MAHOLA
A local health care system

Governance Plan

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Released by:
Mahola Systems Engineer

Approved by:
Mahola Project Leader

Mahola Local Coordinator

Authorised by:
Chairman/woman of the Mahola Steering Committee

Contents

1. INTRODUCTION

The Mahola health care system is about improving the quality of life of the people in a deprived area of Cameroon, the population of the village of Siliyegue and its surroundings – and the many people who are giving their precious time, hard work and/or money to successfully bring to completion the Mahola project that will help establish the Mahola health care system.

The Mahola system will provide a wide spectrum of health care services (including cancer care, mental health care, and systematic vaccinations in line with the national guidelines); invest in local people; and empower them by education. The provided health care services will focus on prevention rather than reactive treatment of injuries or illnesses alone.

Furthermore, all services will be available free of charge for anyone who needs help. This includes also free transportation to the nearest suitable hospital in more complex cases, where more in-depth diagnoses or treatments by specialists are necessary that cannot be offered at the health centre in Siliyegue.

This Governance Plan describes at a high-level all governance aspects of the Mahola health care system that need to be addressed to deploy, operate and at the end of its life cycle dispose of the system, including the business model both during the Mahola project and after the closure of the project during the operational use of the system. It describes the local decision-making and the way the project and later the system will be governed and strategically directed by means of policies that are appendices to the Mahola Governance Plan. It also describes the oversight of the day-to-day operations; the actual day-to-day operations of the Mahola system in terms of its processes and roles; and finally, it provides a nominal resource model that defines the number of employees and volunteers needed to operate the system as intended in accordance with the current system baseline.

The policies that are associated to this governance plan are an Environmental Protection Policy, a Child Protection & Safeguarding Policy, a Health & Safety Policy, a Security Policy, and an Ethics & Compliance Policy. The policies of the Mahola system intend to ensure the implementation of strategic objectives for the system, but they also serve to qualify for financial support from governmental and non-governmental organisations, as well as industrial companies. Many of these potential partner organisations must, or will want to make sure that adequate policies be in place and well implemented to qualify for their respective funding schemes.

The Governance Plan is intended to provide guidelines for a set of interactions that must take place to ensure that the health care system is relevant, controlled and sustainable, and achieves the stated purpose. It will also describe how the governance plan itself is reviewed as part of

continuous planning and improvement. It describes a framework for interactions and decision-making for all stakeholders throughout the entire life cycle of the health care system.

