# Value for Money of Health Partnerships: Case Study of the partnership between East London NHS Foundation Trust and Butabika Hospital, Uganda

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## Highlights

- Project costs were kept low thanks primarily to the use of short- and long-term volunteers at the trainer, coordinator and management level of this project.
- The design of the project proved to be appropriate for the needs identified and targets were achieved overall. As well as the successful training of 23 health workers, quality of CAMH services were found to have improved on a number of indicators, including reduced use of medication and introduction of child-dedicated services.
- High-level official buy-in was demonstrated through the adoption of CAMH protocols, policies and curricula at universities, hospitals and the Ugandan Ministry of Health, including a draft Ugandan CAMH policy.
- Sustainability is ensured through funding for the transition of the training programme to an accredited University Diploma, to be taught by the Diploma graduates.
- Equity is demonstrated at the participant and beneficiary level, from the choice of rural and urban hospitals spread across Uganda, to the gender and country balance found at the senior decision-making level.

## Introduction

The Tropical Health and Education Trust (THET) has supported 86 health partnerships through their Health Partnership Scheme (HPS), partnering UK and developing country health institutions to provide training, mentoring and capacity building. Benefits are experienced by both partners; in this case the Ugandan partners received training and mentoring, while UK volunteers gained valuable teaching skills in developing country contexts.

This case study explores the Value for Money (VfM) demonstrated by a partnership between the East London Foundation NHS Trust, UK (Trust) and Butabika Hospital, Kampala, Uganda, two institutions that are both public providers of mental health care and teaching institutions.

## Background to Partnership

In 2012 THET provided the partnership funding for the development and implementation of a multidisciplinary training programme in child and adolescent mental health (CAMH) for health professionals in Uganda, which ran from September 2012 to February 2015. At the time there was no specialist training for CAMH in Uganda. The THET-funded CAMH partnership built on a pre-existing partnership, the East London-Butabika Link, established in 2004 by a doctor from the UK visiting Kampala. Additional partners were brought in to the partnership both formally and informally, including: the School of Psychiatric Clinical Officers, Butabika (PCO School); Mbarara University, Uganda; three main hospitals (Mulago, Mbarara and Gulu) where many of the trainees were based; and Luna Children's Charity.

The THET-funded CAMH training programme was run in Uganda by short-term and long-term volunteers from the UK, with support from trainers in Uganda. The role of the short-term volunteers was to design and run training modules, in collaboration with the Programme Directors in the UK and Uganda. Two long-term volunteers, who each visited for six months, provided continuity across the training, as well as providing oversight and support to the trainees and to the hospital itself. The long-term volunteers ensured consistency throughout the project and were able to gain sufficient knowledge of the local context to the point of being able to propose appropriate solutions to the challenges faced during the training and on the ward in general. The short-term volunteers brought fresh energy and passion to the project and ensured a variety of topics were covered in the training.

The trainees were selected from hospitals throughout Uganda and came together every two months to attend two-week training modules. They represented a range of disciplines including psychiatrists, psychiatric clinical officers, nurses, social workers, psychologists and occupational therapists. After participating for one year 23 trainees achieved a Certificate in basic CAMH assessment and management. Thirteen trainees then went on to complete one additional year of training to achieve a Diploma in more specialised CAMH care (awaiting University accreditation), including being trained to become trainers in CAMH themselves. All trainees completed projects at the end of the training which were supervised and marked by both the volunteer trainers and Ugandan Programme Directors.

## Methods

The 4E's approach to measuring Value for Money was adopted for this evaluation[1,2]. This explores value through four dimensions: economy (the highest quality inputs for the lowest cost); efficiency (maximising outputs for a given input); effectiveness (to what extent a project has achieved its intended outcomes) and equity (ensuring the benefits are distributed fairly). In order to measure the strength, and likely longevity, of the partnership, measures of social capital were also included in the analysis[3].

A review of relevant project documents and reports was conducted, including the initial application for funding, annual reports and financial information. In addition, in-depth interviews were conducted with seven stakeholders (listed in the acknowledgements), including short and long-term volunteers, a trainee, Programme Directors and coordinators. The results of the interviews were analysed and key themes were extracted.

