INFORMATION

MOODLE

Our Moodle platform for the members of MBACEA Alumni has completely redesigned! Regard several major changes have been made. One of them concerns the course structure. The new design offers various advantages: a clearer structure and increased usability! This facilitates your searching activities. Please have a look at our redesigned Moodle platform:

https://acc.hs-neu-ulm.de/

Newsletter

We ask all MBACEA Alumni to send news, research, best practice, ongoing discussions concerning hospital management in your respective field of expertise that are worth sharing with all MBACEA members.

Appointment

Alumni Conference and Kenyan country meeting: 20th – 23rd of August 2012 held in Mombasa. The topic will be ‘Leadership, Management and Governance in Health Sector’.

Next chat: 5th of September 2012 at 5 pm (UTC+2).

Country meeting in Malawi: 17th - 19th of October 2012. The topic will be ‘Human Resource for Health and Sustainable Health Financing options’.

EDITORIAL

Dear MBACEA Members,

Attaining 40 and above within two years is a true sign of growth in number and strength. The former and latter can only be measured in postently. Although it is difficult and at times may seem like an uphill battle, but with our commitments in keeping this Alumni alive, down plays the challenges envisaged. Our Newsletter and other activities will go a long way to create impacts in our communities and academic milieus. The best is yet to come.

Therefore, as a true family of friends, despite our distances, our forum, chatting and exchange of professional knowledge and skills is very imperative in order to make a difference. It is only through this that we can be sustainable. For all these to have happened, we drew support and strength from HNU, DAAD, Alumni coordinators, Alumni leadership, members and Government authorities/other Stakeholders.

It is therefore my wish that we continue forging ahead but with positive impact created. It is our challenge to contribute and change our Health Systems for the best.

Thank you all immensely for the sacrifices and contributions.

Mr. Eseme Elias Tong
MBACEA President
Another Female African Laureate produces Masterpiece Masterthesis

Mother of 5, Rose Futrih Ngong assistant Supervisor of Nursing Services Regional Hospital Bamenda in Cameroon has emerged best Masterthesis graduate. This announcement was made public by Prof. Rainer Burk. The occasion was the graduation ceremony in the HNU campus on June 29, 2012.

Four different classes of Post Graduate Course including Business Administration and Healthcare Management for African Managers and Doctors were honored with Master Degrees. At the hub of this event, which was colored by the grandeur of melody from the HNU musical band was the class of MBA for Medical Doctors and HealthCare Managers a well-designed course which was patterned to meet the exigencies and realities of African healthcare systems south of the Sahara. Supervised by Ms Dr. Marion Drechsel of the HNU, Rose’s thesis was titled.

The Applicability of Peer Review and Self-Assessment in Improving Nurse –Client Communication in Cameroon

The graduate explained that self-awareness by the nurse in the communication process is at the bedrock of service delivery. Unfortunately the student acknowledges many health care providers notably nurses do not know “who” they are. This inadvertently impairs the quality of communication package between the nurse and the client.

Of course communication, Rose admitted, is the oil that lubricates business operations. Ineffective communication contributes to poor patient understanding and eventually compromised health outcome.

After the first study to identify specific gaps, training on communication skills were effected and second inquiry was carried out using a cross sectional descriptive design for the actual self-assessment and peer review of Nurses, an exploratory survey for the Clients and an archival design to get information from the Customer’ complaint logbook and the cost recovery records of the hospital.

Results after the training of the Nurses on communication competence:

- Client absconding rate reduced from 5.76% to 3.61%.
- cost recovery fund gained 2.15%
- Admission communication competence increased by 14% for the self-assessment, and 25.33% for the peer reviews and for the Clients survey by 8.84%

Master of Business Administration (MBA) in Healthcare Management at HNU

In 2005 the HNU was selected as academic professional partner for further education in health management by the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ). More than 120 doctors and hospital administrators from East- and Central African Countries (Cameroon, Kenya, Malawi, Rwanda and Tanzania) have successfully finished their further education in health management. The HNU conducted the theoretical and practical phase of hospital management course which culminated in the award of Post Graduate Diploma (PGD) in Hospital Management.