Figure 1 shows the major outcomes of the detailed design phase of the Mahola Project, i.e. the 'Mahola Building Instruction' regarding the process of implementing and integrating the buildings, equipment, materials, components and supplies of the Mahola System (including hardware and software); and the 'Mahola Governance Plan' with the different policies (in the red shape). Together, the 'Mahola Building Instruction' and the 'Mahola Governance Plan' with their related information (translated in French) will enable the local population, under the leadership of the Steering Committee and with the support of members of the Mahola Project from abroad, to implement, integrate and put into operation the Mahola System. Once the Mahola System has been operational for some weeks or months, the Mahola Project will be closed and only limited on-going support will continue to contribute to the running costs of the Mahola System (e.g. for bursaries and salaries).
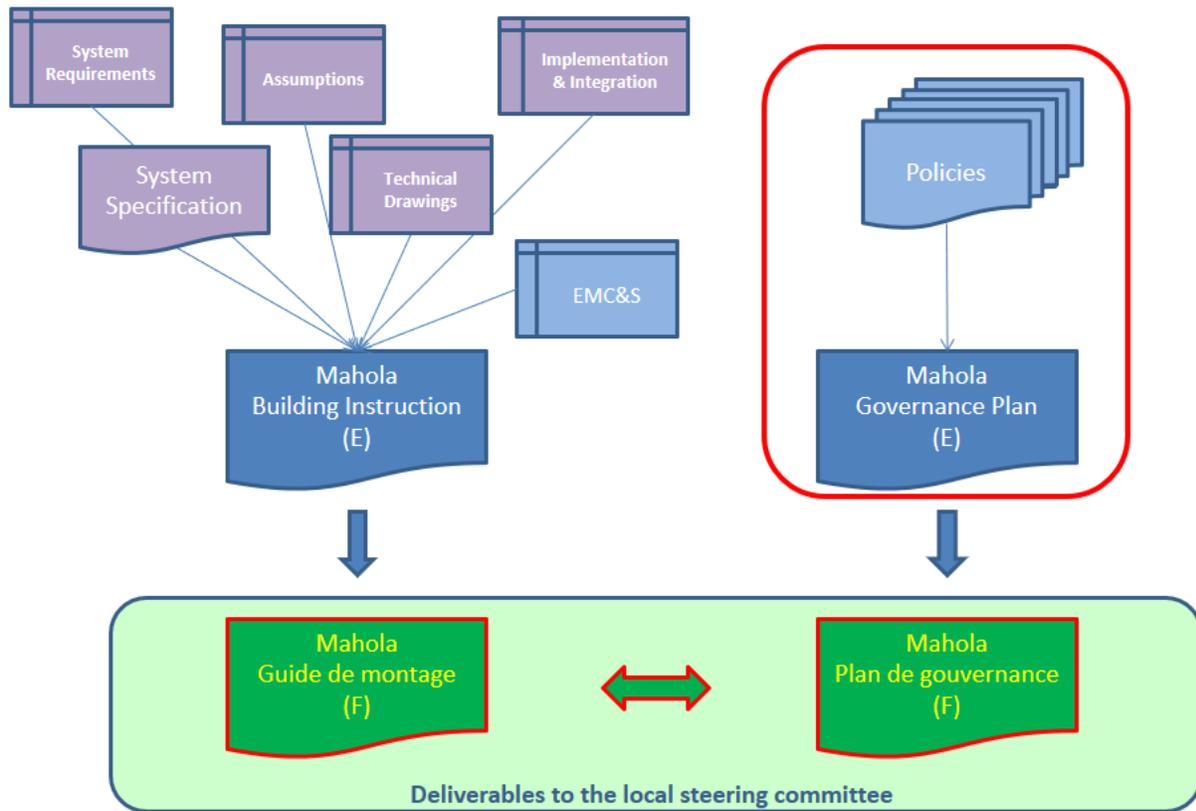
Figure 1: The outcomes of the Detailed Design phase of the Mahola Project

Both documents will be deliverables to the Steering Committee and initially signed by the Mahola Systems Engineer, approved by the Mahola Project Leader and the Mahola Local Coordinator, and authorised by the Chairman or Chairwoman of the elected Steering Committee.

Once the Mahola System is operational, the day-to-day operations will be managed by the 'Administrator', who will also keep the relevant governance documentation maintained, including by regular reviews and updates as appropriate. All changes to the Mahola Governance Plan will be signed off by the Administrator, and authorised by the Steering Committee.

2. BUSINESS MODEL

The Business Model of the Mahola Project for the Mahola System is based on the premise that initially almost the entirety of the funding for the project to develop and deploy the Mahola System is raised outside Cameroon by either private donations, corporate funding, funding by Non-Governmental Organisations (NGOs) and/or by funding from governmental bodies.

Once the Mahola System is operational, funding may also be raised from private contributions (e.g. donations from patients using the health care services) and by appropriate authorities (e.g. the Cameroonian Ministry of Health), while overseas funding will be reduced.

