



Eugenie, mother of a child with developmental disability and expert parent facilitator of the ABAaNA Early Intervention Programme/Pediatric Development Clinic (PDC), Rwanda.

AFRICA GRANTS PROGRAMME

IMPACT REPORT | 2018-2020

June 2021

Johnson & Johnson





CONTENTS

Forewords	1
Africa Grants Programme in numbers	2
Programme overview	4
What has been achieved?	5
AGP and COVID-19	6
National co-ordination	7
Mutual benefits	8
Spotlight on Rwanda	8
Lessons learnt	9

ACKNOWLEDGEMENTS

The Tropical Health and Education Trust (THET) would like to express its sincere gratitude to all those who enabled the Africa Grants Programme to achieve such successes: our funding and implementation partner, Johnson & Johnson (J&J), and the UK and overseas institutions who designed and led the projects.

FOREWORDS



“I am thrilled to be celebrating our partnership with Johnson & Johnson once again. The Africa Grants Programme, now in its fifth year, is a vital ingredient in the global fight to improve access to essential surgery. Reflecting on this extraordinarily challenging year, we have seen the recipients of AGP grants flourish, pivoting their work to take account of the pandemic, and expanding to new countries in central and western Africa. It is particularly pleasing to see another crop of peer-reviewed articles emerging; vital reflections that will improve our own work, and that of others determined to ensure access to safe, essential and timely surgical care.”

- Ben Simms, CEO, THET

“Receiving the THET start-up grant was instrumental in the birth of the Bahir Dar Orthopaedic Network and Exchange with Severn (BONES). We had great successes with a Primary Trauma Care (PTC) course and Paediatric Orthopaedic course, which would not have been possible without this grant. In spite of the COVID-19 pandemic, we have been able to maintain our promise to support the Bahir Dar orthopaedic department. Following a huge fundraising effort by Severn Deanery, we were able to buy the department in Bahir Dar an image intensifier. This essential piece of equipment along with warranty, servicing guarantee and protective equipment is also being transported to Tibebe Hospital with the help of the THET grant.”

- AGP grantee, UK Lead Partner

“I like to say thank you very much for awarding this grant and trusting in our partnership and project between Bahir Dar and Bristol. Because of your help I believe our partnership is in a very good shape to flourish. Even in the difficult year of 2020, we performed significant work using the virtual world. The local staff have gained a lot of clinical experience for daily practice from world class experts via your funding, we appreciate it hugely. Courses like Primary Trauma and Paediatric Orthopaedics took place for the first time in our department, which makes it historical and provided high-level hands on practice – we all benefited a lot. A local team (6) is accredited from Primary Trauma Foundation to cascade the training through the next course using home faculties. This shows how skills transfer is taking place and local human capacity is developing.

Traveling C-arm and doing surgeries with an image intensifier will take Bahir Dar Orthopaedics to a different level. Helping us to facilitate transportation of this machine to Bahir Dar is a very life changing – Thank you! Our patients, residents, Orthopaedic surgeons, and other health professionals all benefit from our partnership via your funding. We have a lot in mind to develop in our network - training, workshops, and clinical activities like surgical campaigns and so on; we are looking forward to upcoming projects with your institution.”

- AGP grantee, LMIC Lead Partner

AFRICA GRANTS PROGRAMME IN NUMBERS

THE GAMBIA
2 ANAESTHESIA
PALLIATIVE CARE

UGANDA
1 MENTAL HEALTH

DRC
1 SURGERY

ZAMBIA
2 ANAESTHESIA
NURSING

ZIMBABWE
1 ONCOLOGY

SOMALILAND
1 SURGERY

ETHIOPIA
2 ANAESTHESIA
ORTHOPAEDICS

RWANDA
1 CHILD HEALTH

MALAWI
3 MENTAL HEALTH
ONCOLOGY
DENTAL CARE

● Number of partnerships

AT A GLANCE



2,316 health workers reached



including **236** surgeons & anaesthetists



and **166** community health workers



at **122** health facilities



through **1,400+** days of volunteering

14 PARTNERSHIPS **16** UK INSTITUTIONS **23** LMIC INSTITUTIONS

PROGRAMME OVERVIEW

The goals of the Africa Grants Programme (AGP) 2018-2020 were to i) reduce morbidity and mortality from common conditions that require surgery and, ii) increase the availability and quality of health care to currently underserved populations, with a focus on saving and improving the lives of women and children, preventing disease in vulnerable populations, and strengthening the healthcare workforce in sub-Saharan Africa.

