

Transcript of Health Links: What we've learnt

Foundation

Trials and Tribulations:

How we Grow

Case Study

Quotes

Media

What works and makes partnerships strong

Health Links:

What we've learned

Integrated Emergency Response Service
in Uganda's Mbale Region

"We have learned that interdependence strengthens working relations and improves care in health."

The Links in Uganda, Zambia, and Malawi (where the majority of IHLFS projects have been implemented) presented their experiences, perceptions, and insights at workshops as a part of the external evaluation of the IHLFS, carried out in 2012 by the consultancy, Capacity Development International. This is a compilation of the lessons learned from several Health Links whose strategies, challenges, and successes help us to better understand and develop the Health Partnership Scheme today. This presentation serves as a resource for the health partnership community to use to inform future practice and future partnerships.

Common Themes:

Challenges

"Too much" change

needs to be done

Limited staff

Communication

Planning

A Well Working

Partnership

Reciprocal Relationship

Sustainability

Needs Assessments

Multilevel

Involvement

Communication

Special thanks to those who presented at the workshops for the IHLFS external evaluation from the Church of Uganda Kisiizi; Environmental Health Workers Association of Uganda; Hoima Referral Hospital; Hospice Africa; Mbale District Health Office; Mbarara Regional Referral Hospital; Mulago Hospital; Uganda Society of Anesthesia; Man-Gulu Link; Uganda Cancer Institute; Centre of Excellence for

Ophthalmology - University Teaching Hospital, Lusaka; Improving the Quality of Environmental Health Professionals - Zambian Institute of Environmental Health; Reducing delays in intra-partum obstetric delay - St. Francis Hospital, Katete; Improvement in Hypertension Management - Queen Elizabeth Central Hospital, Blantyre; Scaling up Mental Health Services - Zomba Mental Hospital; Malawi Childhood Cancer Project - Queen Elizabeth Central Hospital, Blantyre; Start up grants: Livingstone General Hospital; Zomba Mental Hospital; Thyolo District Hospital; Renal Services - Queen Elizabeth Central Hospital, Blantyre

-Participant at the workshop for the external evaluation for the IHLFS: Countess of Chester Hospital - Church of Kisiizi Hospital, Uganda

"Planning of Link projects needs to start with a clean slate - everything should be planned jointly (by both partners), including identifying priorities, developing objectives, [and] implementation of M&E [monitoring and evaluation] plans."

-Participant at the workshop for the external evaluation for the IHLFS: University Hospitals Bristol NHS Foundation Trust - Mbarara University of Science Technology, Uganda

"Priorities between partners may not always be [the] same, but [it is] important to ensure planned activities have an impact on meeting the objectives."

-Participant at the workshop for the external evaluation for the IHLFS: Brighton & Sussex University Hospitals NHS Trust - Department of Surgery, Unit of Ophthalmology, University Teaching Hospital, Lusaka, Zambia

The "Health Link led to a significant and meaningful clinical benefit to patients - this should be at the heart of future Links."

-Participant at the workshop for the external evaluation for the IHLFS: Aintree University Hospitals NHS Foundation Trust - Queen Elizabeth Central Hospital (QECH), Blantyre, Malawi

Malawi-Liverpool Endoscopy Link

Needs assessments sit at the foundation of projects. Many challenges previously identified, especially those associated with planning, cultural relevancy, and local buy-in, can be mitigated with a quality needs assessment.

Presenters acknowledged the many benefits of doing a thorough needs assessment prior to the planning of a project. For example, needs assessments not only identify potential future challenges, but they also help to confirm that the partners are on the same page and that the partners are in the best position to establish an effective project.

Additionally, thorough needs assessments can help partnerships identify existing networks and organizations that they can engage with to facilitate their project delivery and avoid potential overlap.

<http://www.thet.org/hps/resources/publications/international-health-links-manual>

Presenters at the external evaluation often stated that challenges related to factors beyond the scope of their project, such as a lack of supplies or limited access to

supplies and a country's infrastructure or lack thereof, created a fear of being unable to achieve change.

Although there will be obstacles to overcome throughout a project period, it is important not to give up hope. For example, even though the Link between Liverpool Women's Hospital NHS Foundation Trust and Mulago Referral Hospital exhibited promising results, there was a recognition that "successful pilot projects are also often very fragile...Even with senior management lobbying and hard evidence that the new services are working, currently only two of the six beds have monitoring equipment...Some equipment...was diverted to the main surgical theatre as they were lacking..." Thus, even though a project may be achieving its initial goals, unforeseen circumstances beyond the control of the project can come in to effect.