Figure 2 provides a view on the different channels of international and national/local funding. Based on the available funding, an ambulance service and an extended network of trained and equipped first aiders, a fully equipped and supplied health centre, the salaries of the employees of the Mahola System, and the bursaries for future nurses and mid-wives (including secondary schooling, if required) will be financed.
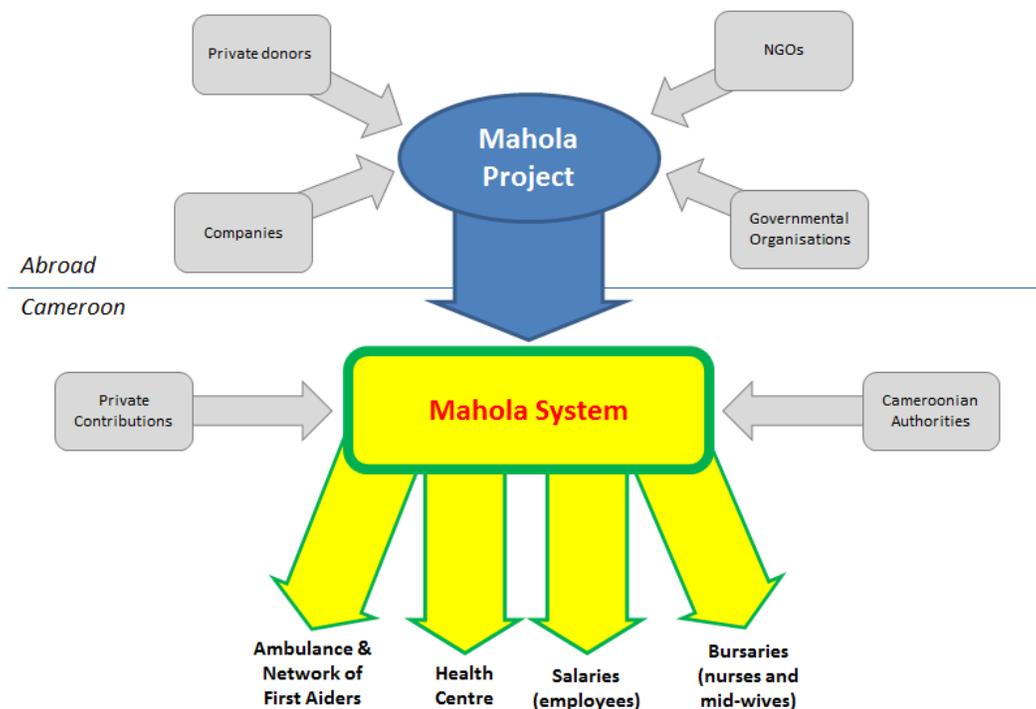
Figure 2: Simplified overview of the Mahola Business Model

3. LOCAL DECISION-MAKING

One of the important objectives of the Mahola Project is to keep control and decision-making local, as much as possible, so that the responsibility for the Mahola System even from its implementation, integration and deployment remains where it should be – with the local population. During occasional presence of project team members in Cameroon, e.g. multi-disciplinary on-site support teams, their purpose is to coach and enable the local population where helpful by transferring knowledge and experience in key areas (i.e. medical, construction, education and systems engineering) to key members of the local population. Such on-site support will be necessary during the beginning of the construction phase; and during the final integration and validation of the system, as well as for its transition into operation.

