EDITORIAL

Dear MBACEA Members,

When the pen flows and flows from the appropriate quarters-like the expert in hospital management for East and Central Africa, full of practical experiences- the impact to the diverse readers cannot be over emphasized.

This Newsletter is one-of-the tools/ways MBACEA uses to disseminate or share its know-how in hospital management. Though diverse we may be or sound, we have a common goal which is to contribute towards the effective and efficient usage of the scarce hospital resources and to improve on African quality of health.

With that in mind, on behalf of this Alumni members, I want to thanks all MBACEA stakeholders for their material, financial, human, spiritual and time resources that are being invested into this Alumni for its sustainability. The way forward is very promising. God bless MBACEA

Yours humble servant

Mr. Esem E. Tong
MBACEA President

EDITORIAL

Dear Friends and Alumni,

I’m very happy to tell you that our African Alumni program for health experts has been renewed for a second period, until 2014, thanks to funds allocated by the German Academic Exchange Service. This makes it possible for us to organise seminars on health care issues and to provide you with useful information concerning your work in hospitals and other health care institutions. The first workshop of this second period has taken place in April 2013 at our university.

This newsletter is also meant to provide all its readers with valuable information and share experiences. In this edition you will find articles, written by our alumni, on subjects such as efficiency in hospital material management and the different ways of reducing waiting times. I hope you’ll find advice and information worthy of consideration for your daily work issues.

Happy reading!
Best wishes,
Prof. Dr. Uta M. Feser

Dear Friends,

On behalf of our HNU-Africa-Team I am very happy to announce our new part-time study course MBA MANAGEMENT IN HEALTH CARE which is offered by HNU (Germany) in collaboration with University of Eldoret (Kenya) and Mzumbe University (Tanzania). The participants have to send their application until 31st of July 2013 directly to the HNU.

More information about the course:
www.hs-neu-ulm.de/healthcare-mba.de

Yours Rainer Burk

INFORMATION

During the HRM-seminar we introduced a new online platform called ‘Alumniportal Deutschland’ which provides more possibilities and functions for you. You can be part of a bigger community - researchers and scientists, experts, students, trainees.

Furthermore, we set the framework and activities for a ‘point-system’ to strengthen the commitment of all MBACEA members. Everybody who wants to participate at the MBACEA-Alumni Conference, which is planned to be conducted in September 2014 have to collect a certain amount of points within the period of June’13 to June’14.

Appointment

Country meeting in Tanzania from 11th – 14th of June 2013 held in Dar es Salaam. The main topic was ‘Health care Financing’.

Next chat: 09th of October 2013 at 5 pm (German time). The chat will be conducted on:

www.alumniportal-deutschland.org

Country meeting in Rwanda is expected to be held from 07th – 11th of August 2013. The main topic will be ‘Human Resource Management’.

Country meeting in Cameroon is expected to be held from 27th November – 01st of December 2013. The main topic will be ‘Human Resource for Health’.

Happy reading!
Best wishes,
Prof. Dr. Uta M. Feser
ALUMNI SEMINAR: ‘HUMAN RESOURCE MANAGEMENT (HRM) IN THE HEALTH SECTOR’

The MBACEA Alumni seminar took place at the Voehlinschloss in Illertissen, HNU conference center from 15th – 20th April 2013. On the first day our president and country representatives of MBACEA-Alumni presented their different activities of their respective countries.

Fundraising / external funding

An introduction to fundraising and external funding was given to the participants. In the seminar the following topics were discussed:

- Making your unique identity known “Brand”
- Application Process
- African and German fundraising experience

After the definition of a brand, the aims of a brand were introduced and important questions to consider when designing a brand like the unique selling proposition. Different forms of donors, public and institutional, were introduced; the members were told how to find information about the availability of public funding. Afterwards participants talked about their experiences from African Hospitals. Sister Juliana from Kenya reported the successful story of the funding of a theater construction project.

Having discussed key challenges and written down the lessons learnt, the newly acquired knowledge was put to use in a group work.

HR challenges

The third day of the seminar on the 17th of April focused on HR challenges in the German health care system as well as HR management in the African perspective. The first session was held by HNU-Professor Dr. Patrick Da Cruz, a Human Resource expert, how first introduced overall challenges in health care in Germany and then talked about HR challenges including the lack of in-country health workers. The session was followed by a discussion.

Professor Joseph Itika lead the second session and presented on Human Resource management in the African perspective. After defining HR Management, he illustrated HR challenges with examples from various countries and afterwards gave examples of some of the best approaches and theories in HR management. Following the discussion of session 2, the participants were divided into five groups and prepared presentations on specific topics in HRM.

Change management and non-financial motivators

The seminar on the 18th was about human resource management and change management as well as non-financial motivating factors. The first presentation was by Prof. Dr. Achim Weiand from HNU, which was titled human resource management and change management. Key elements of the presentation were what he described as the eight major steps of creating a change process. These include:

- Establishing a sense of urgency
- Creating a guiding coalition which means putting a group or team that will lead the change
- Developing a clear vision and strategy.
- Effectively communicating the change vision
- Empowering broad based action and getting rid of obstacles
- Generating short term wins that is visible improvements in performance that will inspire the team
- Anchoring new approaches in the culture ensuring a strong leadership development and succession plan to guarantee continuity and sustainability

The second presentation was by Dr Paul Odwori Okele from the University of Eldoret in Kenya. He talked about non-financial motivating factors in HR management.