Therefore, the MBA was built on this PGD as the first phase of the program by the HNU.

The second part was characterized by modules amongst Internationalization in healthcare, Information Management, Management and Leadership. This second lap of the course was done at the Mzumbe University in Tanzania Africa. This facet of the program utilized the expertise of well-seasoned professors and members of the academia from Africa, Europe and America.

The 2012 graduation ceremony combined with the Alumni - Conference end of June at HNU was the second of its kind following the passing out of a first batch of MBA graduates in 2011 during Dr. Florah Bukania from Kenya earned the best Masterthesis award. This brings the number of African Healthcare experts from this course to 42. It is hope these graduates will in turn train fellow African health managers and thus produce a multiplier effect, which will transform the healthcare sector in Africa. These graduates and health practitioners have formed an association supported by the (DAAD) German Academic Exchange Program. The Alumni is called Master of Business Administration for Central and East Africa better known by its English acronym MBACEA. So far MBACEA has held 3 Alumni workshops; 2 in Germany and 1 in Africa. The next workshop is planned for August 2012 in Kenya.

Atoh Derek Suh, Human Resource for Health Development Expert, Cameroon
Country Meeting in Rwanda

Report / Summary

Hochschule Neu-Ulm | Kerstin Schultheiß | +49(0)731 9762-1608 | kerstin.schultheiss@hs-neu-ulm.de | www.hs-neu-ulm.de

Health Care Management Solutions – The Power of Networking

The international MBACEA-Alumni workshop organized in August in Morogoro, Tanzania 2011 was the opportunity to bring together all Alumni Members for a strategic thinking by defining their vision, mission and setting country specific objectives and activities for the overall MBACEA-Alumni network and for each country network.

The objectives of MBACEA-Rwanda Alumni experts in healthcare defined as:

- To assist district hospital in improving the quality of customer care and clients satisfaction
- To improve leadership skills and good governance of district hospital Bord of Directors (BOD) and District Hospitals Management Committee
- To contribute to human resource for health development through transfer of knowledge to bridge the existing gap in quantity and quality
- To support district hospitals in developing their Master Plans

Considered as the engine of any Company, human resource capital is a challenge in the Rwandan health system. It has a huge range of causes which should be addressed for a whole week seminar. Debates focused only on high staff turnover, the causes, reasons, direct and indirect consequences and measures to be taken to retain staff (motivating factors excluding salary).

Health service delivery package

Client dissatisfaction” Poor Customer Care may be caused by long waiting time, shortage in staff (quantity and quality), lack of mechanism in place for clients orientation, poor communication system, etc. Discussions concentrated on long waiting time (national average is /- 2 hours) for our patients, where patients are waiting +/- 2 long hours without any other proposed activity before entering Doctor’s consultation room. Then, the time they enter the doctor’s consultation room, they only stay for +/-12 minutes. Thereafter they do complain for lack of orientation from health professionals.

Leadership and governance

The selected point for analysis during the country meeting was ‘hospital strategic / operational Plans and their implementation’. What are the expected results from the meeting? A case study from a district hospital showed low level of participation of heads of departments in planning processes, while they are the ones to ensure the implementation of plans.

One Stop Centre

This as an action taken to shorten patient flow processes and by then reduce risks attached to, e.g., nosocomial infections, that has been introduced in Kibuye District Hospital. During the guided hospital visit, alumni members assured their support wherever needed to act as change agents and multipliers.

Conclusion and Recommendations

The MBACEA-Rwanda Alumni first country meeting was successful, even if a number of partners in health declined at the last minute their participation, due to conflicting agenda. But the ultimate goal was achieved: drafting an action plan to submit to the Ministry of health and to other interested stakeholders for strengthening the country health system. The Minister of Health Delegate congratulated Alumni members to have had such good idea to come together as Alumni, and ensured to transmit to the Honorable Minister the report and recommendations from this meeting.

As recommendations, there is a wish of holding such meeting at least once in a year, for assessing the achievements and plan for next steps. Alumni members agreed on the drafted action plan and tasked the country representative to start looking for possible financial support for its implementation.