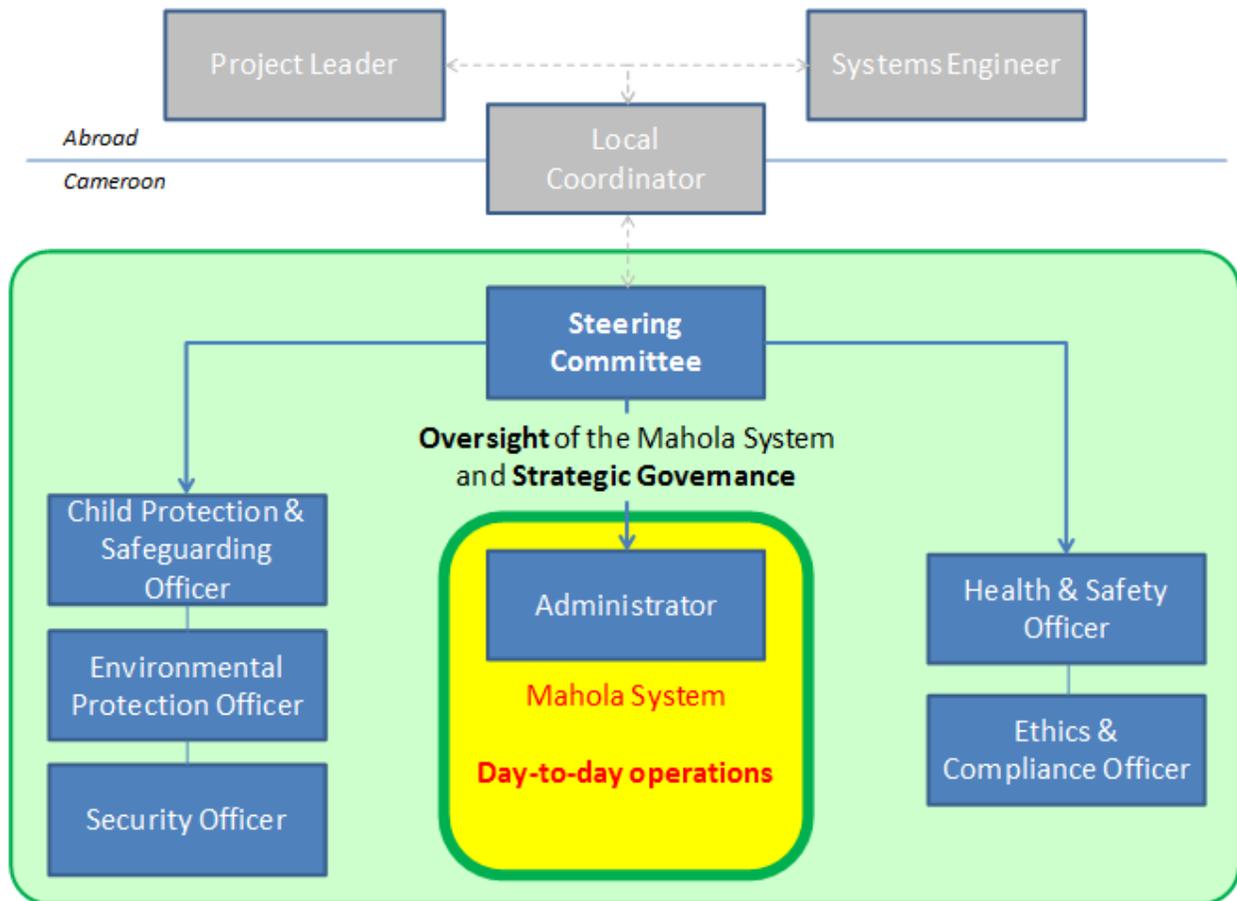## 4. OVERSIGHT AND STRATEGIC GOVERNANCE OF THE MAHOLA SYSTEM

During the Mahola Project, to develop and deploy the Mahola System, the Project Leader and the Systems Engineer (marked in grey boxes in Figure 3) play key roles to gather the needed support abroad with the help of the project team, and design the Mahola System until the end of the Detailed Design phase respectively. Then their active involvement changes to a more coaching and consulting role in direct support of the local Steering Committee; as well as the formal management of necessary changes to the system requirements and design – during the implementation, integration and full deployment of the Mahola System. Also, the on-site support will be prepared and led especially by the Systems Engineer to best help the local population during critical construction and integration phases.

The Local Coordinator is the 'interface' between the Mahola Project Team abroad and the local population in Cameroon, and is key in motivating and bringing together local people from different villages, tribes, religions and communities. He/she ensures the appropriate organisation of the local Steering Committee and their involvement in the validation of the design of the Mahola System, as well as their on-going decision-making in all essential questions related to the Mahola System and its implementation, integration, deployment and subsequent operation. As such he/she regularly travels to the area and is directly supporting all relevant members of the local population.

The elected Steering Committee has already started overseeing the local activities related to the Mahola Project and will increasingly become involved in overseeing the day-to-day operation of the Mahola System, once deployed, which will be managed on their behalf by the 'Administrator' (see Figure 3). The Steering Committee also nominates and supports five 'Officers' from among the local population for the five different topics of the Mahola Policies, i.e. Environmental Protection, Child Protection & Safeguarding, Health & Safety, Security and Ethics & Compliance. These officers will drive their respective topics and ensure that necessary steps be taken to continuously improve the Mahola System and generate awareness among the

local population regarding their topic. These policies are one of the most important means by which the Steering Committee can govern and strategically direct the Mahola System. These policies are also necessary to secure funding from industrial, governmental and non-governmental organisations.

Figure 3: Oversight and strategic governance of the Mahola System

5. DAY-TO-DAY OPERATIONS

The purpose of this section is to describe what needs to be done to operate the Mahola health care system; and to identify the necessary skills and experience of the people that should be part of the health care system, either as employees or volunteers.

