EDITORIAL

Dear MBACEA Members,

As long as MBACEA has to be alive, we shall never relent our efforts both at the individual as well a group levels to light its light in our countries and place on the highest of the hills. There is this wise saying:

“As long as a baby does not stop crying, the mother will never stop singing”.

That is what we have been doing in our various countries MBACEA in order to move forward as planned. Country or Regional meetings were in 2013 organised in Cameroon, Rwanda and Tanzania to contribute in healthcare management growth through rigorous but simple brainstorming strategies and recommendations with the involvement of some stakeholders. We look forward for same in 2014 for Kenya and Malawi.

Thanks to HNU and DAAD for all the support. If today we can produce the 5th edition of our Newsletter, it is thanks to our commitments in contributing and sharing relevant healthcare management experiences from our countries. I want to thank you all for this.

I want, therefore, to wish you all a HAPPY NEW YEAR 2014, I pray that almost all of your New Year’s resolutions are achieved by God’s grace. Stay Blessed!

Mr. Eseme Elias Tong
MBACEA President

EDITORIAL

Dear Friends and Alumni,

Last year an African Centre was founded by Prof Rainer Burk, Prof. Thomas Hänichen and Prof. Olaf Jacob in order to coordinate and expand the different African projects of our three departments. Our Africa Centre is intended to pool all HNU African related topics and to develop sustainable competences and increase our reputation. It will enable us to pursue new projects and grants and enhance our cooperation with private foundations. I’m convinced that our Africa Centre will enrich our partnership with our African partners – universities, organisations as well as with you, our Alumni!

As always: I hope you’ll find advice worthy of consideration for your daily work with the information provided in this newsletter.

Enjoy reading!

Best wishes,
Prof. Dr. Uta M. Feser

Dear Friends

God bless you and your families. We are looking forward to meeting you again in 2014. Warm regards from the HNU Team.

Prof. Dr. Rainer Burk

INFORMATION

We kindly inform you that everybody who wants to participate at the MBACEA-Alumni Conference, which is planned to be conducted in November 2014 have to collect 20 points until June’14.

Appointment

Next chat: 12th of March 2014 at 5 pm (German time). The chat will be conducted on:

www.alumniportal-deutschland.org

MBACEA-Alumni Seminar is expected to be held from 23rd – 28th of June 2014 in Germany. The main topic will be ‘Finance & IT in health sector’.

Country meeting in Kenya and Malawi in 2014.

Alumni-Conference is expected to be held from 24th – 29th of November 2014 in an African country.

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First country meeting of the MBA-CEA Tanzania group took place in Dar es Salaam from June 11th till 14th 2013. The aim was to bring together all local MBACEA members as well as key stakeholder to discuss health financing, challenges and opportunities. On The first day of the conference the MBACEA members discussed the mission & vision, agreed on core values, goals, broad objectives as well as specific objectives for Tanzania and planned activities and identified more stakeholders to work with closely.

As a broad objective the participants identified to contribute to effective and efficient management of healthcare resources through development of sound leadership and Management practices.

Furthermore they agreed on objectives specific for MBACEA Tanzania and activities to achieve to help them achieve.

**Strengthening MBACEA Tanzania**
- To market MBACEA Tanzania
- To conduct secretariat meeting quarterly
- To facilitate country meeting once a year
- To mobilize resource for MBA-CEA biannual

**Capacity building on modern healthcare management practices and knowledge sharing for quality improvement**
- To Conduct training needs assessment of health care managers (CHMT&HMT) in one region by June 2014
- To conduct TOT of managers on basic management and leadership skills

**Supervision of quality management to health care providers in collaboration with other stakeholders**
- Support provision of on-site supportive supervision for implementation of good
- Quality practices (5S, IPC....) quarterly.

**Provide consultancy and research in healthcare management**
- Conduct research on best management practices
- Apply for consultancy from various funders

**Contribute to effective and efficient healthcare resources mobilization.**
- Mobilize funds for MBACEA
- Write proposals for fund mobilization

Presentations and discussions took place on the second and third day of the meeting. Presentations included hospital administration in Tanzania which discussed the history, reason, importance and challenges facing hospital administrators. The second discussion looked into the overview of health care financing looking at different mechanisms to finance healthcare. Community Health Fund and National Health Insurance Fund were presented and discussed mainly stressing the need for universal coverage for healthcare services. Access to financing by private health facilities in Tanzania was presented highlighting the availability of special loans that these facilities can access and other benefits i.e. improving management and provision of quality services.