The programme aimed to reach these goals through strengthening the healthcare workforce in two target areas: training to increase the capacity of health workers practising surgery and/or anaesthesia (particularly for maternal, neonatal, or paediatric surgical conditions), and provide training for those health worker cadres who reach underserved populations (e.g., community health workers). It therefore contributed to both community-based/primary care and essential surgery, specifically targeting women, children and newborns. The funding has supported projects designed to improve the standards of clinical training (at all education levels), the technical skills of staff, or efficiency and capacity within healthcare systems.

The AGP was directed at healthcare workers in sub-Saharan Africa, either those working in surgery and anaesthesia, or those working in community healthcare. Surgery and anaesthesia remain the “neglected stepchild of global health” and is a priority within J&J Corporate Citizenship Trust’s focus areas of maternal and child health, preventing disease and healthcare workforce.

Community level projects remain important for enabling underserved populations to have access to affordable quality healthcare. Many of the projects funded through this programme span across surgery/anaesthesia and community care. For instance, many of the clinical and health officers and nurses involved also offer essential surgical procedures (including caesarean sections), often with little prior training or support.

These cadres are truly at the frontlines of care – often providing the first point of contact, particularly for the millions of sub-Saharan African patients who live in more remote, rural areas.

The programme provided capacity development opportunities to health workers by championing the Health Partnership model. This model provides an effective, sustainable and value for money approach to strengthening national capacities, whilst also resulting in the strengthening of the UK health workforce.

Throughout the AGP scheme, UK health workers have volunteered their time to support, train and mentor their counterparts in Africa through a blended approach consisting of short-term visits combined with regular remote support. Some of the activities include: training visits; training of trainers; supervision; online mentoring; curriculum and training materials development; policy development and implementation, guidelines and tools development, and community awareness raising.

By harnessing the power of Health Partnerships, this programme has enabled partners to bring about sustainable systemic changes to the health institutions and communities reached and to strengthen mutual learning and collaboration between the UK and nine countries in Africa.



Kings-Kongo project: Nurses and anaesthetic officers learn airway management skills in Boma, DRC

WHAT HAS BEEN ACHIEVED?

FOCUS ON SYSTEMIC CHANGE AND SUSTAINABILITY

All the partnerships worked hard to ensure that their projects achieve long-term transformational changes and that the impact of their projects is sustained long after the end of the grants.

The Birmingham City University (BCU) and Lusaka College of Nursing (LUCON) partners have achieved their goal of implementing into policy and practice a Bachelor Level Critical Care Nursing Curriculum that is currently being accredited by the Zambia Academic Qualifications Authority. The course has received approval from the Zambia Ministry of Health and is currently being advertised to students. Throughout this project, the partners have developed national standards and competences for surgical critical care practice as well as protocols for new and extended surgical, maternal, and paediatric competencies, and their work has led to legal and policy changes that will have a sustained impact as Zambian student nurses enrol and complete this bachelor’s degree. A testimony of this achievement is that the Ministry of Health has signed a Memorandum of Understanding with BCU to continue to work with them at a strategic level.

The Hargeisa Group Hospital and Kings College London partnership in Somaliland, the Primary Trauma Care training course has been recognised by the Ministry of Health Development as a priority course for the country’s health system and have committed co-funding to the course to help scale-up its reach.

The Bridge2Aid and the Dental Association of Malawi partnership has worked with stakeholders who have actively engaged with national committees to ensure dentistry is on the national plan and help move dentistry forward. The close relationship with Maldent (stakeholders behind the creation of Malawi’s new dental school) is key to this. The partnership’s work is linked to the national strategy of Maldent, the Ministry of Health and The Dental Association of Malawi.

The Ministry of Health and Medical Council of Malawi have agreed the recognition of the course offering Continuing Professional Development to the Dental Therapists in Northern Malawi.

EXPANDING SUPPORT TO NEW PARTNERSHIPS AND TO NEW REGIONS

Through the AGP grants, THET has been able to support the work of Health Partnerships in Central Africa and Western Africa in countries where Health Partnership activity has not been prolific in the past.

Two grants exemplifying this are i) a ‘Start-up Grant’ in the Gambia implemented by the **University of Edinburgh and the Gambia Ministry of Health** focussing on the development of palliative care services for children and ii) an ‘Established Partnership’ project in Democratic Republic of Congo, where **King’s College London partnered with provincial level Ministry of Health** (le Ministère Provincial de la Santé et Education du Kongo Central) to develop and implement a Package of Safer Surgery Interventions in Kongo Central Province.