The section describes the identified processes (at high-level only) and the generic roles that are needed to operate these processes. Thereby it enables the recruitment of suitable employees and volunteers, the development and delivery of necessary training, and the continuous improvement of the system over time.
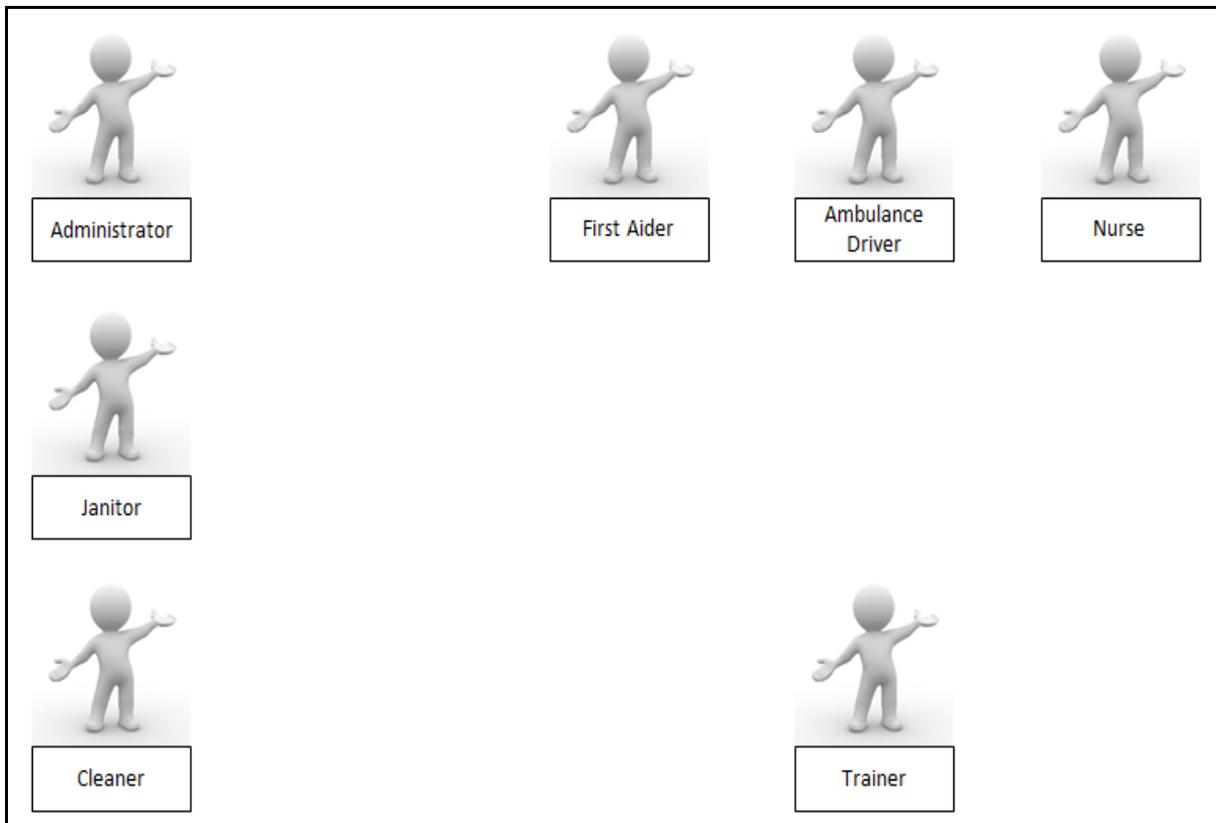
The generic roles of the Mahola health care system will be described, as well as an overview of its processes given, which are to be carried out by real people performing these roles. In practice, several roles can be performed by the same person or one generic role can be performed by several people. In other words, there is not necessarily a strict link 'one person to one role'.

The objective of describing generic roles is to identify what needs to be done in each process and therefore to find out what level of staffing will be required; and which skills and experience the employees performing each role should have.

5.1   ROLES

The Mahola health care system has seven generic roles (see Figure 4): The Administrator, the Janitor, the Cleaner, the First Aider, the Ambulance Driver, the Nurse and the Trainer. For each identified generic role the responsibilities, tasks and required competences are provided below. In some cases, concrete tasks for key roles are provided in order to specifically address a number of system requirements.

Figure 4: The generic roles of the Mahola health care system

5.1.1 Administrator

Responsibilities	• Accountable for the overall operation of the health care system i.a.w. the strategic decisions by the local steering committee and in line with the released Mahola Policies • Accountable for the initial and on-going training of all members of the Mahola health care system (including nominated volunteers) • Accountable for the continuous improvement of the Mahola health care system (including people, process and installation aspects)
Tasks	➢ 'Manage Operations' (see Figure 5)
Competences	• Qualified Manager or Administrator • Experienced leader • IT literacy • Inventory accounting and archiving • Communications