The meeting also discussed healthcare financing and challenges of Faith Based Hospitals (FBH) with Bunda District Designated Hospital being a case study. Health care financing in Public Hospitals was presented and discussed with two case studies from Tumbi Designated Regional Referral Hospital (TDRRH) and Singida Regional Referral Hospital.

On the last day, meeting participants made an excursion to Muhimbili Orthopaedic Institute (MOI) whereas discussions were done with the Executive Director and Director of Logistics and Procurements regarding activities of the institute, financing and its control. It was learned that MOI treats 52% of trauma patients in the country. The institute admits an average of 18 – 25 patients per day. Patients who have not paid timely; physical control is done whereby two Directors and workers from finance department go to these patients and ask why they have not paid for the services rendered, this is done weekly.

The meeting was concluded by discussing the way forward; activities and key players were agreed among members and timeline were set.
FUNDRAISING DINNER

Having been started back in the year 1934 as a dispensary, Kalimoni Mission Hospital Juja in Kenya, embarked on some development projects from 2006 to enable it meet the health needs of the fast growing population of the people within Thika vicinity. The aim of this Faith based institution has been to provide affordable and efficient healthcare especially to the poor. Lack of adequate facilities, the inability of some clients to pay their bills and, making Kalimoni Mission Hospital a one-stop health facility are some of the driving forces that made the management to source for funds to aid these projects. Our dream to own an operating theatre was realized this year, March 2013. Making the local community own this institution, is one of our success stories.

Problem

Lack of an operating theatre remained a main challenge to the institution for several years. Many surgical emergencies had to be referred to the other public/private hospitals. Thus, when the management changed hands in the year 2006, our dream and prayer was to have an operating theatre in the hospital, so as to assist especially the maternity mothers with complicated deliveries. We therefore embarked on this project in the year 2011 by organizing the first fund-raiser within the institution.

Having exhausted all the finances raised in the construction of the theatre, and realizing that the theatre needed to be made functional in order to finally realize our dream, the institution saw it fit to further appeal for financial assistance from friends and well-wishers to enable us equip the theatre.

Solution

A group called “FRIENDS OF KALIMONI MISSION HOSPITAL” opted to help host a dinner to raise funds to support the institution pay for the equipment already acquired on credit.

With the assistance of these friends of Kalimoni Mission Hospital, a fundraising dinner was therefore organized and held on 08th June, 2013 at Craver’s Inn Hotel in Thika for equipping the new theatre. Among the guests at this function were dignitaries like: the area MP of Juja constituency, HON. Francis Munyua, The branch manager of Ecobank Thika Mrs. Ruth Chege, some Medical and academic doctors, representatives from Penta Flower Company, Kenya plant production company and friends of Kalimoni Mission Hospital, from different works of life.

Dinner

The MP, HON. Francis Munyu promised to assist the institution through the community development fund. The fundraising dinner remains one of the most successful and memorable events of Kalimoni Mission Hospital. The combined efforts of the local community, the staff and the administration of Kalimoni Mission Hospital, made the event so fruitful.

The friends of the institution worked so hard; with each member contributing a certain amount of money.

My religious sisters were not left out as they came as a group to offer a helping hand where they could; each sister bringing the amount she had collected using the proformas provided to raise the funds.

Even the young girls in Kalimoni Private Boarding, recognizing the services offered to them by the hospital, participated selflessly making the event of the day a success.

This colorful event began at 3pm and by 9.30 pm, more friends were still trooping into the hotel; both singles and couples to make their contributions. The delicious meals prepared, and the friendly atmosphere made us not to mind the time, because by 10 pm, we were still at the occasion.

Our target was to raise half a million Kenya Shillings, but to our pleasant surprise, we got beyond that. MBACEA members, Prof Burk and our friends in Germany, thanks for helping us achieve our dream. The amount we realized that night was taken away for safe-keeping by our bankers.

