



Hub Cymru Africa – Lunch and Learn with THET

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PARTNERSHIPS FOR GLOBAL HEALTH



One in seven people will never see a qualified health worker in their lives.

- 30 years' commitment to global health, developing and facilitating the engagement of UK health professionals to work in partnership with counterparts overseas to deliver health worker training and peer-to-peer support.
- Health Partnerships are long-term, sustainable and institutional relationships between health institutions in the UK and their counterparts in low and middle income countries. These could be hospitals, Trusts, professional membership bodies, universities, regulatory bodies, health training/education institutions, NGOs or NHS-arms length bodies.
- Partnerships work within the LMIC health system to provide discrete, tailored projects (usually 1-3 years) to address a specific need identified by the overseas partner.

Health Partnerships...

- formed between **UK health workers** and their **counterparts in low and middle income countries (LMICs)**
- partners **co-develop** programmes that address organisational and **national priorities**
- projects are **mutually beneficial**.

What are you on planning on doing?

Do

- ✓ Clear summary of what you want to do
- ✓ Describe where you will be targeting
- ✓ Who will you be targeting?
- ✓ What are you going to be delivering?
- ✓ What changes do you expect to see?

Don't

- ✗ Use acronyms or highly complex language
- ✗ Assume that the reader knows anything
- ✗ Just describe the situation in the whole country



Partnership expertise

Do

- ✓ Describe the expertise of each partner institution, including experience of delivering similar projects
- ✓ Highlight the role each partner will play in the delivery of the project, including project management, MEL and financial management

Don't

- ✗ Include partners who are not involved in the implementation of the project
- ✗ Forget about the benefits which each partner will gain from involvement in the project



Justification and needs assessment

Do

- ✓ Be specific about the need in the implementation site or area as well as the country as a whole
- ✓ Think about what is already happening on the ground, and the stakeholders you need to engage with
- ✓ Plan to gather both primary and secondary data
- ✓ Always communicate with management within implementation sites
- ✓ Engage with wider communities and stakeholders
- ✓ Align with wider plans and strategies, including MoH

Don't

- ✗ Be too broad about the need you've identified – while country statistics are useful, we need information about the implementation site
- ✗ Assume that the situation is the same across a country – scale up is good but not always appropriate
- ✗ Duplicate existing efforts



Meetings with provincial and national ministry representatives has revealed that, while there is a desire to improve patient outcomes through skills-based training and professional development, there is no funding for training, and limited funding for health at all. The national emergency and disasters preparedness government working group met with key national and international stakeholders in 2017 to discuss strategies for emergency surgical preparedness and it was recognised that training of healthcare workers is a key component of this. Meetings with the provincial medical inspectorate have highlighted the need for improved patient safety particularly in the area of surgical care.

The WHO Situational Analysis Tool to Assess Emergency and Essential Surgical Care (TSAEESC) was used to measure the partner hospital's capacity to deliver surgery and anaesthesia services in 2017. The analysis found a baseline level of proficiency in surgical and anaesthetic care, but concluded there is much room for improvement. The tool has now also been used to assess services at the three other hospitals in the province with similar results.

..... led an adapted basic surgical skills course in April 2017 and an infection and hand hygiene course in May 2017 at the With lessons learnt from these training sessions, a safe surgery workshop was run at the WHO training facility in Matadi for key stakeholders from the four main hospitals in the province. The senior surgeon, senior anaesthetic care provider and senior theatre nurse attending the training spent time working in groups to articulate needs particular to their learning environment and how the teaching would be directly relevant to their context.