The Administrator is required to:
  o Recruit qualified employees to operate the system, as approved by the Steering Committee.
  o Continuously develop all personnel in line with their needs and individual aspirations.
  o Establish, operationally integrate, and follow up all approved bursaries.
  o Drive the implementation and continuous improvement of all processes.
  o Monitor and control the operation of the health care system.
  o Ensure that the ambulance continuously comply with the national legislation in terms of:
    ▪ Registration;
    ▪ Tax;
    ▪ Insurance;
    ▪ MOT;
    ▪ Certification of modifications, including for the transportation of patients.
  o Establish and maintain insurance of the Health Centre and the Ambulance against theft, accidents, liabilities, legal disputes, vandalism and weather related damage.
  o Ensure that each role that is defined in the processes be performed by qualified personnel.
  o Ensure that the health centre be staffed with no less than 1 person during normal operations.
  o Ensure that the following roles be performed 24/7 by at least one qualified person:
    ▪ Ambulance driver (and First Aider);
    ▪ Nurse (or mid-wife).
  o Implement the recommendations on 'Ebola Outbreak Preparedness and Management' (Bruno BAERT, MSF, 2001) or similar, more recent publications, in terms of its:
    ▪ Procedures and Policies;
    ▪ Contingency plans and checklists;
    ▪ Equipment and Supplies;
    ▪ Training and qualification of its personnel and extended health care network.

- o Ensure that all equipment, materials, components and supplies (in the EMC&S list) be purchased, securely and safely stored and used as needed.
- o Establish and maintain the following documentation:
  - Health Care System Description (including all system elements at high level);
  - Detailed process descriptions;
  - Detailed role descriptions;
  - Detailed overview of personnel including their development as planned and completed;
  - Current and past work contracts;
  - Financial accounts of the Health Care System;
  - Detailed plans of all facilities (modular building, housings, surfaces) including water, lighting and electricity installations plus corresponding records of modifications and maintenance or repair work;
  - Journal of the ambulance vehicle, including insurance, MOT, tax and service records;
  - Detailed plans of the electricity and water distribution networks plus corresponding records of modifications and maintenance or repair work.
- o Ensure that for each patient a file be created, maintained over time and protected (against both data loss and unauthorised access).
- o Generate the following reports:
  - Yearly reports;
  - Quarterly reports;
  - Specific reports as requested by donor organisations;
  - On demand reports on specific issues.

5.1.2 Janitor

Responsibilities	• Responsible to keep all health centre facilities (including electricity, water and sewage installations) operational and secure
Tasks	➢ 'Maintain' the Health Centre (maintenance, repairs and security)
Competences	• Experienced janitor, mechanic or security agent • Solar energy • Security measures • Facilities maintenance and simple repairs • Communications

5.1.3 Cleaner

Responsibilities	• Responsible to keep all health centre facilities clean and safe
Tasks	➢ 'Maintain' the Health Centre (cleanliness and health & safety)
Competences	• Experienced cleaner • Health & Safety • Hygiene

5.1.4 First Aider

Responsibilities	• Responsible to promote the health and quality of life, and protect the lives of all people in their vicinity • Responsible to prepare patients for transportation by ambulance and subsequent treatment at the Health Centre, if necessary
Tasks	➢ 'Provide First Aid'
Competences	• First Aid • Health & Safety • Communications

5.1.5 Ambulance Driver

Responsibilities	• Responsible to transport patients
Tasks	➢ 'Transport'
Competences	• Experience of driving 4x4 vehicles in very difficult terrains • Experience of car maintenance and simple repairs • First Aid • Health & Safety • Communications

The Ambulance Driver is required to:
o Keep the ambulance always above 50% fuel capacity (during nominal operation).
o Ensure that 100l of back-up fuel (Diesel) be kept in the combined utilities housing.

5.1.6 Nurse

Responsibilities	• Accountable for promoting the health and quality of life, and protecting the lives of all patients under his/her care • Accountable for all medical decisions taken
Tasks	➢ 'Handle Patients' (see Figure 5)
Competences	• Qualified Nurse or Mid-wife • Communications

5.1.7 Trainer

|	
Responsibilities	• Responsible to promote, organise and conduct awareness and training sessions under the guidance of the Administrator
Tasks	➢ 'Provide Training' (see Figure 5)
Competences	• Qualified trainer or teacher • IT Literacy • First Aid • Communications

The Trainer is required to:
- o Establish, deliver and maintain the following training modules:
    - ▪ Health & Safety Awareness;
    - ▪ First Aid Awareness;
    - ▪ Environmental Protection Awareness;
    - ▪ Policies;
    - ▪ Processes and Roles;
    - ▪ First Aid.
- o Establish and maintain a network of First Aiders in the region.
- o Accompany bursary recipients during their studies and regularly include them in local training activities during study-free periods.