With great jubilation, and thanksgiving to God, we ended the occasion at 11 pm.

Sr. Juliana Mose
Hospital Administrator
Every health system has its goal to contribute to the good health of the population. Linked to this, is the goal of equitable financing. Inequitable financing is likely to bring health care out of reach for some individuals, thus health systems should provide conducive environment for the providers as well as the beneficiaries of health care. In Malawi health services are provided in public, faith based and private hospitals. Health services are free in public hospitals, this poses financial challenges. Alternative sources of financing the health sector such as introduction of National Health Insurance Fund and Community Insurance Fund to boost financial base are explored, abolition of free health services in public hospitals considered and payment exemption mechanism for the vulnerable groups reflected.

Problem description

In Malawi, there is universal provision of free health services in public hospitals, apart from input from cooperating partners, most of the revenue for the provision of health services is generated from taxes, which in most cases is insufficient. These translate into erratic supply of drugs and pharmaceuticals, malfunctioning medical equipment and low morale among health workers. Furthermore, this puts a strain on national budget as well as fears of sustainability in case of donor pullout. It is uncertain if this practice is due to inconclusive advice on alternative sources of financing the health sector or only due to policy constraints.

It is therefore necessary to explore alternative sources of financing the health sector in Malawi, so that a course of action can be taken.

Solution approach

The basic functions in financing health systems are resource collection, pooling and purchasing. In Malawi, the health system relies to a larger extent on financial resources from the state. The following sources of financing health care have been explored elsewhere; the general tax revenue. Social health insurance contributions, revenue raised on the basis of group or community membership, private out of pocket payments paid either directly for health care or into private insurance and donor money.

Interestingly, lessons learned from fellow Alumni from Rwanda, Tanzania, Kenya and Cameroon on the experiences in their countries, compounded by knowledge regarding health financing from the MBA-CEA activities has provided insight into what can be done in Malawi. It is time that alternative approaches of financing the health sector in Malawi are explored and the most relevant one adopted.

It is worth noting that whichever method a state chooses to implement, sustainability is critical. In addition, the method should be fair, logical and just to the population. The WHO has eloquently stated that “the most important determinant of how fairly a health system is financed is the share of prepayment in total spending”. Going by WHO’s observation, Malawi need to seek and implement alternative sources of financing the health sector that is consistent with WHO’s assertion.

Malawi Health Sector Strategic Plan (2011-2016) highlights strategies to increase overall financial resources in the sector. Stakeholders at MBACEA country’s meeting advocated for introduction of alternative sources of financing the health sector. The same has also been echoed in various forums in Malawi, the following approaches are possible solutions to the challenges.

Introduction of National Health Insurance fund to be established by an act of parliament, which should provide a health insurance scheme for civil servants and other public sector employees. This should later be extended to low income earners and those from the informal sector in form of community based fund. Payment exemption mechanism for the vulnerable groups with clear determined qualification should be considered to ensure that no one is denied access to health services on the basis of economic status.

The success of this development lies in communicating the concept of insurance to the population through, traditional, political, religious, civil society and labour union’s leaders to ensure voluntary compliance and ownership.

Deusdadit C.Nkhotla, Medical Ultrasound Specialist, MBACEA Alumni, Kamuzu Central Hospital-Malawi.
North West Regional Delegate for Public Health has described the conference focused on addressing the Human Resource for Health (HRH) situation in Cameroon as a timely, wonderful and relevant initiative. Dr Ndiforchu Victor made this statement at the official opening of the MBACEA Cameroon Second Alumni and Health Expert Network Conference which held in Bamenda from the 27th of November to 01st of December 2013.

Discussions at the conference from presentations to group work and analyses in plenary centered on domains notably, HRH situation in Cameroon, non-financial motivational factors in health care, using IT tools in HRH, Performance Based Financing (PBF) as an approach in staff motivation, leadership and governance in health care amongst these.

The Public Health Boss in the North West Region acknowledged that the Cameroon Health System, from the strategic (central) through the technical (regional) to the operational (district) level of the pyramid, are still at a stage where the six health building blocks need to be examined and translated into practical strategies.

