Who are we?

The Wales for Africa Health Links Network is open to any partnership between an organisation in Wales and a counterpart in sub Saharan Africa that focuses primarily on health. It developed out of the first conference for Health Links in Wales in 2007. The overall aim is to facilitate a coordinated and effective approach to promoting the development of current health links in Wales (NHS and public health).

It represents a unique response to addressing the Millennium Development Goals by harnessing the expertise and commitment that exists within the NHS in Wales and in partners in disadvantaged communities in Africa, to support their effort to improve health.

The Network receives high level support from the NHS in Wales including the Public Health Wales NHS Trust and the Wales for Africa Program of the Welsh Government. NHS Wales has taken the lead in the UK, by explicitly supporting Links through employees’ support, the support of Boards and through the NHS small grants scheme (now £100,000 per year). The Welsh Government’s Wales for Africa Program funds the annual health links conference, as well as providing support for individual health links.

Achievements of the Network of Health Links

Networking
- Communication and networking between links, via ebulletins, events and facilitating contacts
- Empowering and encouraging volunteers
- Creating a health community
- Sharing experiences and knowledge between health links

Raising the profile
- Providing a voice and representation and profile for the Links movement
- Giving the Links movement a voice outside Wales
- Raising awareness, increasing the profile
- Advocating and lobbying, especially to NHS and Government
- “Mainstreaming” the work, to become part of NHS culture
- Learning about opportunities – grants/funds
- Source of information
- Provides credibility for individual links
- Annual report

Events
- Annual conference
- Sharing learning and training events
- Best practice and training
- Strengthening and sharing good practice
- Challenging what links are doing
- Cross fertilizing ideas
- Research
- Supporting monitoring and evaluation

In January this year, the members met and proposed the formation of a Board, which met for the first time in March and will meet quarterly. The Board members are:

- Mr Biku Ghosh, Chair (Southern Ethiopia Gwent Link)
- Dr Cath Taylor (PONT)
- Prof. Steve Tomlinson (Vale4Africa)
- Rev’d Wynne Roberts (Lesotho/Ysbyty Gwynedd, Bangor Link)
- Mr John Thomas (Dolen Cymru)
- Mrs Rosalyn Thomas (Swansea/Gambia Link)
- Dr Taj Hasan (Cardiff-Hawassa (Ethiopia)
- Dr Zedekiah Sibanda (Zimbabwe Health Training Support)
- Dr Kathrin Thomas (Coordinator, Wales for Africa Health Links Network)

www.walesforafricahealthlinks.wales.nhs.uk
Foreword

First Minister, National Assembly for Wales

Wales can rightly be very proud of the work highlighted in this report, and the continuing contributions being made by Welsh health professionals to improve the health of some of the world’s poorest people. The new Welsh Government remains committed to supporting Wales – Africa health links, not only because we want Wales to be a responsible global citizen and support world-wide health ambitions, but also because we benefit from such work.

Recent research we commissioned into Wales – Africa health links has found that Welsh health professionals feel their team work and problem solving skills, and their ability to find resource-saving ideas and prioritise limited resources, is improved as a result of being involved in a link. The experience usually brings great a sense of personal achievement and motivation, and many feel that it helps to put problems in the UK into perspective.

The health professionals interviewed also refer to increased confidence and ability to adapt, organise, teach and train. These benefits are increasingly being reported by Wales – Africa health links to their managers, Local Health Boards and publicly through the wider media.

We are developing an International Health Strategy for Wales because we know that our health community has much to offer and much to learn from international health partnerships. We will therefore continue to support NHS staff to contribute to the world’s UN Millennium Development Goals and the Wales for Africa programme. Chief Executives of NHS organisations have been asked to ensure that policies for continuing professional development for NHS staff include support for international exchanges, overseas links and the management of international projects.

