Betsi-Quthing Health Partnership

HCA Sharing Learning Sept 2018
Outline

1. Betsi Quthing background
2. Brief overview on grant given by HCA
3. On how Betsi Quthing have assisted to build capacity of local organisations.
4. How you have involved the community in overall delivery of the project
5. Impact so far?
6. Challenges you faced?
7. What the future looks like?
8. Areas that HCA can support?

Baby hats!
Health challenges in Lesotho

- Under 5 mortality is 85 per 1000 live births in 2015
- Maternal mortality 1024 per 100,000 live births
- 23% HIV prevalence 15-49 year olds
- 788 per 100,000 population with TB across Lesotho
- MDR T.B 52 per 100,000 population

Demographic Health Survey, 2014
• Region of Southern Lesotho with an area of 2,916 km²
• Approximate population of 118,107 people
• Mountainous and beautiful landscapes
• Languages Sesotho, English and Xhosa are spoken
• One district hospital and eight rural health centres
• Many remote health outposts. Some accessible only by horse or on foot
Since 2013 we have been working closely with our partners in Quthing health district on projects in maternal healthcare, mental health, district health leadership, emergency care and I.T infrastructure.
Overview of grant: Improve birth outcomes for pregnant women and their new-born infants in Quthing District, Lesotho.

Goal: Increase number of women giving birth in health facilities, and increase in number using active birthing positions

- Neonatal resuscitation training
- Quthing team with CNO for Wales Jean White
- Birthing ball to encourage active labour
Project Plan Goals

• Visit Lesotho to train the trainer (Nurse Midwife trainer)
• Support nurse midwives to teach VHW regarding assessing and referring pregnant women
• Increase skills and knowledge of midwives, nurses and HCAs
• To help midwives increase the number of women using active birthing positions during labour
How Betsi Quthing have assisted to build capacity of local organisations

* **Lesotho**
  * Training = midwives and cascade to Village Health Workers
  * Equipment= low tech new, and maintenance, “batteries and baby clothes”, VHW kits

* **Wales**
  * Learning and leadership for volunteers
  * Bangor University student midwife- engaged all midwifery students through competition to go to Lesotho and feedback
  * BCUHB/ Bangor Uni – Lesotho visitors presented at open education meeting and met many health workers and senior managers

Delivery room and heating in post natal room
How BQL have involved the community in overall delivery of the project

- Health Links are institutional, so engage mainly with institutions on both sides
- BQL is between BCUHB and Ministry of Health, Lesotho, with Bangor University as supporting partner
- Local communities are involved and supportive:
  - Knitting baby clothes and hats
  - Fund raising (BCUHB staff) – paid for Saddle Aid saddle last year
  - Bangor Uni students through midwifery competition
- Mr Michael Mohloua, TB Coordinator, sung with local choir
International Health Links

Benefits to Betsi

Attitude and culture
- The planet is a village and home to us all
- Appreciate and value the NHS
- Understanding diversity
- Cultural sensitivity to minority groups
- Humility

Patients and public
- Staff who are happier and committed
- Staff who are better at team working and multidisciplinary working
- Better protection from global health threats: e.g. infectious diseases such as Ebola

Reputation
- Truly delivering the spirit of the Wellbeing of Future Generations Act
- Being global citizens and helping the poorest and most vulnerable
- FRIENDSHIP

Bringing back ideas
- How to provide a good service with few resources
- New roles e.g. Community Health Workers
- Expertise in conditions seen less often here e.g. HIV/ TB
- Community engagement
- Public health

Leadership and management
- Taking the initiative
- Personal confidence
- Multi-disciplinary working
- Team working

Staff morale and retention
- Volunteers say experience is “life changing”
- Improves morale, staff enjoy own job more
- Can be used as an incentive to recruit and retain key staff such as midwives and doctors
- Many F2 doctors are leaving to work overseas (over 50% did not take up training post last year)

Skills
- Teaching and training skills
- Designing and developing delivery of teaching
- Managing with few resources
- Mentoring colleagues
- Day to day living outside your comfort zone
* Increased knowledge and skills among hospital nurse midwives and 8 Health Centre Nurse Midwives and other staff involved in maternity care.

* Improved knowledge of nurse midwives in intra partum care

* Replacement batteries purchased and supplied for Hb meters in each Health Centre, teaching on how to use meters and when

* New CTG monitors not being used: training provided and now in use

* Strengthening of partnership through bringing senior members of the District Health Management Team to Wales to meet key stakeholders in Wales and to share learning on possible CPD methods

* Exploration learning methods with Bangor University School of HealthCare Sciences
Inability to recruit to key role, major component of this proposal: we intended to recruit a local staff member, initially on a short-term contract to coordinate CPD and support the Public Health Nurse. This was a request from our partners in the Quthing District Health Management Team. Our partner identified three people to explore this role: the Hospital Matron, the District TB/HIV Coordinator and one of the Primary Care Health Centre Lead Nurses. We invited them to Wales at short notice, and they shared a very intense two week of learning with us about leadership, and about CPD systems and in particular distance learning.

Slow start to project: because of the above delay, the project did not really start until the first midwives visited Quthing in October 2017.

Visa refusal: we had visas refused for the first time, and a huge effort managed to get this decision reversed although it cost us considerable time and money.

Flight cancelled due to sickness: One volunteer from Wales had to pull out.

Cash flow:

Equipment: The program to purchase and distribute Village Health Workers basic kits is behind schedule but we are confident that this will be done. The BCUHB Pharmacist who began this is due to return to Lesotho later this year and will ensure that the system to resupply is sustainable.
Unintended benefits!

* **Informatics support instead of midwifery.** We chose to replace the midwife who was unable to travel on the second visits from Wales to Lesotho, by our volunteer with Informatics expertise. He was able to provide a lot of help to projects that we had not previously intended to:
  * Supporting the TB/HIV Coordinator with an idea he had wished to implement for e-referrals. This was set up and then led to contacts with the Ministry of Health on their program for setting up similar pilots throughout Lesotho. This is ongoing
  * Evaluation of a community HIV stigma project led by a local NGO, who asked our volunteer for help on his last day and whom he was able to support with pre and post event evaluation while he was in Quthing and continue afterwards by email and WhatsApp

* **Distance learning and blended learning project:** the three colleagues from Lesotho were very interested in understanding distance learning provision of Bangor University. Ideas were taken back, for example exploring piloting a module on infection prevention and control, and a module on nurse mentoring
What the future looks like?

- Urgent Care Pathways project (WG funding)
- Transport e.g Saddle Aid
- Pharmacy dispensing training (ILO)
- Informatics and TB/HIV training Project (NWIS)
- Exploring Bangor University partnership with National Health Training College

Sister Mateboho Motuphi and Viki Jenkins making journey from Dilli Dilli clinic to health outpost
Areas that HCA can support?

- Advice/ guidance/ moral support
  - Accessibility (local development officer!)
  - Practical hands-on support e.g. with funding applications/ events organisation
  - Linking with other local groups/ resources
- Training:
  - International development and good practice
  - Safeguarding
- Accessing funding sources
- Advocacy
  - Raising profile and awareness
  - Engagement with Welsh Government and NHS
- Horizon scanning on issues that might effect us
Ke a Leboha!

Diolch!

Thank you!