“It is only by doing this via initiatives like this conference which is focused on addressing the HRH that we can build a credible foundation for a strong health system”.

He added that “I am strongly convinced that this Alumni (referring to MBACEA) and its efforts in sharing knowledge and skills in the management of health systems will contribute in solving many of the problems in the domain of health sector management and leadership which has plunged the health system in Cameroon into varying deficiencies particularly at the operational and intermediary levels of the pyramid”.

Cameroonian health sector. To this end, the two-day conference was attended by over 56 delegates drawn from private and state health institutions from the 10 health districts of the North West Region. Amongst these participants where District Medical Officers and Medical Officers of the North West Region as well as students and professors in the medical and health faculties from two Faith Based Higher Institutes- the Cameroon Christian University (CCU) and the Catholic University of Cameroon (CATUC) as well as the state owned University of Bamenda.

The conference was also attended by Mr. Frank Kahnert, the DAAD Country Director whose organization (German Academic Exchange Service-DAAD) is one of the funding and partnering agencies for MBACEA. Mr. Kahnert was delighted to join in this Alumni and Expert Conference. To him, “health care system strengthening is central and priority to both DAAD and GIZ”.

The DAAD Country Representative pledge his organization’s unflinching support to subsequent MBACEA undertakings especially in information sharing through the DAAD Yaounde website in domains including doctoral studies and research and scholarship opportunities from some German Foundations and the over 370 universities in Germany.

Atoh Derek Suh and Promise Aseh Munteh / Health Management Experts
The MBACE Rwanda Alumni held their second alumni country meeting between August 29th and September 1st 2013 at Boni Concili in Huye District. They comprise of a total number of 8 members, experts in health care management are so far distributed in the country health system.

As a pool of experts in health care management, Alumni members need to meet different actors in the country health system, to let them know their existence, what they are capable of and if possible define ways of setting a collaborative approach. This planned meeting is a great opportunity for exchange, discuss, present and come up with a shared understanding on challenges issues related to the management of health management settings, which hinder the achievement of the high quality of health care service delivery. Reference made to the six building blocks as identified by WHO for strengthening the health system, MBACEA-Rwanda Alumni has decided to work on human resource management in Rwandan health sector.

Topics on agenda

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. Debates focused on staff fluctuation, demotivation and dissatisfaction, their causes, reasons, direct and indirect consequences and measures to be taken to retain, motivate and satisfy, with more emphasis on motivating factors (non-financial motivating factors) excluding salary. Motivating, satisfying and retaining staff do impact positively on the quality of services delivered and improve clients’ satisfaction. A case study, as best practice on staff motivation, from Police Health Center was presented, after an overview on Rwandan human resource for health status and various interventions and policies set in place to sustain and motivate human capital in country health institutions guided by the District Hospital Director. Alumni members visited Kabutare District Hospital and got the chance to interact with Heads of different departments, who shared their most managerial concerns and needs, in the daily handling of multiple requests, in terms of planning, monitoring and controlling of activities, material and especially challenges in staff management.

Outcomes of the country meeting

MBACEA-Rwanda Alumni met its expectations, which were set as follow:
- Contacts establishment with organizations operating in health sector development in Rwanda
- Identification of ways and means of solutions to the identified problems
- Definition of a certain collaborative framework to strengthen the Rwandan Health System

From the collaboration letter signed between MBACEA-Rwanda Alumni and Huye District, this gives a great opportunity to the organization and Health Facilities located within the District boundaries to establish collaborative measures and take the chance to benefit from the Alumni expertise. This was the way forward agreed on with Butare Referral University Teaching Hospital Director, Kabutare District Hospital Director and one Head of Police Health Center, who was representing other 15 heads of Health Centers from the catchment area. The collaborative approach with concrete interventions towards improved quality of health care services delivery, through modern managerial techniques and methods from MBACEA-Alumni expertise, should serve as best practices, in networking with neighboring districts and marketing tool for MBACEA-Alumni. Continuous interactions will follow to define, according to Hospital/HC specific needs, the appropriate approach for fruitful collaborative framework.