The accomplishments described in this report are truly inspiring and a testimony to the commitment of health workers in Wales who want to make a difference in our world. Through sharing skills and expertise in health care we are changing lives, here in Wales and in many countries across Africa.
Biku Ghosh
Chairman of the Wales for Africa Health Links Network

Maternal mortality remains one of Africa's most tragic health problems. Recent estimates of maternal mortality have shown that the WHO AFRO Region has made little progress towards achieving the Millennium Development Goal (MDG) target to reduce this by three quarters between 1990 and 2015. 31 sub Saharan countries have Maternal Mortality Rate (MMR) ranging from 550 to 1000 / deaths 100,000 live births. The high incidence of maternal death is one of the signs of major inequity in healthcare in the world. While it is well established that health worker numbers and quality are positively associated with infant, child and maternal survival, in the WHO AFRO Region on average there is only one doctor per 5000 people. This belies the fact that in some of the countries such as Ethiopia, Gambia, Liberia and Sierra Leone there is only one doctor for over 20,000 people. In Mali and Ethiopia there is only one nurse or a midwife for 5000 people. Not surprisingly in the AFRO region average life expectancy at birth of 53 years is nearly 30 years less than in some of the developed countries.

In the WHO AFRO Region on average less than 50% of women receive skilled care during childbirth due to the shortage of trained health workers. The statistics in reality are even starker as there are major differences between urban and rural areas in the coverage of skilled attendance at birth, ranging from 3% in rural areas to 100% in urban areas. Poor maternal health and diseases that have not been adequately treated before or during pregnancy contribute to maternal death and too many babies are born dead. Every year 3 million babies are stillborn worldwide, the majority in developing countries; almost one quarter of these die during birth.

Welsh Health Links, working in 18 sub-Saharan African countries, have set examples of trying to support partner countries in addressing some of these problems in their healthcare systems. Welsh health links have been involved in a wide range of activities. To name a few: developing eye care, cancer services, obstetrics, paediatrics, surgical, A&E, anaesthetic and laboratory services, supporting capacity building through improving water supplies, generators, oxygen concentrators and motorbike ambulances for safe and timely transfer of the seriously ill.

However the main thrust of most Welsh Health Links has been in training of frontline health care workers, especially those working in the rural communities. In 2010/2011 Welsh Health Links trained nearly 1000 frontline health workers including 570 community health workers, 130 midwives and their trainers, as well as many health officers, nurses, laboratory technicians and doctors in essential care.

As clearly shown in the investigation carried out by Dr Kathrin Thomas and her team, NHS Wales has also significantly benefitted from links with Africa. The most important personal benefits quoted by those involved in link activities were their increased confidence in teaching / training skills, team working and learning to maximize the use of scant resources. Sharing these skills between professionals from different health links has also resulted in them being applied across NHS Wales. One small example is of a midwifery trainer from Gwent Ethiopia Link who hand knitted a uterus for demonstrating to Ethiopian midwives how to compress the organ in case of post partum haemorrhage, a common killer in pregnant women in Africa. Knitted uteruses are now being used in many midwifery class rooms in Wales instead of expensive models.

Health Links in Wales have been fortunate in the support they receive from NHS Wales in the form of regular funding (£50,000/yr – now increased to £100,000/yr from 2011/12). There is also commitment to support Link members’ visits using professional leave and a requirement for Chief Executives of each NHS organisation to demonstrate commitment to overseas links. Public Health Wales has continued to provide vital administrative support for the Health Links Network. The Health Links movement in Wales has flourished with genuine support from the Welsh Government, including personal support from the First Minister, the Health Minister, the National Assembly and through the Wales for Africa Program.

One of the main strengths of most Welsh Health Links has been working in partnership at primary care level in the rural communities in Africa where the majority of people live. Valuable lessons learned
My visits to Health lLinks in Africa

Dr Tony Jewell, CMO

I was delighted to be able to undertake visits to two of our most robust and longstanding Links in Lesotho and Uganda in 2010; and I hope to be able to visit southern Ethiopia in 2011.

I spent a week in Lesotho accompanied by Dr Carl Clowes and John Thomas between 23rd and 30th October 2010. During the visit Dolen Cymru’s local organising committee celebrated the 25th Anniversary of the link. This is a considerable achievement for a nation to nation link which has survived considerable political changes over this time e.g. military coups in Lesotho and devolution in Wales.

The health system, as you expect in many low income countries, is struggling.