These two grants have allowed partners to develop and strengthen links with Ministry of Health representatives, showcasing the value of the Health Partnership model. Start-up grants have done particularly well and are all planning on continuing and expanding their partnerships, with many planning on applying for further funding to build on this preparatory work enabled by the AGP.

“I believe that this partnership will be the start of greater collaboration in improving children’s health and wellbeing in the Gambia and we look forward to ongoing partnership with the University of Edinburgh, the ICPCN [International Children’s Palliative Care Network] and the Paediatric Association of the Gambia. Now is the time for paediatric palliative care.”

- Directorate of Public Health Services, Ministry of Health and Social Welfare, the Gambia

FLEXIBILITY

We are proud of how partnerships have risen to the challenges presented by the global pandemic, with partners on both sides supporting each other to manage difficult situations and contexts. Most projects had to adapt part or all their activities to the restrictions brought about by COVID-19, and some partners have demonstrated how they can leverage bi-directional learning from their project to develop innovations.

Start-up project partners, **the Association of Breast Surgery and United Hospitals Bulawayo, Zimbabwe**, were able to adapt schedules and data collection methods to ensure the needs assessment was carried out. This assessment included field visits covering a total distance of 1,400Km, visiting six hospitals that provided care for populations ranging between 60,000-100,000. Thanks to the proactiveness of the local team and the support of the National University of Science and Technology and the UK partners through regular video meetings, 1,107 (89%) questionnaires were completed, in addition to 298/414 (72%) completed by healthcare staff. This provided thorough results on the needs assessment which has now informed the next steps and activities for the partnership.

The **Brighton-Lusaka Health Link - Ministry of Health of Zambia** partnership could not proceed with their initial project which involved 20 Quality Improvement Projects in Perioperative Care in different health facilities in Zambia, as it was heavily focused on volunteers travelling to Zambia and this was made difficult during COVID-19. This partnership completely repurposed their funding to deliver a training in Intensive Care, Basic Management and Perioperative Care of Severely/Critically Ill Covid-19 Patients to 54 anaesthesia providers from 45 health facilities in Zambia. This allowed the trainees to develop their skills and confidence in identifying, responding, and managing a COVID-19 case.

"It has been a privilege to be involved in this partnership - so heartening to see the enthusiasm of our very capable and caring colleagues in Malawi to learn and develop within the field of perinatal and infant mental health, and to witness the team at St John of God in Lilongwe where the great leadership is demonstrated in the respect and engagement of the staff."

- Malawi-Scotland Maternal Mental Health Partnership, start-up grant – UK lead

Another partnership, **the Global Anaesthesia Development Project - Addis Ababa University Master of Medicine in Anaesthesia** (Ethiopia), recognised the necessity to better understand the needs of healthcare workers, health institutions, and communities due to COVID-19 and thus organised a global conference with partners from the UK, Zambia, and Ethiopia to facilitate discussions on the emerging needs and implications of the pandemic and how to feasibly continue to improve access to safe anaesthesia and safe surgery. Conference discussions and feedback also informed and strengthened their start-up project's needs assessment.

AGP AND COVID-19

The COVID-19 pandemic, which started around six months before most of the projects were due to finish, disrupted the programme and meant that projects had to stop for a few months, delaying or preventing capacity building activities and data collection.

All grant holders were offered a no-cost extension to give them an opportunity to finish their activities and complete data collection safely, either when the situation had improved in their country of intervention or by adapting to the restrictions (i.e., by conducting activities remotely). However, some grant holders could not complete the data collection as planned, for instance one grant holder had to conduct observations of behaviour change through simulations rather than in operating theatres.



UCLH-PIH project: Peer support group at the Paediatric Development Clinic, Rwanda

NATIONAL COORDINATION

All AGP-funded projects were aligned with national plans and policies to ensure projects were relevant and appropriate to the local context and met a need expressed by in-country partners. For instance, 13 of the projects involved Ministry of Health officials as key stakeholders and Ministry of Health representatives were directly involved as a partner in four of the projects, playing a critical role in project delivery. Notably, further to the work delivered through their AGP grant, one partnership has signed a Memorandum of Understanding with the Ministry of Health to support national efforts on nursing education in Zambia.