This does not mean that a project should not be undertaken, but it does highlight the importance of needs assessments in order to establish the feasibility of the project and to identify factors that may become obstacles in the future.

Presenters also stated that limited staff due to a significant amount of turnover or rotation of staff is a significant challenge as it has the potential to negatively affect the project's sustainability and morale.

Another risk associated with a limited number of staff is that skill sets may need to be developed in multiple categories, yet there may not be enough staff to build capacity in each category.

A project may also face resistance to change which can result in limited numbers of staff being receptive to the changes being implemented by the project.

There are multiple facets to the challenges associated with communication. On one hand, communication involves coordinating information, such as data for reports, amongst many different parties involved with the project.

On another hand, communication entails regular dialogue because, as obstacles arise or as the situation on the ground changes, it is important for partners to be able to ensure that their ideas and priorities remain in line with one another.

Furthermore, another challenge related to communication is making sure that project elements, such as training, are culturally relevant and thus can be communicated effectively.

In regards to financial planning, it is important to keep in mind that the grants are meant to help partnerships make use of their more valuable, yet less flexible, assets (e.g. an individual's time) meaning that a grant will not be able to cover all of the real costs of a project.

For other aspects of planning, partnerships and projects have the capacity to be flexible and innovative, and in fact they need to be, because of changing additional needs on the ground.

Presenters identified limits on the amount of time available to do training, the number of UK volunteers available at one time, and the number of local staff available for

training as factors that reinforce a project's need to be flexible and innovative.

A reciprocal relationship involves the recognition that the partners in the UK and in the developing country have unique and valuable assets that they both bring to the table.

Workshop participants frequently stated that having a reciprocal relationship built on trust and respect increases ownership and accountability on both ends of the partnership which in turn feeds into the sustainability of the project's results.

A reciprocal relationship also entails carrying out reciprocal visits, the benefits of which are expressed below:

"Extremely motivating for staff to see the UK - people now understand why I want things to be like this. When they see it themselves, they see that it can be done, see what is possible."

Common themes of communication identified by workshop participants included the importance of regular communication and open dialogue, which is conducive to a project's transparency. Ultimately it is this transparency that increases accountability and ownership.

Participants also acknowledged that it is not enough just to be transparent with communication, both ends of the project should communicate as equals.

With regular and effective communication projects can more easily adjust to changing needs on the ground and can better share information that is valuable for monitoring and evaluation.

In regards to multilevel involvement, it is important to incorporate not only multiple levels of people directly related to the project, such as students, health practitioners, and administrators, but also those who are more senior, such as the country's Ministry of Health, because this involvement has the potential to increase a project's sustainability through sustained funding or through important policy changes.

Furthermore, incorporating people from different disciplines and with different levels of experience from both ends of the partnership provides fresh eyes, input, and perspective. The different perspectives are a potential source of innovation that can prove to be very valuable when addressing challenges that arise.

Although there was much agreement among the presenters that the incorporation of multiple levels of people is important for a project's success, there was also the recognition that there is value in having a project champion to keep things organised and moving.

Neonatal Life Support Training for Critical Care Students

Brighton & Sussex University Hospitals NHS Trust –

University Teaching Hospital, Lusaka, Zambia

Motorbike Ambulance

Mbale Coalition Against Poverty-Cwm Taf Health Board Partnership

Emergency Response Training

Mbale Coalition Against Poverty-Cwm Taf Health Board Partnership

Motorbike Ambulance

Mbale Coalition Against Poverty-Cwm Taf Health Board Partnership

Anaesthetist Training

Association of Anaesthetists of Great Britain & Ireland-

University Teaching Hospital Lusaka Partnership

<https://www.facebook.com/TropicalHealthandEducationTrust>

-Taken from Capacity Development International's Case Study on the Mulago

Referral Hospital and Liverpool Women's Hospital NHS Foundation Trust

Partnership

-Dr. Seneadza of the Frimley Park Hospital NHS Foundation Trust - Kitwe Central

Hospital Link

<http://www.youtube.com/thetpartnerships>

<https://twitter.com/THETlinks>

<http://thetblogging.blogspot.co.uk/>

A project may need to continue even after the initial funding period ends, especially because capacity building, which is at the heart of these projects, is a long term endeavor.

Based on the responses from the participants, it is evident that there are multiple factors that promote the sustainability of the project's results including local ownership and leadership, multilevel involvement, capacity building and training, buy-in from the community and from policy changing institutions, constant monitoring and evaluation, funding outside of the initial project grant, and a clear plan of managerial transition towards the end of the project.