5.2 PROCESSES

Figure 5 provides an overview of the identified processes of the Mahola System, grouped under three major processes: 'Manage Operations', 'Handle Patients' and 'Provide Training'. As part of the deployment of the Mahola system, an overview table will be created for each process, as is shown for the examples 'Plan Training' and 'Conduct Training' (see 5.2.3.1 and 5.2.3.2).
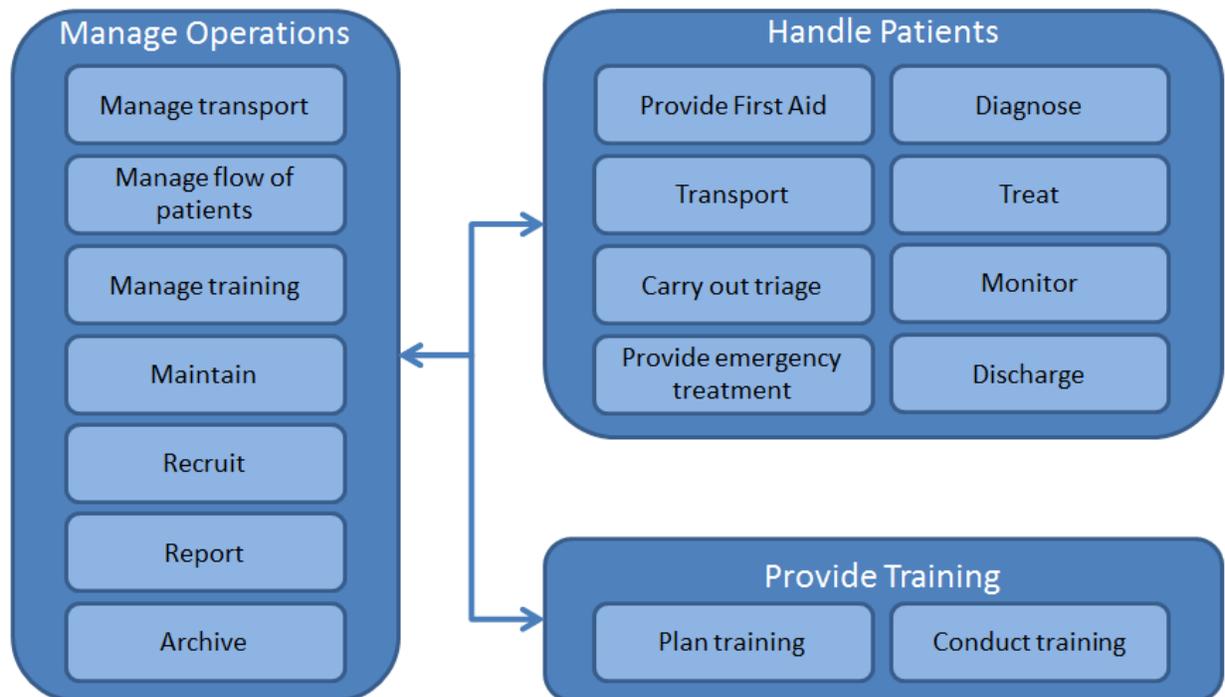
Figure 5: The process architecture of the Mahola health care system

A mobile ICT solution will be deployed as integral part of the Mahola System, to support these processes and the roles operating them, with the aim to reduce any administrative burden and keep the operation of the Mahola System as agile, flexible and secure as possible.

5.2.1 Manage Operations

This process cluster is under the responsibility of the *Administrator*.

5.2.1.1 Manage transport

An overview table of the input(s), participating roles and their activities, as well as the output(s) of the process will be created as part of the deployment of the Mahola system (see examples 5.2.3.1 and 5.2.3.2).

5.2.1.2 Manage flow of patients

An overview table of the input(s), participating roles and their activities, as well as the output(s) of the process will be created as part of the deployment of the Mahola system (see examples 5.2.3.1 and 5.2.3.2).

5.2.1.3 Manage training

An overview table of the input(s), participating roles and their activities, as well as the output(s) of the process will be created as part of the deployment of the Mahola system (see examples 5.2.3.1 and 5.2.3.2).

5.2.1.4 Maintain

This process covers technical maintenance and repairs, security, health & safety, including hygiene, and re-supplying aspects of the health care system. The purpose of this process is to keep the system operational.