One interesting visit was to Quthing, 3 hours south of the capital Maseru. This small 150-bed hospital serves a regional population of an estimated 250,000. Medical staffing is problematic with three doctors providing a 24/7 service which included medicine, surgical diagnosis and referral, obstetrics and paediatrics.

Another highlight was a visit to QEI hospital in Maseru where we were shown around by Dr Matthew Broun, a senior specialist registrar from Morriston Hospital who had been in Lesotho for 6 months. Matthew spoke about the need to adjust his expectations; seeing many patients under 40 years old dying was an early shock to him, as was having to accept that many routine options in Wales, such as renal dialysis, are simply not available in Lesotho.

I also visited the PONT/Mbale link, accompanied by Dr Geoff Lloyd, between 27th November and 4th December 2010. This link has Education, Faith, Health and Climate Change elements and works through local partnership arrangements in Mbale, a region of some 1 million people in Uganda.

The focus of the visit was to launch the three new ‘motorbike’ ambulances which had been purchased for Mbale by PONT and the Rotary Club. The origin of this idea was to support the primary care/village health workers and traditional birth assistants who had difficulty getting seriously ill patients and women in obstructed labour to hospital/health centres. The idea is to reach into rural villages with a transport system starting with stretchers, to bicycle ambulances then to motorbike ambulances.

I was privileged to see really good links which have many common approaches, which I believe we need to bring into an agreed Welsh Health Links approach.

The Links were dealing with common issues e.g. HIV/AIDS; maternity and child health; ambulance transport, and public health prevention programmes; and were providing mutual benefit to both Link partners.

It would be good to ensure that all Health Boards and NHS Wales Trusts are corporately signed up to partner one of our Wales for Africa Links.

As part of the Welsh Government’s support for international work, our document, “Health within and beyond our borders: an enabling framework for international health engagement”, is being finalised.
Funding

Top tips:

• Lottery bids and Comic relief bids are two-stage, so there is less work up front at the outset.
• Know your funders agenda - phone them up and run ideas past them before investing hours of time.
• Funding needs to be proportionate to your budget track record
• Consider a dedicated fundraiser – for Dolen Cymru this has proven highly effective. For organisations seeking larger funds, consider investing in fundraising time and expertise.
• Mayor’s funds may be a good source of fundraising. Target the Deputy mayor to ask them to choose your charity as the mayoral charity before they take office when the decision has already been made.
• BMA grants for books (buy from TALC for low cost in country)
• Spread your bets with a portfolio of various fundraising measures, some of which bring additional benefits eg community fundraising initiatives.

Problems with transfer of funds
Problems with NHS organisations handling charitable funds which do not benefit UK

Top tips:

• Set up a charity to receive funds. Both ends.
• Some grants are required to be received by a statutory organisation (eg Wales for Africa NHS HR division funds). Your Health Board can set up franchise arrangement for a charitable or a not-for-profit organisation to deliver the project.

We then considered in smaller groups the common challenges and top tips in three areas:

• Communication
• People
• Partnership imbalance.

People

Top tips:

• Preparation / orientation before visit ; Orientation Pack
• Visit/work in teams, regular debriefing

Visits to the UK

Top tips:

• Visits should be relevant, and by those who would most benefit
• Identify aims and objectives of visit
• Visits provide encouragement for those who contribute much
• Consider facilitating South – South exchanges which may be more useful
• Thoroughness, and allow adequate time and finance for visa applications

Finding and enabling the right people to be involved in Wales (Capacity / leave / recruitment issues)

Top tips:

• Use a wide variety of strategies: Self-selecting / self-funding, word of mouth, have right ideas, head hunting, friendship
• Seek high level support in your organisation
• Engage wider organisational community – information eg intranet, noticeboards, manned front entrance displays
• Show evidence of personal / professional development through involvement in the link
Finding and keeping the right people in African Link partners. How do you identify the key people to build a sustainable link?

