesthesia units). Instead, patients are hosted at the General Medicine Department if there are adequate resources to accept them. Yet more important is the fact that the regional hospital has only 11 specialized doctors (2016, Ministry of Health) making Tataouine the most deficient governorate in Tunisia in this regard. In comparison there are 22 specialized doctors in Kebili, 26 in Tozeur and 35 in Siliana.

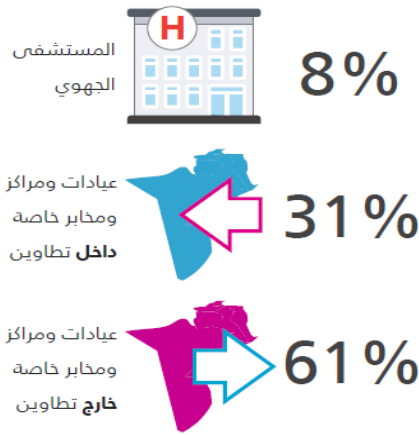
According to respondents, the Regional Hospital scored 5/10, when it comes to safety and security, 1/10 when it comes to performance of doctors, 3/10 for nursing, 3/10 for cleanliness, 4/10 for comfort, 6/10 for easiness of the procedures, and 6/10 when it comes to patient rights. These scores were derived from our fifth research methodology of evaluating healthcare facilities based on 128 indicators. These indicators measure the quality of the healthcare service provided from the viewpoint of the patient.

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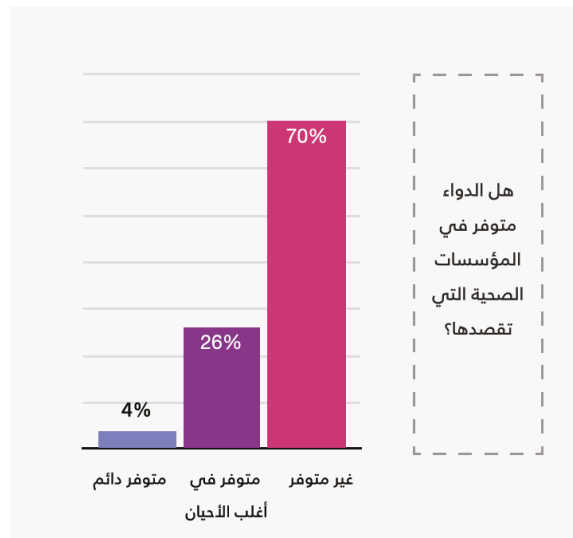
When it comes to medical tests and radiology, 8% of the respondents mentioned the regional hospital as the destination they refer to, 31% refer to private clinics and laboratories, while 61% resort to clinics and laboratories outside the governorate to get the medical tests done.

أين تذهبون لتلقي خدمات العيادات الخارجية والتحليل والأشعة والفحوصات؟* (في ظل صعوبة أو استتالة الحصول عليها بالهيكل الصحية العمومية للجهة)



When asked whether the medication prescribed is available at the healthcare facilities that they refer to, 70% responded that the medication is not available, 26% responded that it is mostly available and only 4% confirmed that it is always available.

عينة من نتائج الاستبيان





Recommendations

Short term recommendations include:

- The classification of the regional hospital in Tataouine as "a special priority institution" for the assignment of specialized doctors in order to compensate for the current shortages.
- With regards to reproductive health, the establishment of continuous contracting schemes with gynecologists covering all delegations of the governorate.

Medium-term recommendations include:

- The expansion of the list of medical tests and examinations carried out in local hospitals and healthcare centres, in order to better respond to the needs of local patients. Additionally, the adoption of a 'sample-taking' mechanism in primary healthcare centres, where the centres would send the samples to specialized labs, then return the results to patients. This alleviates the pressure on patients who would need to leave the governorate to get their tests done.
- The adoption of participatory governance approaches in the relations between the administration, service providers, patients, and local civil society. This includes involvement in decisions on resource allocation and follow-up, primarily through putting into effect mechanisms that promote social participation and accountability and more generally the promotion of participation of users of public health services in the diagnosis of shortcomings, control of quality and reform of the sector.

Long-term recommendations include:

- Reviewing the strategy of training doctors in a way that responds to the needs of the local community.
- Improve resource management and strengthen it, as the problems lies not in the lack of resources, but in its management in a participatory way that guarantees accountability.
- Establish incentive mechanisms for doctors that does not only rely on monetary incentives, but professional and learning opportunities.

[Full Arabic version of the report](#)

This study was conducted with the support of the European Union.

