

GHAP Sends Consultants to Cameroon

By Cindy Wilke

Located on the west coast of Africa, south of the Sahara Desert and north of the equator, Cameroon is home to approximately 19 million people. The Republic of Cameroon was formed in the early 1960s following the independence of colonies from France and Britain. Both French and English are the official languages depending on where you live.

Compared to other African countries, Cameroon is quite stable. This has allowed roads, railways, and large petroleum and farming industries to develop. The main farming products are coffee, cocoa, cotton, rubber, bananas, (palm) oilseed, grains, root starches, livestock, and timber. The fresh pineapple is amazing and the coffee is brewed good and strong. Because of the French influence, baguettes and pastries are widely available.

Even though the country has a strong industrial base, large numbers of Cameroonians live in poverty as farmers. During our recent visit, local officials estimated unemployment at close to 60%. The 2009 estimated per capita GDP is \$2,300 (compared to \$46,000 in the US). At Ngaoundere Protestant Hospital, patients are charged approximately \$ 8.00 for the first week of hospitalization.

The Health System of the Evangelical Lutheran Church of Cameroon (OSEELC) has three hospitals, 19 health centers, a hospital for lepers, and clinics for eyes and teeth. The hospitals are located in the central cities of Ngaoundere, Ngaoubela and Garoua Boulai. The largest hospital, Ngaoundere Protestant Hospital (NPH), has 220 beds. NPH offers a broad range of in and outpatient services: obstetrics and gynecology, general surgical and medical, intensive care, burn unit, emergency, laboratory, imaging, palliative, tropical infectious diseases, mother and child pre-natal, outpatient, immunization, nutrition, education, HIV and tuberculosis patients, physical therapy, chaplaincy and social work, and pharmacy. Through Pan African Academy of Christian Surgeons (PAACS), nearly 3,000 surgeries in trauma, gastroenterology, urology, gynecology and maxillofacial are performed every year.

From August 21 through September 3, Global Health Administration Partners (GHAP) consulted with OSEELC. GHAP consultants included Cindy Wilke, founder and director of GHAP and LOL member; Rev. Jerry Paul, CEO of Deaconess Foundation and former CEO of Deaconess Health System in St. Louis; David Page, former CEO of Fairview Health System in Minnesota; Nesa Joseph, vice president of Deaconess Foundation and former CFO of Deaconess Health System in St. Louis; and Allen Klingsporn, director of logistics and informatics for Essentia Health in Minnesota. This represents GHAP's third year of consulting with OSEELC to sustain Christ's healing ministry in Cameroon.

GHAP's purpose is to partner with faith-based health facilities across the world to create effective administration at those facilities. For this visit, GHAP focused on 4 areas: an OSEELC Board retreat, supply chain operations (materials management), and infrastructure improvement for human resources infrastructure and finance.

OSEELC's Board met on August 27 and 28. Rev. Jerry Paul and David Page facilitated the Board retreat, on August 27. The retreat agenda included defining the roles and responsibilities of a Board, quality of patient care monitoring, clarifying the organization structure of both OSEELC and NPH, telling the history of OSEELC and NPH, and clarifying the OSEELC by-laws.

From August 21 to September 2, Allen Klingsporn assessed and analyzed the OSEELC and NPH materials management functions. He made recommendations to the leaders about conducting inventory counts, distributing a list of items available, simplifying forms and processes, staffing, duties, and implementing technology to assist the materials management function. A more efficient materials management function will better support the doctors and nurses in taking care of patients.

Nesa Joseph and Cindy Wilke worked with the OSEELC and NPH management teams to assess and develop recommendations to boost the financial future of the hospital. The work focused on format for budget analysis, refining the organization structure, reviewing legal documents, improving the service statistics, investigating salary payment delays, formulating a revenue improvement action plan, continuing human resources projects to upgrade the personnel records and payment systems, a high-level assessment of IT functionality, and advising about how to best manage a major construction project at NPH.

Through its consulting work, GHAP is helping mission hospital administrators to build staff knowledge, systems and process to sustain the hospital's infrastructure and thereby sustain the delivery of quality care for the population. Visit us at www.GHAPartners.org.