Overall, it can be difficult to achieve all of the project objectives within the planned time frame, so it is also important to have a contingency plan to reach the remaining project objectives once the funding period ends.

Integrated Emergency Response Service in Mbale Region

Mbale Coalition Against Poverty (CAP)

Cwm Taf Health Board (UK, South Wales)

The aim of this project was to develop an Integrated Emergency Response Service providing rapid access (through motorbike and push bike ambulances) to skilled healthcare for people with obstetric, medical, and trauma emergencies.

Examples

of the

Themes

Multilevel Involvement

Reciprocal Relationship

Communication

Planning

Sustainability

The International Health Links Funding Scheme (IHLFS) was a three-year

programme funded by the UK Department for International Development (DFID). At the roots of IHLFS are the Health Links (also known as health partnerships) which are formed between health institutions in the UK and their counterparts in developing countries. The purpose of the Links is to use the reciprocal transfer of skills and knowledge to strengthen health systems and to improve health service delivery.

What worked well:

Challenges:

What worked well:

What worked well:

Challenges:

What worked well:

Challenges:

What worked well:

Challenges:

To view Capacity Development International's official case study on this Health Link (p.54-56) in their 2012 IHLFS Evaluation click the link below:

<http://www.thet.org/hps/resources/evaluations/ihlfs-full-evaluation-report>

The Link utilised the collaborative network already in existence between local NGOs and the local District Government and made sure that all key parties were involved at all stages of planning and that they were committed.

Training was delivered across all parties involved in the emergency response system and in handling the emergency vehicles themselves.

There were high expectations from the community, local NGOs, and the District Government. Also, coordination between the multiple partners was challenging due to the different approaches, modes of working, and priorities.

The Link reported that challenges related to the monitoring and evaluating aspect of planning stemmed from collecting data in multiple formats without having an easy system for collating it.

Other planning related challenges included increased costs due to unanticipated expenses and due to the time consuming and challenging bureaucratic regulations on the import and release of vehicles and their registration.

In regards to financial planning, it was stressed that "inflation can have a big impact on running the costs of a project, e.g. affecting the fuel and repairs."

Communication between the UK and the DC partners occurred regularly and transparently so that tasks, such as report writing, could be delegated equally.

The Link also benefited from face-to-face communication in the form of visits by the UK partners to the DC.

The Link presenter stated that "regular dialogue is needed between project partners to monitor project delivery and make any necessary adjustments."

The Link made Use of existing community structures (local leadership, community health workers, and local health centres) which promoted ownership and effective

service delivery.

The UK partner provided monthly data analysis support in addition to mentoring and coaching to ensure that the DC partner would be able to carry out essential monitoring and evaluations functions in the future.

"Integration of health care* is key for sustainability and self reliance. Multi-sectoral collaboration promotes effective resource mobilisation."

The Link reported that there was a strong sense of ownership and responsibility, as well as engagement and motivation, due to the high level of involvement and respect of the DC organisation, which owned and led the project by determining plans and priorities, handling administration, and overseeing implementation.

Furthermore, the presenter emphasised that "transparency and accountability within the partnership network implementing the project is key for the success and sustainability of the project."

The Link stated that it was challenging to respond to the additional unforeseen needs on the ground, such as health centres struggling with power and electricity.

Despite the longevity of emergency response training, at the time of the project's completion it was unclear whether or not the ambulance services would be able to continue.

Difficulties arose when coordinating the different project stakeholders and maintaining their active involvement due to the number of people/organizations involved and due to the voluntary nature of the project from past and present health partnerships from past and present partnerships

'Don't sit back waiting for change. Experience it, shape it, and get involved. Global health is all our responsibility; small successes accumulate to make a difference.'

Participant at THET's annual conference 2012

'With my limited experience, it is still very clear that the infrastructure, experience and processes we have in place here in the UK have a tremendous potential to change situations in resource poor settings. Similarly, we have a lot to learn about achieving the most with limited resources.'

Participant at THET's annual conference 2012

The Link collected baseline data from health centres and District Governmental Health Offices and national reports in order to gauge the effectiveness of their project.

*as exemplified by the Link's training and capacity building for staff at the health centre, staff at the local hospital, staff who were to serve as ambulance drivers, and community health workers

Good Practice Resources

Visit THET's Resource Library for tools to help you with project planning and monitoring & evaluation

<http://www.thet.org/hps/resources/good-practice-guidance>