Analysis of project costs was based on the final financial report submitted to THET in March 2015. Each budget line was assigned to different cost categories (project management, MEL, travel, salary, direct training costs, direct volunteer costs) which were not mutually exclusive. Direct volunteer costs included travel, accommodation and subsistence for the volunteers. Direct training costs included course materials, classroom and clinical equipment, and travel, accommodation and subsistence for the trainers and trainees to attend training and clinical placements.

# Results

## Economy

The total budget for the CAMH project was £135,313, of which £133,688.75 (98.8%) was spent by the end of the project (February 2015). The project partners were all large established organisations, and so the project benefited from their existing policies and procedures in terms of travel, procurement and project management.

### Cost Drivers

The design of the project and its heavy reliance on volunteers at all levels, meant that costs could be kept very low, despite the length and intensity of the training programme. The key cost drivers were **travel**, **accommodation** and **subsistence**, which made up 66.3% of the total budget spend. This was split roughly half for international travel (primarily UK volunteers travelling to Uganda to deliver training), and half for local travel (primarily the Ugandan trainees attending the training and clinical placements).

### Donations and other cost savings

During the CAMH project, additional funding was successfully obtained for the following activities:

- building of a playground designed especially for children with mental health problems
- establishing a 'friends of the children's ward' group to raise funds for improving the conditions on the ward, supported by the project partner, Luna Children's Charity

Substantial cost savings were made through the donation of time from volunteers in Uganda and the UK to run and coordinate the training. This donation of time was only possible through the goodwill of the volunteers themselves and the support of their organisations to allow them the time to travel and run the training.

In addition, links were developed with an international school who made donations of equipment and provided some volunteer input for the children's ward. The PCO School donated the training room free of charge. The NHS Trust in London donated office space and supplies for the project co-ordinator, as well as funding for two computers at Butabika Hospital and funding for a volunteer to travel to Uganda to set up an electronic medical records project. Luna Children's Charity donated £10,587 for trauma training.

## Efficiency

### Project management and Monitoring, Evaluation and Learning (MEL)

**Project management** costs accounted for 15.3% of the total budget, of which 61.1% was for UK project management costs, and 38.9% for Uganda project management costs. Interviewees were in agreement that the spend on project management was small for a project of this size, and much of the coordination tasks were managed by either volunteers or people whose salary was already covered fully by their employer. Total salary costs accounted for 13.9% of the total project cost, with roughly half going to UK staff and half to Ugandan staff. It is planned that in the future the project management role, and thus the associated costs, will shift more to the Ugandan partners.

The planned handover to Ugandan partners will be possible thanks to the **capacity building** that has taken place throughout this project. Through running the project administration within Uganda and using new systems and processes provided by both THET and the Trust, the PCO School has built capacity in grant management, financial management and M&E. The M&E capacity at Butabika Hospital in particular was greatly strengthened during this project thanks to the voluntary efforts of the husband of a volunteer who developed and trained staff on a new Management Information System.

> *"I feel privileged being one of the pioneers being trained to specialise in training for treatment of children. This training has empowered us."*
>
> Thomas Walunguba, CAMH Diploma trainee

**Monitoring, Evaluation and Learning** (MEL) costs account for 12.3% of the total budget, most of which was for a National Conference in Child and Adolescent Mental Health held in Uganda in February 2015. Although a number of MEL systems and events were developed, much of the sharing of information was done by the volunteers and trainees within their existing workplace and did not require additional funding. The volunteer-lead medical records project improved Butabika Hospital's record keeping and ensured more accurate and accessible child services data. This in turn will enable the long-term impact of the CAMH project to be monitored more effectively. This project was not planned in the original application.