Béatrice Uwayezu, MBACEA-Rwanda Alumni Country Representative

MBACEA-Rwanda Alumni

First Country Meeting was held from 07th – 11th of June 2012 in Karongi. Since all alumni members do on a daily basis meet and interact with key partners in health, the meeting was the occasion to come together and let them know their existence as Alumni, what they are capable of and define ways of setting a collaborative approach. Several themes have been presented, discussed and at the end an action plan elaborated.

Human Resource for Health
Hospital management provides a direct link between healthcare facilities and those supplying the services they need. It is a new theory in management faculty. Earlier, a senior Doctor used to perform the function of a hospital manager. However, everything nowadays demands a specialist. Many categories concerning medical sciences and hospital have altered totally. There are various types of hospitals today, including ordinary hospitals, specialty hospitals and super specialty hospitals. The categories are regarding to the types of services they offer to the people. Eligible professionals are needed for the smooth operation of a hospital. Various courses and training programs have been developed to find out eligible hospital managers.

Today, the management of hospitals in Cameroon in particular and Africa in General is shifting gradually, from Senior Doctors to trained hospital managers. A hospital manager is in a way responsible for administrative dealings of the hospital. He accepts the charge of various aspects of hospital management and health administration reverencing to the patients and healthcare.

This paper will be addressing selected challenges and solution approaches in the management of Cameroonian hospitals.

High turnover of Physician staffs

Doctors are major actors in health care delivery. They carry out consultations and give directives on the kinds of treatment to be administered to patients.

In a situation where their turnover is very high like in the case of Banso Baptist Hospital, this jeopardizes the quality of care delivered. The situation in our hospital has been acute over the past few years. We hire these young Doctors directly from medical school and they work just between six months to one year and gather experience and resign and we hire new once again. In 2008, we started the year with 5 Doctors, hired 3 within the year and four left. In 2009, we hired 5 and by the end of the year 3 had gone. In 2010 we hire 6 and by the end of the year 3 had gone. In 2011 we hired 4 and by the end of the year 2 had gone. This has been a major challenge especially with the quality of care and the time the older Doctors spend to follow up with the new recruited each time they come in. We spend much of the patient's time giving orientation to one new Doctor or the other.

We consider most of these young Doctors for using our facility just as a training ground to gain some experience and move out to work elsewhere. They complain always about low pay, high volume of work load, restrictions on Para-practice and high control and monitoring. It is very common to here patients exclaim "what has come over BBH, each time I come I meet a new Doctor!" Many of them do not have the spirit of ownership for the hospital.

As a solution to this challenge, we have tried to review Doctors' pay, reduce their time of orientation, provide them with accommodation with basic furniture and household equipment, include them in decision making in the hospital, provide basic sports infrastructures since most of them who come are young, introduce training programs for specialization in internal medicine and general surgery and provide internet services in their homes. This notwithstanding, the turnover is still high.

Patient's inability to pay for health care due to extreme poverty

We have a cumulative outstanding medical bill of the past ten year up to December 31, 2011. This is a huge amount for services already rendered which we are unable to collect. This has put a lot of pressure on our finances and makes operations quite challenging. The uncollectable medical bills continue to rise with increase in poverty.

There is no desirable solution to this challenge at the moment. However, there is the coming up of a local health insurance scheme, Mutual Health Organization in our community which is beginning to address part of this challenge. We are working hand in hand with this organization to encourage members of our communities to register and make sure they renew every year.

This is still a new concept and as many people are getting registered, we foresee a drop in the outstanding medical bills. Also, we are emphasizing on an initial deposit on admission in the hospital to cover part of treatment.

Aseh Munthe, Assistant Hospital Manager, Banso Baptist Hospital
Challenges and Solutions Approaches of Hospital Management in Rwanda

The Rwandan health sector has followed the governmental policy on decentralization process since 2000. The decentralization process has so far passed through different phases which have positively impacted the functionality of the healthcare delivery system, but also still facing various challenges on a daily basis hindering the achievement of objectives, mission and vision stated.

