

Memisa – ITM Antwerp: a model partnership between an NGO and an academic institution?



CASE STUDY: THE CASE OF A SOCIAL PROTECTION PROGRAM IN MAURITANIA

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RESEARCH



Context



ITM

- Academic institution with a mandate in 3 domains: research, training & service delivery
- Cross-fertilisation between the 3, especially in Dept Public Health
- Access to “the field” is essential
- Culture of research geared on decision-making and change

Memisa

- Medical NGO: “promote Health Care for the most underprivileged in the South”
- In search of quality & evidence in interventions
- MPH training as strategy to enhance capacity of local field staff

EXISTING LINKS

Founding Be-Cause Health, adherence to QUAMED charter, Memisa staff schooled in ITM, board of administrators...

Win – Win situation



ITM

- Expertise
- External eye
- Experience other contexts

Memisa

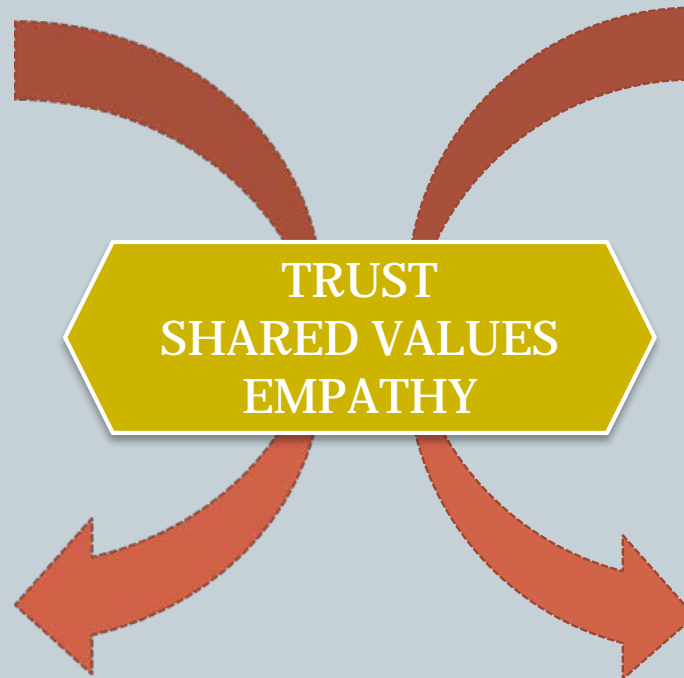
- Field experience/ operational capacity
- Contact with population
- Logistics

TRUST
SHARED VALUES
EMPATHY

Keep contact with reality :

- Feed teaching
- Identify & test hypoth.

- “Sounding board”
- Evidence base for actions/ decisions
- Enhance capacity & credibility of organization



Conditions and costs...



TRUST
SHARED VALUES
EMPATHY



Recognize and appreciate each others specificity
Strive for an optimum that is mutually acceptable
... implies that each partner “adds some water to the wine”
and accepts that there are also some **difficulties / costs**

Academic Institution

Collaboration requires time
Cost of collaboration is subsidised
Slow pace of NGO work