Due to the flexibility of the AGP programme and timeframe in response to COVID-19, the Standing Voice and the Association of Persons with Albinism in Malawi (APAM) partnership were able to adapt their large-scale advocacy events (now restricted due to the pandemic) to focus on activities to engage with the new ministries following the government election.

The partnership attended a high-level meeting on the development of a national skin cancer prevention programme in Malawi, chaired by the Ministry of Health, and a Task Force meeting to review disability policy. During these meetings, the partnership provided technical expertise by sharing results from the AGP programme and demonstrating the Health Partnership model. Further to this, the partnership participated in an African Union consultative workshop to feed into the Draft Implementation Strategy of the Plan of Action to End Attacks and Other Human Rights Violations Targeting Persons with Albinism in Africa.

The flexibility of the AGP enabled the partnership to identify and act on opportunities to gain further national support and have national influence.

"We are really pleased because re-doing the National Strategic Plan and all your [BCU-LUCON] projects are part of the documents used for strategic planning."

- Ministry of Health representative in Zambia

MUTUAL BENEFITS

The programme has supported health workers in LMICs while also having a beneficial impact on the UK NHS staff involved in the partnerships supporting the various AGP projects. NHS staff who have conducted project visits and trained colleagues in LMICs have returned to the UK with increased knowledge and confidence, as well as improved leadership skills and a greater understanding of how to find innovative solutions and practices to deliver care in resource limited environments. Knowledge gained through the programme also proved to be useful to NHS staff when the UK faced the COVID-19 pandemic.

SPOTLIGHT ON RWANDA

University College London Hospitals collaborating with **Partners in Health/Inshuti Mu Buzima** (PIH/IMB) in Rwanda, have partnered with **Kyaninga Child Development Centre** in Uganda to integrate an evidence-based early-intervention programme for young children with developmental disability into the public health system in Rwanda. This project is a notable example of how South-South collaboration, with support from the UK, can go a long way. Despite challenges due to political tensions between Rwanda and Uganda, the partners have been able to maintain close working relationships. Initially aiming to reach 70 families, the partners identified 223 families in need of the programme. During the reporting period, 109 families enrolled in the peer support groups and 67 additional families have started participating in the programme.

Further to the support provided to these families, collaboration on this project has led to additional strands of activity: the families involved in these groups decided to set up their own savings groups, as they identified socio-economic empowerment as a clear ongoing need. The regular contact from the savings groups will help sustain the peer support and community inclusion elements which were initiated through this grant, as well as create a platform to continue supporting these families in terms of advocacy for full access to mainstreaming services.

For example, the BCU-LUCON partners shared with the London Critical Care Network a booklet previously developed by their partnership which introduces critical care nursing for those who are unfamiliar with the critical care environment. This booklet helped NHS nurses during the first wave of COVID-19 in the UK.

“I found volunteering for the STEP project extremely rewarding. Travel, security, and project preparation was organised to a tee, and complications dealt with in a calm, fast and flexible manner. Overall, the KSP STEP team are one of the most reliable I have worked for.”

- NHS Emergency Medicine Doctor

PIH is now looking at how they can support this initiative in the longer term and the project team has secured further funding to explore adding a livelihoods component to the programme. Besides achieving their project goal, this partnership has demonstrated how Health Partnerships can lead to organic South-South support and collaboration.

“Before the lockdown, group members, we were like families. We encouraged each other as we all had the same challenges, but during the lockdown we were not able to meet and share our experiences as we used to, like me, I felt lonely because of community and some family members’ stigma. As we get back together in group, we are happy together. There is still stigma, but I knew at least I do hope that once or twice in a month I will meet with my colleagues, which is one of happiest moment of both me and my child.”

- Mother of child with disability enrolled to the programme

“As care providers, we benefited from these groups as mothers gained knowledge about their children’s conditions, which is making our work easier when they came for clinical follow-ups. We found that they understand what they are learning, and they are courageous to share these skills to their colleagues who were not enrolled in the groups.”

- Programme Facilitator, Social worker

LESSONS LEARNT

BUILDING ON THE PROGRESS OF AGP PROJECTS AND PARTNERSHIPS

Several of the projects under the Africa Grants Programme have expressed a desire to build on their AGP work and scale up their interventions.