Poor Planning and lack of implementation of the plan

Since 2009, all health facilities are required to elaborate annual operation plans. Those plans are available but without ownership and not shared by the actors. We decided to only address weaknesses in the planning process, its implementation, monitoring and evaluation of the plan. A case study conducted by MBACEA Alumni member presented the lack or absence of participation in operational plan elaboration by heads of departments in Gitwe District Hospital, what explains the low level of implementation of the plan. As it is well know that you don’t plan, you plan to fail! The chance to perform properly our duties is undermined without a clear guiding document prepared, agreed and owned by all actors.

Concretely, poor planning, monitoring and evaluation of the plan has been identified as the challenge number 1 to be addressed.

The Ministry of health has developed policies, guidelines, norms and standards, the health sector strategic plan 2012-2018 is available from which, district hospitals plans have to be aligned to.

MBACEA Alumni will not invent the wheel, but would like to build capacity and the culture on strategic / operational plan elaboration, monitoring and evaluation of the plan. The process of building capacity will consist in orientation meeting of district hospitals board of director members (as many of them do not have managerial background) followed by two days session on planning process, monitoring and evaluation.

The second target group is the district hospital Management Committees, which are required to be more committed for building the culture of planning, monitoring and evaluation of plans. Management Committees will in return train the head of departments and call MBACEA Alumni for support where needed.

Poor Customer Care

Good customer service is the life-blood of any business. Good customer service is all about bringing customers back. The essence of good customer service is forming a relationship with customers—a relationship that individual customer feels that he/she would like to pursue.

A range of interventions have been initiated to bring the population closer to the health services delivery points (new HC constructed with initiation of health posts), the number of ambulances has been increased, community health workers have been trained and given packages of activities to perform.

In the same baseline study, 65% of interviewees (customers) expressed lack of proper mechanisms for collecting complaints and their management.

A Patient’s charter has been developed, distributed to district hospitals, but not disseminated to the public. It is therefore urgently needed. Each district hospital has a suggestion box, but again a number of the inhabitants are illiterate.

MBACEA—Alumni proposes conducting training for everyone in charge of customer care with proper tools, especially complaints and complaints management.

1. To reduce the long waiting time, three scenarios will be proposed: Review of medical doctor daily work agenda and adapting to the patients’ flow.
2. Start thinking about the management of referral cases by initiating consultations on appointment (except emergency cases).
3. Taking benefit of that long waiting time to pass educational information that contributes to the improvement of health care quality. This will call for identification of topics to prepare and the persons to train for.
The Kenyan Health Sector’s vision is to provide an equitable and affordable health care system of the highest possible quality. To achieve this, the Health Sector is now taking steps to implement an appropriate Health care approach. For realization adequate investments in all aspects of the health system, including hospitals are required. Currently there are about 8,103 active health facilities of which 482 are hospitals. The overall goal of the Hospital reform agenda is to ensure provision of high quality and appropriate medical services but it faces several challenges.

**Poor Hospital Management Skills and Approaches**

Of all Hospital Management Teams in Kenya, consisting of Medical Superintendents, Nursing Officers and Administrators, almost all have little or no Hospital Management training. This was revealed in an 2008 Assessment where health managers reported, they felt inadequately prepared or not prepared at all for their role. Furthermore capacity gaps were noted in the training institutions in terms of courses specifically for health managers. All this resulted in a severely constrained service delivery in Kenya.

The solution approach was to embark an overall low level of management skills amongst health Managers, the Health System Strengthening Programme. The curriculum of the programme was developed standardized and taught in training institutions with the support of AMREF, KMTC and other organizations and lasts for 16 weeks.

**Dilapidated Infrastructure and Equipment**

The Majority of the hospitals in Kenya were constructed in the 1960s and 70s. Nowadays they are categorized into National, Provincial and District hospitals. The main problem is, that since the very first construction, only little expansion and rehabilitation has taken place. As a Result the hospitals suffer from dilapidation of buildings and infrastructure as well as from using old and unreliable equipment, especially in the laboratories and radiology.