### Cost per Health Worker Trained[4]

Twenty-three trainees completed one year of training and achieved Certificate level. Of those, 15 were selected to continue on towards a Diploma in CAMH, which 13 achieved. The total direct training costs to train the 23 health workers to Certificate level was £44,039. An additional £49,722 was spent to take the 13 through to achieving the Diploma. This translates to a **cost per health worker trained** of:

- £1,915 per health worker trained to Certificate level
- £5,739 per health worker trained to Diploma level (the cost of year 1 plus year 2 training for 13 health workers)

The additional cost per health worker for taking a trainee from Certificate to Diploma level is £3,824. The cost per health worker for the second year of training is substantially higher than the first year because there were fewer trainees while the training costs were roughly the same.

### Cost per Volunteer Day

The direct cost of volunteers (travel and accommodation) was £49,771, 37.2% of the total budget. The project has so far made use of 24 volunteers, both trainers and coordinators, who contributed a total of 902 volunteer days. Most international volunteers visited Uganda for periods of around two weeks (these short-term visits accounted for 490 days), but two were long-term volunteers who stayed in Uganda for around six months (accounting for 412 days). The **volunteer day unit cost** is £55.20.

### Use of ICT

In order to minimise costs, **communications technology** is used wherever possible. For example, planning and coordination of training and other project activities is done by email, and telephone and Skype are used for communication between UK and Uganda as well as for follow-up support, e.g. marking of projects. All trainees are given modems and internet credit so that they can access the internet for email and Skype communication between trainees (peer support network both during and after the training), and to find resources and materials for their studies. However, due to the clinical nature of the main training content, face-to-face training is still required, especially for training in assessment and psychological therapies.

## Effectiveness

### Achieving Project Targets

According to the final project report submitted in March 2015, CAMH achieved all four output indicators and all four outcome indicators. The project exceeded the target number of mental health professionals trained: 23 rather than 21 completed the Certificate course and; 13 rather than 12 completed the Diploma course. In addition to Butabika, dedicated clinics for children have been established in five hospitals (Mulago, Gulu, Mbarara, Masaka, Mbale). Nine dedicated children's clinics are now held each week, compared with two per week in 2012.

The training was extremely well-received by the trainees, trainers and coordinators and all those interviewed had high confidence that the trainees were equipped to implement what they had learnt within a hospital setting. This confidence was shared by their employers.

The CAMH project goal indicators are generally long-term and will require evaluation at a later date. However, impressive progress has already been made, including:

- more appropriate admissions and referrals (the proportion of cases where epilepsy was the sole diagnosis fell from 90% in 2012 to 29% in 2014)
- an increase in the number of children seen by trained professionals (from 1906 seen across two clinics in 2012 to 2928 seen across eight clinics in 2014)
- a reduction in the proportion of cases being seen at the central Butabika Hospital as services become available closer to the families that need them (from 65% in 2012 to 44% in 2014)

### Building Social Capital

High levels of social capital at both the institutional and individual level indicate that the relationships built up over the lifetime of the project will continue beyond the funded activities, thus increasing the overall value of the project. Strong relationships between trainees will in particular ensure sustainability as they continue to collaborate and support

each other beyond the project's lifespan. Building these relationships between partners is a key goal of THET's Health Partnership Scheme.

> *"In the beginning we were coming from different walks of life, the project has helped us focus in the same direction. Through discussions we have had now we understand one another's interests."*
>
> Dr Godfrey Rukundo, Uganda Programme Director

Interviewees at all levels (from directors to project coordinators to trainees) felt a strong sense of belonging to the project and were well-informed about project activities. There were reported high levels of trust and sharing of common goals among participants. Participant communication and engagement improved during the project. CAMH put into place systems to enable open and honest communication so that any challenges are raised and addressed early, including steering group meetings and a 'Reflections Workshop' for UK trainers.

It is clear that within the project the volunteers and trainees were committed and passionate. As such, only in very rare cases did they fail to complete their commitments (either participating in or running the training) and in all cases this was due to unavoidable personal circumstances. All trainees and many of the volunteers were also committed to staying involved in the activities beyond the lifespan of the project. All staff members listed in the original application remained involved in the project throughout.