For instance, the Start-Up project from the University of Edinburgh and the Gambia Ministry of Health working on developing paediatric palliative care services in the Gambia have conducted a thorough needs assessment highlighting the clinicians’ desire for training in all aspects of palliative care, the need for improved diagnostic ability to guide treatment and assess prognosis and the need for improved availability and accessibility of medication. However, during this process, stakeholders expressed frustration that the partners were conducting a needs assessment but had no immediate concrete plans to address the gaps, with some stakeholders saying that not acting on this knowledge is unethical.

We feel that there is scope to build on the work partners have initiated through their AGP grants. The impact achieved during a shorter-term period could be further developed into longer-term programmes, which would further develop the performance, capacity and availability of surgery



Bridge2Aid and Dental Association of Malawi project: Visiting the programmes in Tanzania

and anaesthetic services as well as community health services. Further support to Start-Up grants would strengthen the Partnerships that were initiated during this AGP programme, building up the partners’ relationships, widening their scope of collaboration and creating synergy in their fields of expertise. The Start-Up grants are all planning on continuing and expanding their partnerships. Many of them had planned on applying for further funding under the THET-managed UKPHS Small Grants stream until the announcement of the cancellation of the programme. We are now working closely with the Health Partnership community to identify alternative sources of funding.

“As the Bulawayo Breast Forum group, we are really grateful to THET for funding the Needs Project. The findings make a good foundation for improving breast cancer care in Bulawayo and the Matabeleland Provinces. The level of cooperation between the ABS team and the Bulawayo team during the project hint at the possibility of developing interventional programmes with potential to improve outcomes in underserved communities.”

- United Bulawayo Hospitals (UBH) partner

SUPPORTING DATA COLLECTION AND HEALTH INFORMATION SYSTEMS

Like previous programmes, AGP partnerships have found it challenging to collect and provide accurate data on the number of service-users reached by their project i.e., the patients who have been treated by newly trained health workers or have accessed new or improved services. The challenge to report this information stems from the fact that data around patient demographics is not routinely collected by most health institutions where the projects took place.

Most grant holders had no control over data collection systems embedded in their target health facilities. Some grant holders have supported capacity building around data collection in the services where the project took place. However, building the capacity on data collection and embedding it at the institutional level requires long-term commitments and resources from

health facilities management and government officials, which is beyond the scope of this programme.

Some grant holders have faced challenges in monitoring and providing data on behaviour change and long-term implementation of skills learnt during the project. This is due to the short timeframe of projects, which did not allow for follow-up of those trained or testing for improved practice 3-6 months after training (depending on when the training took place). Longer projects, continued support and a focus on data collection are required to ensure that partners appropriately record and measure the impact of their work on health outcomes for service users.

OWNERSHIP AND SUSTAINABILITY

Focusing on the sustainability of impact is key for THET's work going forward. Ensuring ownership by LMIC partners from the start of projects, working within existing systems rather than developing new ones, and focusing on policy change at higher levels, are all key to ensuring that the work carried out by Health Partnerships continues to have an impact once projects have closed.

"This project has been most challenging and complex; firstly, because the project has been about addressing stigma and raising awareness around suicide, which is emotive and distressing and secondly, because of the pandemic. In the UK, the impact on the NHS has been devastating and the impact in Gulu as a Low-income country, has meant harsh lockdown measures and penalties. Despite the Pandemic the project has way exceeded its outcomes. This work has undoubtedly saved lives. The words honour and privilege are not enough to express how it feels to have been part of this project."

- Gulu-Sheffield NHS Foundation Trust project
UK Clinical Lead

"As someone who has spent the best part of my professional work grappling with increasing access to oral health services in Malawi and participating in various training initiatives, it was indeed an honour and a pleasure to meet and join hands with Bridge2Aid to start systematically and consistently address the ever vexing issue of access to oral health services through task-shifting. My visit to Tanzania to witness in person the training program and meet the dedicated volunteers at work was a great eye opener as to what is possible for Malawi. This is a partnership that will benefit Malawi immensely."

- Bridge2Aid - Dental Association of Malawi
partnership - LMIC Lead



ABOUT THET

Today, one billion people will never see a qualified health worker in their lives. For over thirty years, THET has been working to change this by supporting health workers both in the UK and overseas to improve patient care through targeted training programmes. We work with diverse partners to build a world where everybody, everywhere has access to affordable and quality healthcare.

THET
1 St Andrews Place
Regent's Park
London
NW1 4LE

Charity Registration No. 1113101
Company Registration No. 5708871

www.thet.org