Project plan and MEL

Do

- ✓ Make sure that all changes are logical and feed into one another
- ✓ Measure change throughout the course of your project, allowing for alterations to plans where things are not working
- ✓ Have SMART indicators
- ✓ Think about what data you'll collect, who will collect it, and how it will be collected
- ✓ Consider developing a ToC

Don't

- ✗ Expect to achieve change at the national level (unless developing national plans etc.)
- ✗ Overcomplicate things and be unrealistic
- ✗ Leave it until the end of your project to gather data



Project goal: Improved delivery and monitoring of safe surgical practice at 4 **[PROVINCE NAME]** hospitals

(a) Changes by the middle of the project:

1. 4 hospitals in region have 60 people trained in safe surgical practice, including WHO checklist and infection prevention and control
2. 4 hospitals in region have 60 people trained in quality improvement methodology
3. Develop and establish a data system for audit of surgical cases
4. Run a two-day course for university medical students

(b) Changes by the end of the project:

1. 4 hospitals in region implementing safe surgical checklist on monthly basis, 75% of months at a WHOBARs score of 4
2. A quality improvement/audit committee has been appointed at each of the 4 hospitals
3. A minimum of 7 people at each of 4 hospitals who are observed being able to identify surgical site infections
4. A minimum of 7 people at each of 4 hospitals who have completed a quality improvement project or audit



Gender Equity and Social Inclusion (GESI)

Do

- ✓ Consultant with groups to understand barriers to access which they're facing
- ✓ Include GESI indicators in your MEL plan
- ✓ Read THET's GESI toolkit:
<https://www.thet.org/wp-content/uploads/2020/09/THET-GESI-toolkit.pdf>
- ✓ Carry out a GESI needs assessment
- ✓ Develop GESI sensitive and responsive budgets
- ✓ Develop a GESI Strategy and Action Plan

Don't

- ✗ Say you're achieving change because your project is related to women's health or targeting nurses
- ✗ Assume that barriers exist only in LMICs
- ✗ Have one-off activities focusing on GESI



Sustainability

Do

- ✓ Embed work within existing systems
- ✓ Gain buy in from senior management
- ✓ Train the trainer model
- ✓ Build time in to continually monitoring change, and adapt work if it's not having the desired impact
- ✓ Disseminate learning

Don't

- ✗ Assume that change will happen quickly
- ✗ Carry on with work which is not having the change which you're expecting
- ✗ Train local trainers but not support them in delivering training



Please explain how you will ensure that the project changes are sustained beyond the lifetime of the project, including other government and non-governmental bodies you intend to approach or collaborate with in the host country

The project has been requested by and is built into development plans led by the local Ministry of Health and key regional hospitals. Activities have consequently been designed to support national ownership and ongoing sustainability beyond the lifespan of the project. Related to our value for money framework below, this is not only about the long-term sustainability of the project, but the effectiveness of delivery within its lifespan.

Establishing quality improvement and audit practices and skills, in particular, is a key methodology towards long-term ownership of change. By embedding the concept of change within regular management processes within the hospitals, the project will encourage and facilitate the hospitals and their staff delivering that change into the future. For the hospitals, this provides the process for regularising change and an accountability mechanism for ensuring it continues implementation. For individuals involved, this provides the opportunity and motivation – in terms of recognition – for helping support that.

The project also undertakes a train-the-trainers approach for key elements of skills development, providing individuals with the capability and further motivation to facilitate further learning within and across their institutions.

This ongoing learning and the project changes will be sustained beyond the lifetime of the project because of the provincial government interest in embedding this change. The request for these interventions has come from the provincial government, and as a consequence they have been co-designers of the project .

Project management

Do

- ✓ Articulate how decisions will be made by the partnership
- ✓ Build up the capacity of all partners to carry out PM, FM and MEL
- ✓ Talk about the structures you will put in place for communication, decision making, finances, governance, policies.

Don't

- ✗ Assume that a volunteer can carry out all of the project management, finance management or monitoring and evaluation work
- ✗ Forget to budget for someone to carry out this work



Volunteers

Do

- ✓ Put proper systems in place for recruiting, managing and supporting volunteers
- ✓ Think about what volunteers can learn and gain from being involved in projects
- ✓ Talk about where volunteers are coming from and the skills they bring

Don't

- ✗ Assume that volunteers have the skills they need before they travel overseas
- ✗ Forget about volunteers once they return to the UK
- ✗ Underestimate the value of virtual volunteers



THANK YOU!

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