



Building a new hospital in Kayes (Mali) and making it work

Summary

Making an analysis of the present and expected health care infrastructure for the region Kayes in the south-western part of Mali, under commission of Dutch embassy in Mali. Following this, making a description of all that is needed concerning this infrastructure in this region for the coming ten years. Then translating this into a schedule of requirements for building a new regional hospital in Kayes, including schooling and training of doctors, nurses and technical staff, setting up the supply for the hospital pharmacy and globally describing the role of the hospital in the infrastructure in Kayes.

In 2000, the 189 member states of the United Nations described eight millennium goals. One of these (number four) was bringing back infant mortality. In the light of this goal the Dutch embassy in Mali commissioned a team of experts, including of a local architect, a Dutch architect, the royal Dutch Institute for the Tropics and Cure+Care consultancy to write a schedule of requirements that not only provides for an operational hospital, but also for proper education of the professionals who work in it, a design for an adequate pharmaceutical supply for the first period and a description of how such a hospital might help the economic development of the city of Kayes.

Background

Kayes is the capital of the region Kayes, situated in the south-western part of Mali, a city with 300.000 inhabitants, but expected to grow fifty percent within the next ten years. The population growth in the country is bigger than in Europe and people move to the cities, expecting better job opportunities. Health care is financed by the Mali government, but people have to pay a contribution for pharmaceuticals and are expected to help out when one of their family members is submitted to hospital in terms of cooking, washing clothes and picking up medicines. There is a hospital in Kayes at present, a pavilion-structure with very low hygiene standards, also according to the people who work there. It has to be substituted for a whole new hospital.

Investments in building projects are often paid for by one-off grants from countries in the west, but also increasingly from China. Earlier examples of health care projects have taught us that once the project is finished, the help stops and problems soon arise. There is not enough money for maintenance, so things are not repaired when they break down. The local professionals have a lack of knowledge about complex medical technique. And there is not enough fine-tuning between those that design the new hospital and those who are meant to work in it. This leads to disappointment on both sides. The donors are disappointed in what is being done with the investment. And the users feel the donors don't understand their culture.

The lesson here is: stay close to the users' culture. Foster the family that does so much for the patient. Don't put up showers everywhere because people don't use them (understandable if you realize how scarce water is in countries such as Mali). Consider the fact that these people do not always understand the type of toilets we use before you start building. And understand that in Mali hierarchy is an important factor. If you don't keep this in mind, a manager might end up using one of the hospital rooms you designed because it is big and has its own toilet.

The schedule of requirements does not concern the building only. It is important to find a middle way between creating a professional hospital setting in which to work according to our standards and helping the professionals in it to live up to those standards. This can only be achieved by letting the schedule of requirements be reviewed by the future hospital organization, local specialists and local and national government officials. It's the best way to find foundation with them and besides it gives the builders an opportunity to use their specific local knowledge.

The hospital has received donations in the past, but often without follow-up. For instance, it was once given X-ray equipment but was never used because the printer was never ordered. This was an important lesson for us, as it showed us that we have to provide these people not only with a proper hospital, but with proper knowledge about how to work in it also. We have to school them, and not only the doctors and nurses but also the technical staff. And we have to make sure that they not only know how to start working with all that is provided for them, but also that they have the means to continue using it over a longer period of time. There have to be sufficient means to keep the building and the medical and technical supplies up to standard. In some cases this will mean signing up maintenance contracts. As a dialysis section is also needed, there is an opportunity for placement of Dutch medical technicians to train the local professionals.

Present state of affairs

At the end of September, we have delivered our schedule of requirements to Dutch embassy. It contains a plan for the new hospital, not built like a pavilion, but of a monolithic structure, with a logical ordering and integration of all functions in one building and a logical logistic layout. We have described how local providers and local workers can be used, to upgrade the local economy. We have also described how the hospital itself will help the local economy in and around Kayes. The proposed location is rather far removed from the city centre, which might keep people from wanting to work there. But the country has a good digital infrastructure that could easily be unlocked for diagnostic or consultation use, thereby creating a modern day hospital environment that will be much more interesting to work in. Besides that, the new hospital will attract new professionals, thereby helping the growth and development of the city.

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Author Biography

Henk Vermaas has created Cure+Care consultancy with two partners 10 years ago, a consultancy office specialised in healthcare housing and real-estate development. Before that he has worked as a senior-consultant in the healthcare sector at Twynstra Gudde, a management-consultancy office, and at the Netherlands Board for Healthcare Institutions.

Henk Vermaas is specialised in the rules and regulations in the healthcare housing, reviewing and evaluating housing plans, to carry out technical and financial analysis in both the cure and care sector. He has a degree in Bachelor Technic Engineering.

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