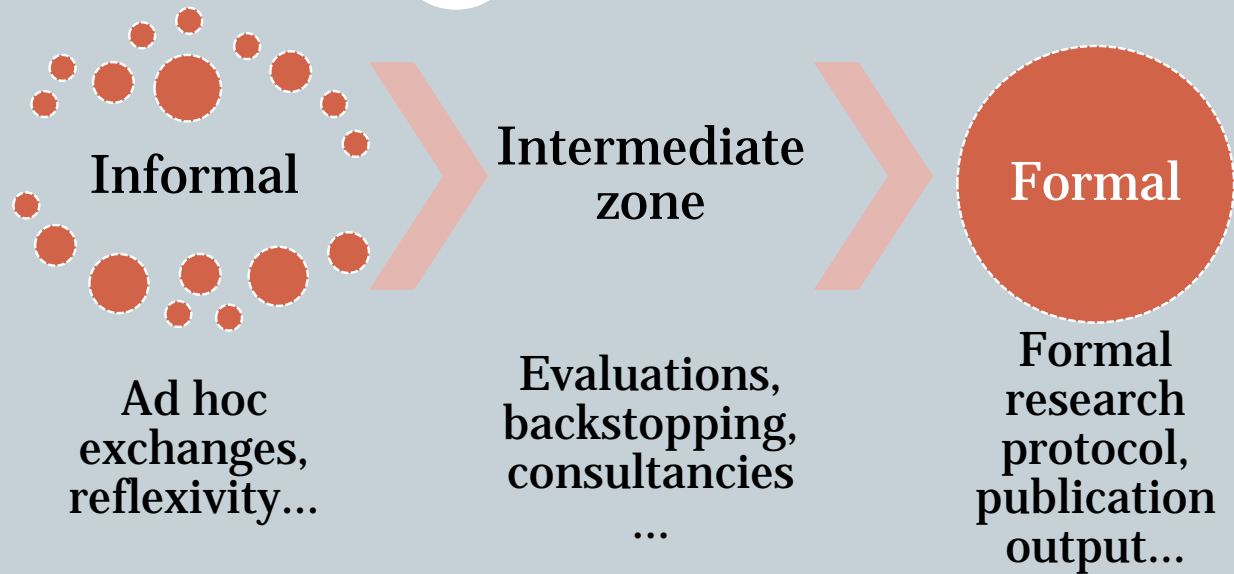
NGO

Financial investment
Risk of instrumentalization
Operational vs scientific objective
Threat to partner in the field?

“RESEARCH”: different formats on continuum informal - formal



Collaborations between ITM and Memisa



Existing		Mauritania	
Starting up	India		DRC

Collaborations worldwide: from disease control to health systems

Mauritania, Nouakchott and Bababé

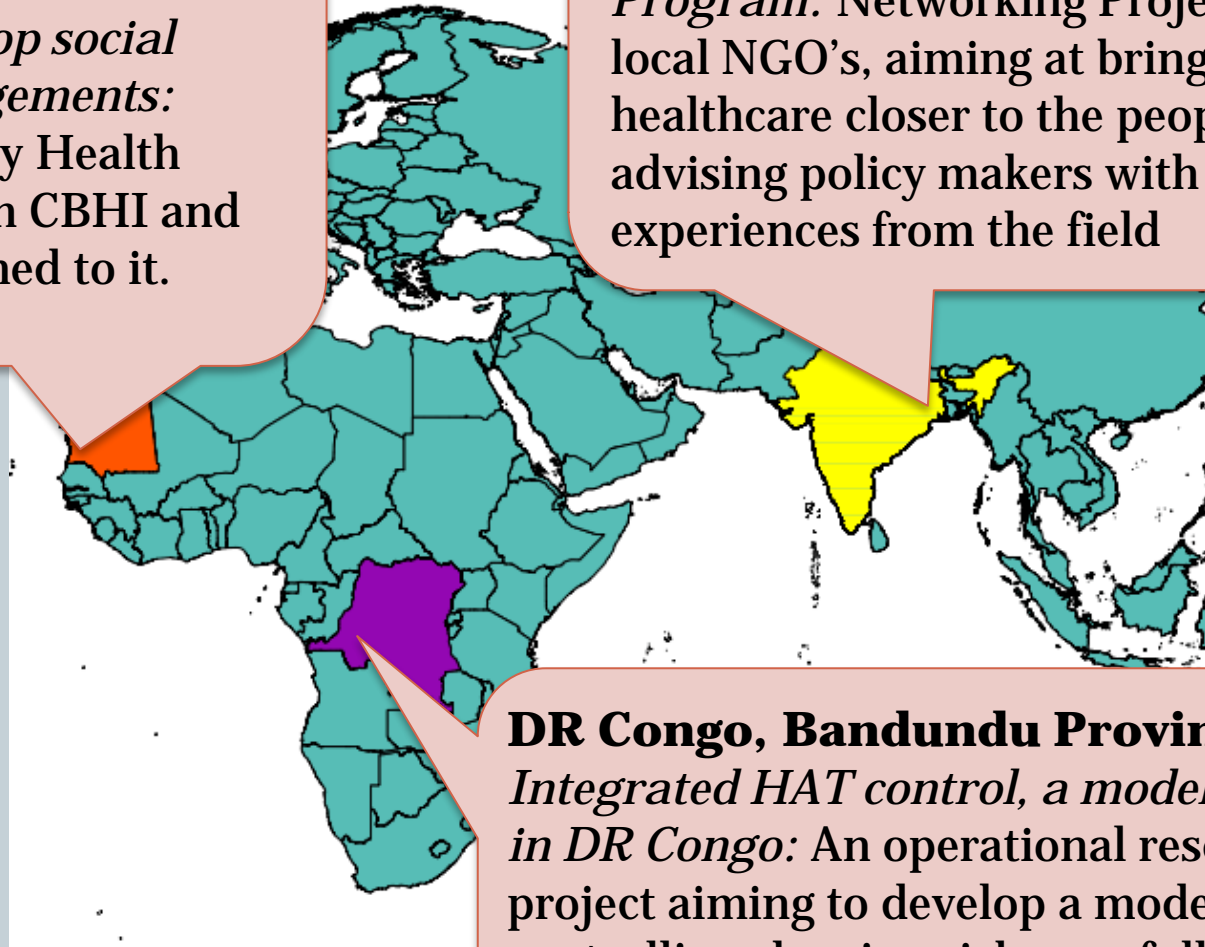
Strengthening the local health system and develop social protection arrangements: Integrated Primary Health Care Program with CBHI and Equity fund attached to it.