## Learning and sharing

The skills gained through this project were shared by participants at all levels. Within the project, formal events were held to share lessons learned and build links with others, such as workstream and committee meetings, briefing and handover meetings for volunteers, and feedback opportunities for trainees. The project culminated in the First National Conference in Child and Adolescent Mental Health in Uganda, in February 2015, attended by 135 delegates representing service providers, academia, international associations, government Ministries, and international and local CAMH experts.

Outside of the formal project activities:

- one long-term volunteer presented her experiences to colleagues in the UK , wrote an article for a journal of child psychology and wrote an evaluation of the placement, including feedback from staff and trainees at Butabika
- trainees regularly presented back to the staff at their hospitals about CAMH, and found these sessions were well-attended and well-received
- trainees also shared with their communities to encourage awareness of CAMH

> *The project activities in Uganda have "awakened people's minds to CAMH".*
>
> Dr Juliet Nakku, Acting Deputy Director, Butabika Hospital

## Wider Project Impact

Several examples demonstrate how the activities within this project went beyond the measured outcomes and influenced policy and behaviour at a high level:

- trainers and trainees revised the Butabika Hospital Child Protection Protocol
- a long-term volunteer and the Butabika ward manager developed the Butabika Children's Unit Student Nurse Protocol

- based on the activities of the CAMH project a curriculum for a two year CAMH Diploma course has been submitted to Mbarara University
- Mbarara University and Makerere University have revised their curriculum for medical students and residents in psychiatry to incorporate CAMH
- two trainees are now teaching at the PCO School, responsible for the module on CAMH for Clinical Officers
- Ugandan Programme Directors worked with the Ugandan Ministry of Health (MoH) to support the development of a draft Ugandan CAMH policy
- the Commissioner for Clinical Services at the MoH agreed to recognise those who had received the Diploma at a professional level in public health services and, when possible, will provide financial support to some trainees every year

## Sustainability

Anecdotally it was felt that the relationships developed during this project will continue beyond the end of the project activities, thanks in part to consistency and continuity at all levels. Similarly, all respondents were confident that the activities will continue since the trained practitioners will retain best practice CAMH skills and will continue to provide quality services. Innovative changes have been put in place on the children's units of several hospitals which have revolutionised care for children and adolescents with mental health problems in Uganda and all parties have a vested interest in sustaining these. There is demand among other practitioners and hospitals to receive the training.

Planned activities going forward will cement this sustainability even further:

- the project has received funding to support the transition of the training programme to an accredited University Diploma, and to carry out formal monitoring and evaluation
- the training is planned to be run by one of the participating Ugandan universities, Mbarara University of Science and Technology, and managed by the PCO School
- the Diploma trainees will become trainers and will teach the course, and provide clinical training and supervision
- the course will in future be open to paediatricians as well as mental health professionals
- the CAMH conference held in Uganda in February 2015 brought together 135 delegates in order to encourage the activities to evolve and spread across Uganda, and hopefully beyond as the training programme could be adopted in other countries in the region
- the strong relationship between the trainees will be formalised through a "Ugandan Association of Child and Adolescent Mental Health" which is currently being set up, which will also link with the Ugandan Paediatric association, Ugandan Psychiatric Association and practitioners in the UK

## Counterfactual

Although it was beyond the scope of this study to compare costs of this intervention with an equivalent project, insight from the interviewees suggested that other approaches had been both considered and tested, but would not have been able to achieve the same high impact at such low cost for this particular context. Prior to this training there were only four practitioners in Uganda trained in CAMH, all of whom have in some way been involved in this

project, but who would not have had the time or resources to conduct the training alone. Similarly, if trainees had travelled to the UK for training, the numbers trained would have been much smaller and the travel costs would have been higher. In addition, trainees valued being able to visit different sites around Uganda to learn the context for CAMH in their country as well as learning in the Ugandan clinical setting. One trainee had attended a training in the UK and found that it lacked clinical practical training and site visits.

However, all interviewees agreed that going forward, the best and most efficient approach would be for those participants who were trained as trainers as part of the Diploma, to become trainers and lead the training themselves within Uganda. More established projects within the East London-Butabika Link programme are moving towards more local ownership.