As a solution approach, a project, initiated from hospital re-forms aims at improving the infrastructure and equipment of the hospitals. The aim is to improve the general outlook of the hospital as well as its including landscape. This includes new installations of plumbing and electricity, as well as getting rid of old and non-functional equipment. Furthermore, modern waste disposal systems are to be established. To maintain the new installed equipment, Standard Operating Procedures (SOP’s) have to be created and diffused. Additionally resource management practices needs to be improved. Overall, the adherence to new regulations and practices is monitored through performance contracting.

**Dilapidated Infrastructure and Equipment**

The Training Contents were:

- Principles, including access, quality, coverage, safety, efficiency, effectiveness, equity and rights based approaches, health systems building blocks and hospital
- Health laws and regulations governing health care delivery
- Resource generation, mobilization and management strategies and their application to health care delivery.
- Effective leadership and management in health care delivery
- Planning, Monitoring and Evaluation
- Operations research with effective documentation and dissemination mechanisms
- Developing a 5 year Investment plan for the hospitals

The participants reported afterwards to have discovered several proceedings due to the training. They reported to understand how their management practices contribute to the performance of the health sector and furthermore felt more competent to manage their facilities. The Managers told that they themselves perceived improvements in health planning, human resource management, financial management, and commodity and supply management, more efficient day to day operations.

But despite the great success of the programme, it faces further challenges concerning staff movement, motivation and finances.

**Dr. Salome Ngata, Public Health Specialist, Kenya**
African countries face enormous challenges in their endeavors to promote the health of their populations. Hospitals are commissioned with the responsibility of taking care of people’s health. However, there are very few on-the-ground hospital management educational programmes in developing countries.

In Tanzania, hospitals are either owned by the Government or private institutions including Voluntary Agencies/Faith Based Organizations (FBOs). The distribution of health facilities has a heavy rural emphasis because more than 70% of the population lives in rural areas.

Governments and leaders in the health sectors of resource-limited African countries have aired a constant message that the people charged with leading and managing health systems are not sufficiently prepared for leadership roles (Ngatia, 2006) although they should be recruited, utilized and developed on the basis of their leadership and management competencies. These skills are needed to be competent in alleviating the challenges that beset hospitals in Africa which include:

- Acute shortage of resources including Human Resources for Health (HRH), funds, drugs and other medical supplies and equipment;
- Competing demand of communities, donors, and other stakeholders;
- On-going health sector reforms and public services which are carried out half-heartedly;
- Ever increasing demand for health services due to the rapidly growing populations; and

According to Management Sciences for Health (MSH) model, leaders need to be equipped with competences to enable them to perform the following critical roles pertaining to the health system:

- Scanning for opportunities and resources;
- Focusing on priority areas for attention without losing the vision;
- Aligning and mobilizing critical constituencies to produce desired results;
- Inspiring by implementing what is said and acknowledging creativity and effort;
- Planning for tomorrow and anticipating the future; organizing to get all needed;
- Resources at the right time, in the right place and in the right quantities;
- Implementing plans to deliver intended results;
- Monitoring the work to keep things on track;
- Evaluating whether intended results have been achieved.

The World Health Organization (WHO) came up with a leadership and management framework for health systems which emphasizes, that apart from managerial and leadership competencies, health systems must have sufficient numbers of managers trained in leadership and management personnel, an enabling work environment and functional support systems in order to achieve desired results measured by health status indicators.

In a study conducted by the African Medical Research Foundation (AMREF) and Management Sciences for Health (MSH) in July, 2009 in Kenya, Ethiopia, Tanzania and Uganda, it was revealed that 75% of managers vested with the responsibility of Human Resource Management (HRM) indicated that they lacked the knowledge and skills to carry out the numerous HRM functions. An astonishing proportion (79%) of the respondents expressed the need for training in general leadership and management in order to acquire skills in teamwork and collaboration, communication and interpersonal skills, as well as leadership and advocacy (AMREF, MSH 2009).

Furthermore, studies have shown that many process improvement ideas come from frontline workers with firsthand knowledge of problems and how they can be resolved. When employees are encouraged and do report problems and their efforts to address these problems, managers get information that is unavailable elsewhere about opportunities to improve work systems (Cannon and Edmondson, 2005).