He described non-financial motivators as factors or rewards which do not directly involve monetary payments. Some examples cited include:

- Achievements
- Autonomy
- Recognition
- Career development opportunities
- Awards

Following were group presentations about "Factors associated to high staff turnover rate", "Use of non-financial motivators" and "Use of IT tools in Human Resource Management".

On the last day was an excursion to the German hospital ‘Filderklinik’. 
Key policy issues came out of the subject and this formed the basis for recommendations:

- There is a need for the government through the Ministry of Finance to commit adequate resources for public health services.
- Measures to improve efficiency and equity in resource allocation and use require focus in the country’s future health financing strategy in line with HSSP 2011-16.
- Strengthening of public/private partnerships for infrastructure development, equipment and other services.

Way forward

The group agreed to make use of the policy recommendations that came out of this meeting and forward a report to the Ministry of Health so that this can form input to the various technical working groups within the ministry i.e. HR and Health financing TWGs: This was felt as a window of opportunity for MBACEA to significantly contribute towards policy changes in the health sector in order to make it become more responsive to the health needs of the population but also strive at offering services in the most cost effective and sustainable manner.

MBACEA-Malawi members
Government dispenses 60% of hospital services while private sector supplies 40%. Cameroon is plagued by bad governance, a corrupt and HRH constrained system. Transparency International has since 1994 classified Cameroon as one of most corrupt nations in the world. Linked to these low salaries, absence of financial and non financial incentives and lack of retention mechanisms have contributed to unstable and imbalance HRH. Hospital services have suffered effects of low workforce production, de-motivation and no promotional opportunities. Displeasing living and working conditions; poor human resources planning and management, heavy workloads and unfair remuneration systems have marred hospital services. These have led to a propensity for personnel to gain better standards elsewhere giving rise to brain drain. 

Problem 

Beine et al. (2006) ranked Cameroon as one of top 30 countries affected by high rates of HRH exodus. 30% of health professionals trained in Cameroon are working in the diasporas. Figures tell that 80% of Cameroonian trained abroad fail to return home at the end of their studies. More Cameroonian doctors are working abroad than at home. Low salary is key push factor for emigration while weak leadership and governance, corruption, low production of personnel, lack of retention mechanisms are some of the drivers the crises. Staff migration from hospital mainstream care to vertical programs like HIV/AIDS and Malaria is another cause. 

AIDS has contributed to the crises causing loss of labor force through death. Hospitals witness an increasing rate of absenteeism due to funerals of colleagues. Workers dread infection given the steady deaths from HIV/AIDS preferring to work away from hospital based care. 

Cameroon experienced an economic reform via by the World Bank in the 1990s. The effects were dramatic including complete stop of recruitment of certain health personnel for 15 years. Shortage of health personnel and imbalance especially between rural and urban aggravated the crisis. There was strict implementation of retirement at 50 or 55 and employment was limited to 30 years. Financial promotions were suspended, housing and travel expenses reduced. At same time Cameroon witnessed two salary cuts, currency devaluation resulting to income loss of 70% over 15 years. Training for nurses was suspended for several years and training schools closed. The national budget for health dropped from 4.8 % in 1993 to 2.4 % in 1999 and approximately 80% of jobs in hospitals were vacant. There was a careless attitude among employees and under the table payment for services ensued. Absenteeism and lack of consideration to quality became the mainstay. 

Solution Approach 

The World Bank championed an economic recovery after the 1990 reforms. Health budgets have been partially decentralized. Resources are now available at district level. The private sector has been strengthened through a functional public private partnership. Acute shortage of workers has led to direct recruitment of skilled personnel by well managed hospitals. Public hospitals have functional anti-corruption units and corrupt officials have been imprisoned. Good governance has been instituted through trained hospital administrators in public hospitals. All these measures have strengthened ties between the government and donors. 

In 2007, 2009, 2010 and 2011 over 1000 health employees were recruited under the Heavily Indebted Poor Country Initiative. In 2012, government in its “operation 25,000” employed 900 health workers and improved the salaries of state employees. Working conditions have witnessed positive changes in infrastructure and equipment. Six State owned Universities today train medical doctors. Numerous private institutions also train physicians and other personnel. A National Health Workforce Observatory operates in MoH. The bureaucracy of integrating newly trained personnel into the public sector has been simplified through the Integrated Computerized State Personnel & Payroll Management System. A performance based revenue sharing system obtains in public hospitals. Career pathways are available; car loans, salary top-ups and rent subsidy are offered by public and FBOs. Loans are granted to students on condition that they would be legally bound to work in Cameroon and repay the loan. 