India, West Bengal

Basic Health Care Support Program: Networking Project with local NGO's, aiming at bringing healthcare closer to the people, and advising policy makers with experiences from the field

DR Congo, Bandundu Province

Integrated HAT control, a model district in DR Congo: An operational research project aiming to develop a model for controlling sleeping sickness, fully integrated in the district health services.





Mauritania project

4 PHC centers in poor area
of the capital:

- Integrated patient centered care, access to quality medicines
- Community Based Health Insurance
- Equity Fund with reintegration program

Added value:

Learning organisation

Training program

Model function

Influence policy





Mauritania project

Support to 11 health posts
in rural area

- Assist Supervision
- Train nurses
- CBHI fund
- Innovative strategies
(mobile nurses...)



The Mauritania project of Memisa: a history of 10 years of collaboration with ITM



Started with Memisa's request for a consultancy to analyse a Community Based Health Insurance scheme... Led eventually to a range of other collaboration domains...



Outcomes of the Mauritania collaboration...

Who gained what?



ITM

- Improved insights in how to address social exclusion
- Publication of a monography (responding to institutional expectations); Mauritania case study in PhD on CBHI
- Lessons learned gradually integrated into teaching
- Local networking on which can be built in the future

Memisa and local partner

- Improved service delivery and organisational strategies in local project
- Increased credibility towards local authorities in local project
- Learning experience for local project staff
- Learning experience for Memisa staff: institutional capacity building

*Bart Criel, Abdoulaye Samba Bâ, Fatimatou Kane,
Mathieu Noirhomme et Maria-Pia Waelkens*

*Une expérience de protection sociale en
santé pour les plus démunis :
Le fonds d'indigence de DarNaïm en
Mauritanie*

Studies in Health Services Organisation & Policy, 26, 2010

Factors facilitating success



- ! Trust, good personal relationships, shared values, a common history,...
- ! Empathy and respect v`a` the specific logic (and the constraints) of the partner
- ! Institutional back up for each partner in the collaboration
- ! Demand from the field / valuing of collaboration