Building capacity in leadership and management

Which impacts positively on service delivery level and improves health outcomes while poor leadership and management of health systems and services is an obstacle to scaling up service delivery and attaining health and development goals in African countries. Health systems need managerial leaders who can execute the visions of health policies and strategic plans. Evidence suggests that management training and practices increase staff motivation and job satisfaction and lead to retention of staff and reduced mortality rates in health facilities.

Lillian Marealle, Human Resource Expert, Tanzania
Challenges and Solutions Approaches of Hospital Management in Malawi

In this paper a number of key issues on health care and hospital management, specifically those that are experienced by Malawian hospitals shall be discussed.

Health Financing

Malawi is classified as one of the least developed countries in the world with a GDP of $220 and a per capita expenditure on health services of about $19. The majority (80%) of Malawians are farmers. Malawians are poor people with no source of disposable income and hence can’t contribute towards government generation of revenue through taxes.

While services in faith based (20% of all Malawian Hospitals) and private for-profit institutions (10%) are paid for, almost all services in public hospitals (70%) are free of charge. Offering services for free makes the system easy to abuse as anyone can access services. In addition people from outside Malawi can and do come in and abuse the system. This leads to exploding consumption costs in health service although the economy can’t generate needed revenue for such essential services.

The major causes of morbidity and mortality in the country include communicable diseases like Malaria, HIV/AIDS, Tuberculosis and other diarrheal diseases. Malaria alone accounts for over 50% of hospital bed space. Looking at the structure of diseases, those can be classified as preventive in nature. But preventing them would require enormous investments in social marketing, health awareness and health life promotion.

The government of Malawi developed a plan of action called the Sector Wide Approach Program SWAP. The idea is, that when two or more partners work together, the outcome is far greater than the sum of each individual party by pooling resources. Furthermore the government has been engaging a number of key institutions in order to make appropriate recommendations for an effective and sustainable health financing mechanism. One such initiative is to collect a small fee at all services in public hospitals that could be generated and used at local level. Through this cost recovery, resources mobilized are further channeled towards other service improvement issues at the hospital.

A number of hospitals have developed ties with key partner institutions that help a lot in terms of technical and also financial support. A typical example is the hospital I am working, Chiradzulu District, where the organization Medicines Sans Frontiers [MSF] is actively working in the field of HIV management. MSF injects a lot of funds into the district through procurement of resources like essential drugs and other pharmaceutical items. It also has acquired a number of ambulance motor vehicles that are used within the district and this has eased up the financial pressure on the part of the district hospital in terms of transport and general fleet management.

Acute Shortage of Drugs

Shortage of drugs and other pharmaceuticals supplies is one key challenge for Malawian hospitals. Most of the relate to inadequate capacity for the procurement and management that supports the whole logistic and supply chain system.

Malawi heavily relies on importing drugs and related supplies for the functioning of its health system. Basic essential medical and pharmaceutical items like surgical gloves, cannulas, and sterilizing tape are imported from foreign firms. The importation process alone suggests that such procurement does indeed take a considerable period of time, sometimes up to 4-6 months. Therefore it is almost impossible to get supplies in case of a life threatening emergency. Buying of drugs and medical items from foreign firms demands that the entities are paid in foreign currency which is conventionally US dollars. Given the weak status of the local currency against major foreign currencies, such procurement of drugs is extremely expensive. Therefore the temptation is to look at sources that supply drugs and other essential commodities at a cheaper price. In this case we have seen a lot of generic drugs from Asian countries especially India. Cheaper drugs from the east have raised a lot of public health concerns regarding their quality and efficacy.

Given the various procurement problems and delays in getting supplies, there was a need to come up with an emergency measure that would ably manage key commodities within the drug supply chain in order to mitigate the impact and assist the majority of people that depend on public hospitals for accessibility of health services.

As such partners like UNICEF, USAID implemented a parallel drug procurement and delivery system for various key health products like drugs for treatment of Malaria, ARVs, Tuberculosis and some other diseases are supplied using a separate system apart from CMS. So far this parallel system has been working well with a few exceptions in terms of timeliness and delivery of the items or drugs.

Andrew Lihoma, Quality & Materials Management, Malawi