Conclusion and Recommendations

Alumni members appreciated the importance of organizing country meeting. On one hand, it does allow them to come together, share their experience and discuss on possible ways of marketing the organization. On the other hand, it’s an occasion of inviting and meeting development partners in health and presents to them the Alumni’s area of expertise and proposition on collaborative framework. The country meeting was also the appropriate moment for Alumni members to review the main cause for none implementation of drawn action plan from the last country meeting, and elaborating strategies for concrete actions towards marketing the organization and keeping it alive.

Resolutions were taken through selected key activities, which were assigned to individual Alumni members.

Béatrice UWAYEZU
Country Representative
SOLAR SYSTEMS IN THE HEALTH CARE SECTOR

In many African countries, the access to health care facilities in rural areas is insufficient. Hospitals and health centres with modern equipment and adequate pharmaceuticals are rare. One problem to run rural hospitals in a modern way is the lack of electricity supply as the electricity grid does not cover rural areas. Electric lights, fridges for the cooling of vaccines and other pharmaceuticals, ventilators and incubators are often missing, and if available, they are served by unreliable diesel generators that imply high running costs.

In most parts of Africa, Latin America and the Middle East, the climatic conditions and the solar irradiation offer perfect conditions for the use of Off-Grid photovoltaic systems for a reliable energy supply.

Phaesun is a worldwide-operating distribution and service company for solar technology with headquarters in Memmingen, Germany. Phaesun specializes in the system sizing and installation of Off-Grid solar systems and has realized hundreds of projects for rural electrification and solar water pumping systems. The health care sector has always been an important area of operation.

Jürgen Großer, technical expert of Phaesun, started working with solar systems in the health sector already in the early nineties. “I remember some installations that we have realised in 1992 in Irian Jaya/Indonesia. We installed a solar system at a rural hospital to run electric light, an incubator and small cooling boxes for vaccine refrigeration. Due to diesel shortages and the climatic conditions in Indonesia, this was the most reliable option.

I have stayed in touch with the responsible doctor for years to be informed about the system performance.” Since then, the technologies have improved: LED-lights revolutionized solar lighting systems, the industry invested in the development of energy efficient refrigeration boxes and in the improvement of the electronics. These developments make the solar systems much more efficient and cost-effective. But the principle remains the same: Where there is no grid, but a lot of sunshine, PV systems can essentially contribute to the health care in many countries.

Phaesun has just installed several solar systems in rural areas in Panama and Ethiopia. “Most important is bright light” Jürgen Großer reports, “so that the doctors and nurses can work under good conditions during day and night time.” Russom Semere, technical project manager of Phaesun was responsible for the electrification of 10 health centers in Ethiopia. The project was initiated by the aid organization PLAN International and financed by the European Union. Phaesun provided the equipment and installed the systems in Shebedino Zone in South Ethiopia in cooperation with the local partner Lydetco PLC. 10 health centers were supplied with solar energy to power the fridges, lights and laboratory equipment. Each health centre was equipped with 1kW solar panels, battery bank, charge controller and DC/AC inverter which improved the effectiveness of the health centre because it delivered the urgently needed service for the poor communities. Russom Semere explains: “The challenge to successfully implement these systems was mainly the remoteness of the sites.

The transport of the equipment and installation crews was a challenge, however it was safely and efficiently accomplished by our local partner Lydetco PLC.” The weakest part of the system is the battery. Therefore, some basic knowledge about the use and good care is essential. “We have developed a maintenance manual and trained the users,” reports Russom Semere. “For our installations, we always cooperate with local solar companies in the African countries to guarantee a quick response and the replacement of damaged components in due time.” With the appropriate care and maintenance, the solar systems can work for years without any running costs.

About Phaesun GmbH

Phaesun GmbH based in Memmingen/Germany have been specializing in the sale, service and installation of Off-Grid photovoltaic and wind power systems since they were founded in 2001. As one of the world’s leading system integrators of Off-Grid energy systems, Phaesun offer products of all reputable manufacturers of this trade. International project management, purposeful training courses for customers and technical support complete the range of services offered. Phaesun have a daughter company in Vendargues, France and hold subsidiaries in Eritrea and Panama and can fall back on a worldwide partner and distribution network.

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