Atoh Derek Suh, HRH Expert, Human Resource Manager Presbyterian Church in Cameroon; Health Care Management Tutor @ St. Francis Higher Institute of Nursing & Midwifery Buea
Reduction of Waiting Time

Country - Report Rwanda

Hospital in Kibuye, Rwanda

Hospital management Expert
MBACEA Rwanda Moodle coordinator
Kabutare District Hospital Administrator

Reduction of Waiting Time in Kabutare Hospital in Rwanda

I. Abstract
The waiting time is defined as the period of time between when an action is requested or mandated and when it occurs (E. Price, the waiting time, 1997). In the hospital sector, the waiting time refers to the time that a patient passes on queues waiting for hospital treatments. This time is also called quiet period.

This paper is elaborated to note some of the strategies taken to reduce the waiting time in Kabutare District Hospital.

II. Problem Description
Waiting time in hospital is very harmful to service delivery and on service appreciation by the service seeker.

In Kabutare Hospital, the waiting time is estimated to three hours (MOH, District hospital baseline, 2011). The cause of the waiting time may be due to the lack of pre-consultation services and some unnecessary queues where patients wait a long time. Another issue is that the doctor services begin later due to insufficient staff due to the turnover.

III. Solution Approach
Face this service predator, the management of Kabutare Hospital is seeking on how the waiting time should be reduced at almost one hour. The strategy to reduce this scourge should be addressed in this way.

Establishment of pre-consultation services
In the way to reduce the time between the arrival of a patient and the first contact with the health personnel, the pre-consultation services were introduced to keep patients busy when the personnel are in a morning meeting. These services include health education, prevention of illness, national health policy education, explanation of required documentation and other necessary information that clients need.

Reduction of unnecessary steps and queue time
The most waiting time spent in a hospital by a patient is due to the time which the patient passes on queue waiting for hospital treatments. In Kabutare Hospital, each medical performance has to be paid before the patient gets it. Cause with this system, patients pass along time on queue especially on cash point, the management has decided to fix an amount to be paid before and the final account liquidation be done after the patient has got services and medication. This system will reduce the waiting time by 2 hours.

Patients rendez-vous
In Rwanda, District hospitals are the first referral hospital where patients came in a hospital after being referred by a health center.

The management of Kabutare Hospital has decided to share electronically with health center the patient data for those who are referred. Every evening, health center send the demographic and insurance status of the patient that they have referred to the hospital.

So having the exactly data and the number of patients we’ll receive the next day help the hospital management to organize the service delivery accordingly.

Personnel management and motivation
This strategy aims to be effective in the management of personnel as they could deliver the quality of services. Formerly, the morning staff meeting delayed because more of the personnel came late. The management of the hospital has done some motivational arrangement as the staff feel in good mood of delivering better services. These include transportation arrangement and tea services.

These are some of the strategies that can be used to reduce considerably the waiting time in district hospitals.

Edmond NKURIKIYIMANA
Hospital management Expert
MBACEA Rwanda Moodle coordinator
Kabutare District Hospital Administrator

STRATEGIC APPROACH TO REDUCE WAITING TIME IN KABUTARE HOSPITAL IN RWANDA
EFFECTS OF WEAK CONTROL ON MATERIAL MANAGEMENT IN AFRICAN HOSPITALS

Abstract

Material management, broad as it is, is necessary to an African hospital setting. It is very necessary for proper delivery of goods and services. This study is based on work done in some hospitals and health facilities in Cameroon. It is noted that the absence of proper control in the delivery of goods and services is associated with several consequences.

Introduction

There is no denial that material management is very crucial in a hospital set-up; be it in Europe or Africa. Doctors and other paramedical staff need these materials for their daily services. Therefore, material management is very necessary to ensure that the right quantity of materials is supplied to the right place at the right time. This is only realized when materials are properly stored, ordered, requisitioned, procured and delivered.

Thereby, leaving little in the hospital to be used for patients as intended.

2) Damages: materials damaged were never accounted for or reported to the hierarchy for decision making. In short, no accountability and responsibility.

3) Expired items - nobody cared when materials were expired, most especially as there weren’t any internal controls.

4) Out-of-stock was the sing-song of the day. This is only realized when a request is placed, most especially where stock is manually managed.

5) According to World Health Organisation Regional Office for Africa (2004:3) Training manual, “drugs and other medical materials are part of the link between the patient and health services. Consequently, their availability or absence will contribute to the positive or negative impact on health”. Meaning, if these materials are not available to render services to its customers, satisfactorily, being a part of current assets for the hospital set-up, is very necessary.

6) The fact that materials are purchased and stocked, they constitute part of current assets for the hospital. Meaning, if these materials are pilferage, expired and damaged, they increase cost in the hospital since more is needed again (purchased and stocked to meet hospital demands). Secondly, it indicates that consumption accounts are wrongly charged because supplied items did not reach their rightful destinations.

7) Poor internal control also generates conflicts. No one wants to accept the mess that is going on in the health units. No one wants to claim responsibility. Change is counteracted by stiff resistance.

Conclusion

From the above discussion, it is imperative for internal control to be strengthened for effective and efficient hospital materials management. The absence of this has far reaching consequences as enumerated above among others.

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