### Equity

Equity has been demonstrated throughout this project for both beneficiaries and participants. For beneficiaries, the design of the training is such that participants came from a range of disciplines as well as a range of hospitals from around Uganda. This was done in order to ensure the largest possible impact with multiple regions, hospitals and communities benefitting from the training. Across Uganda, nine hospitals are now delivering improved mental health services for children and adolescents through trained CAMH practitioners. Only public hospitals were eligible to be selected as training partners, to ensure the services are not restricted to those who can pay for private services. Treatment at the clinics where the CAMH services are provided is free.

Among the trainees and trainers, females are well represented: 80% of international volunteer trainers; 50% of Certificate trainees; and 43% of Diploma trainees were female.

At the management level of the partnership equity is also well demonstrated. The primary decision-making group is made up of three doctors, of whom two are Ugandans and two are female.

## Conclusion

Value for Money was measured using a number of indicators categorised across four dimensions: economy, efficiency, effectiveness and equity. This case study found that the CAMH project run by the East London-Butabika Link partnership demonstrates Value for Money across all four dimensions. In summary, costs are kept low while outputs are high, frequently higher than anticipated in the original project design.

Making use of dedicated and committed volunteers from both the UK and Uganda, the project achieved its intended outcomes, as well as one of the overall goals of THET's Health Partnership Scheme to develop strong and lasting relationships between partners.

To maximise the outputs achieved, and further enhance the Value for Money, strategies have been put in place to ensure that the outcomes are both long-lasting and far-reaching, such as including a selection of trainees who are diverse both in terms of discipline and location within Uganda, and gaining high-level buy-in from hospitals, universities and the Ministry of Health. Due to the innovative nature of this training in Uganda, no other design could be considered feasible at this stage, although a more locally-owned version is envisioned for the future.

# Acknowledgements

The following individuals were interviewed for this case study:

| Name | Role in CAMH | Location |
|---|---|---|
| Olivia Carmichael | Project Coordinator, responsible for project coordination, grant reporting, coordination of volunteers. | UK |
| Dr Alyson Hall | UK Programme Director, responsible for development, coordination and oversight of the project. | UK |
| Dr Juliet Nakku | Acting Deputy Director, Butabika Hospital, responsible of oversight of the project for the hospital, providing guidance and support. | Uganda |
| Dr Godfrey Rukundo | Uganda Programme Director, responsible for supervision of the training, developing the curriculum, supervising the trainers and trainees. | Uganda |
| Dr Kumaran Thevan | Short-term volunteer, responsible for developing and leading a training module | UK |
| Dr Emma Viner | Long term volunteer, responsible for supporting the CAMH training for 6 months while in Uganda, organising clinical placements and working with Butabika hospital on the children's ward | UK |
| Thomas Walunguba | Psychiatric Clinical Officer, CAMH Diploma Trainee | Uganda |

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# Endnotes and References

[1] Independent Commission for Aid Impact (ICAI) (2011). *ICAI's Approach to Effectiveness and Value for Money*. Retrieved from http://icai.independent.gov.uk/wp-content/uploads/2010/11/ICAIs-Approach-to-Effectiveness-and-VFM.pdf

[2] Department for International Development (2011), *DFID's Approach to Value for Money (VfM)*. Retrieved from: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/49551/DFID-approach-value-money.pdf

[3] For this case study, social capital is taken to mean the links, shared values and understanding between individuals and organisations involved in a HPS that enable them to work together (definition adapted from Keeley B. What is social capital? In: OECD Insights: Human Capital: How What You Know Shapes Your Life.; 2007:102-105)

[4] Cost per healthcare worker trained was calculated by identifying and summing spending on budget line items associated with the healthcare worker training (direct training costs (e.g. venue, training equipment and supplies, refreshments), travel costs for trainees and trainers to attend training (flights, accommodation, subsistence, insurance) and MEL costs directly linked to training activities) by training type, divided by the number of healthcare workers who had completed each type of training.