An overview table of the input(s), participating roles and their activities, as well as the output(s) of the process will be created as part of the deployment of the Mahola system (see examples 5.2.3.1 and 5.2.3.2).

5.2.1.5 Recruit

An overview table of the input(s), participating roles and their activities, as well as the output(s) of the process will be created as part of the deployment of the Mahola system (see examples 5.2.3.1 and 5.2.3.2).

5.2.1.6 Report

An overview table of the input(s), participating roles and their activities, as well as the output(s) of the process will be created as part of the deployment of the Mahola system (see examples 5.2.3.1 and 5.2.3.2).

5.2.1.7 Archive

An overview table of the input(s), participating roles and their activities, as well as the output(s) of the process will be created as part of the deployment of the Mahola system (see examples 5.2.3.1 and 5.2.3.2).

5.2.2 Handle Patients

This process cluster is under the responsibility of the *Nurse*.

5.2.2.1 Provide First Aid

An overview table of the input(s), participating roles and their activities, as well as the output(s) of the process will be created as part of the deployment of the Mahola system (see examples 5.2.3.1 and 5.2.3.2).

5.2.2.2 Transport

An overview table of the input(s), participating roles and their activities, as well as the output(s) of the process will be created as part of the deployment of the Mahola system (see examples 5.2.3.1 and 5.2.3.2).

5.2.2.3 Carry out triage

An overview table of the input(s), participating roles and their activities, as well as the output(s) of the process will be created as part of the deployment of the Mahola system (see examples 5.2.3.1 and 5.2.3.2).

5.2.2.4 Provide emergency treatment

An overview table of the input(s), participating roles and their activities, as well as the output(s) of the process will be created as part of the deployment of the Mahola system (see examples 5.2.3.1 and 5.2.3.2).

5.2.2.5 Diagnose

An overview table of the input(s), participating roles and their activities, as well as the output(s) of the process will be created as part of the deployment of the Mahola system (see examples 5.2.3.1 and 5.2.3.2).

5.2.2.6 Treat

An overview table of the input(s), participating roles and their activities, as well as the output(s) of the process will be created as part of the deployment of the Mahola system (see examples 5.2.3.1 and 5.2.3.2).

5.2.2.7 Monitor

An overview table of the input(s), participating roles and their activities, as well as the output(s) of the process will be created as part of the deployment of the Mahola system (see examples 5.2.3.1 and 5.2.3.2).

5.2.2.8 Discharge

An overview table of the input(s), participating roles and their activities, as well as the output(s) of the process will be created as part of the deployment of the Mahola system (see examples 5.2.3.1 and 5.2.3.2).

5.2.3 Provide Training

This process cluster is under the responsibility of the ***Trainer***.

5.2.3.1 Plan training

Input	Role	Activity	Output
Training request	Trainer	Identify training needs	
	Trainer	Schedule and plan training	Training scheduled and planned
	Trainer	Secure venue and needed inputs	
	Trainer	Invite	Trainees invited Venue and inputs secured

5.2.3.2 Conduct training

Input	Role	Activity	Output
Trainees invited Venue and inputs secured	Trainer	Run session and ask for feedback	
	Trainer	Document training, feedback and participation	Record of training
	Trainer	Prepare certificate	
	Trainer	Send certificate to participants	Trainees trained Certificate sent

6. RESOURCE MODEL

The purpose of this section is to identify the required level of staffing based on the processes and generic roles described above. A baseline resource model is provided in the below table, suggesting the number of people that should be employed as part of the system, for the system to be sufficiently staffed and operational. The number of people suggested can of course vary based on multiple factors such as the actual level of competence of each person involved, the level of income if applicable, the level of funding that is available, and so on.

The resource model gives an estimate of the number of people that should be employed or kept involved as volunteers, to be able to perform the identified process roles during the normal operation of the health care system.

Generic roles	Number of full time employees	Example
Administrator	1	Regular work during the day (day job)
Janitor	1	Regular work during the day (day job)
Cleaner	1	Regular work during the day (day job)
First Aider	50 (volunteers)	Extended network of volunteers (and pool of potential candidates for bursaries and future employment) (when needed)
Ambulance Driver	2-3	Around the clock, 7 days a week readiness is required (24 hour shifts)
Nurse	4-6	Around the clock, 7 days a week readiness is required (24 hour shifts)
Trainer	1	This person could conduct training sessions on different topics such as First Aid in different schools and for the employees of the health care system; regular work during the day (day job)