Top tips:
- Look for those likely to remain over time
- Peer assessment: “who do you think could help?”
- Empowering individuals / giving status
- Maintaining regular contact
- Include others in communication eg church leaders

Communication

Language

Top tips:
- Clarify, feedback
- Summarise
- Keep it simple
- Use visual

Effective teaching

Top tips:
- Small groups
- Hands-on, practical
- Powerpoint / charts

International communication:

Top tips:
- Try to be clear on What’s the real agenda?
- Communicate regularly, even if it is just to say hello how are you.
- Phonecalls: calling cards or direct dial cheap numbers – see www.moneysavingexpert.com to search for the best deal for your partner country.
- SKYPE is an inexpensive online way to communicate if partners have adequate access to broadband capacity and on line meetings can be arranged.

External communication / marketing your link:

Top tips:
- Fundraising events give opportunity for people to contribute / “join in”, especially non-health professionals

Partnership imbalance

Important to recognise and acknowledge the power imbalance between Wales and Africa if we are to work towards more equal partnership.

Top tips:
- Capacity building – to enable independence
- Networking
- Mutual respect
- Social events
- African partners should look for other funding sources

Engaging women

Top tips:
- Country-dependent
- Engage community women’s groups

Government/institutional stagnation

Top tips:
- Include community groups in Link
- Signed Memoranda of Understanding

Corruption / probity

Top tips:
- Include church / faith groups in governance

Unused equipment

Top tips:
- Agree responsibilities before project starts
- Ensure provision for maintenance built in to project
- Check on repeat visits

Equity / shared learning

Top tips:
- Appropriate forum for exchange
- Trips of African partner to UK
- Aim for learning on both sides
International Health Links: an investigation into health partnerships between Wales and Africa

This research was commissioned by the Welsh Government International Sustainable Development and Wales for Africa team. It aimed to provide an overview of activities of Health Links between Wales and sub-Saharan Africa.

Authors: Kathrin Thomas, Jasmin Chowdhury and Hugo Van Woerden

Methods

Health Links were defined as partnerships between institutions or organisations in Wales and a sub Saharan African country that focussed primarily on health. An email invite was sent to Link members from both sides of the partnership, who were asked to complete an electronic questionnaire. A sample of these members was also interviewed in more depth by telephone. 36 Welsh Link members and 9 African Link members responded. Seven Welsh and three African Link members were interviewed by telephone to supplement the questionnaire data with richer and more in-depth information.

Key findings

Beginnings:
Most of the 17 Health Links in the study are relatively new with 13 (75%) being less than 5 years old. Most Health Links developed through a Welsh member who had returned from working or visiting in a sub Saharan African country, or an approach from a Welsh partner to a potential African partner. 35% of Health Links said that a grant had helped them start up, 20% of these grants from the Welsh Assembly Government and 15% from the Tropical Health and Education Trust (THET).

Activities:
All Welsh and African respondents gave training as their most common activity. Training was primarily focused on maternal health and mostly delivered during visits by Welsh members to their African partner. Distance learning did not seem to be a common method of delivery of training or education.

Benefits:
For both Welsh and African respondents two of the top three benefits of the Link were “Experience of different cultures” and “Support and friendship with your overseas partner.” The next top aspect for Welsh respondents was “Putting UK problems in perspective” while for African respondents the next top was “Sustainability of services.”

Interviewees made positive comments throughout about their personal satisfaction and benefits from involvement in a Health Link and all were committed to continuing the work in the future. These gains were mostly expressed in terms of changes in attitudes, knowledge and/or skills.

The main skills gained were cited in terms of the soft skills such as increased confidence, organization and management, leadership and team-working. In particular, 89% of Welsh respondents agreed that their problem solving skills had improved and 74% reported they had
found resource-saving ideas which were likely to directly benefit their employers and hence the people of Wales. Welsh respondents felt that the benefits to the Welsh partner were clear but should be secondary to that of the African partner as the aim of their work was to improve health in the African setting.

Communication:
Communication between partners fell mostly into two distinct patterns: active communicators (7 Links) and infrequent communicators (5 Links). Email was given as the most common method of communication for all Health Links. Strong personal relationships were felt to be a very good facilitator of effective partnership working while the lack of them led to frustration and lack of action.

Processes:
Documented processes were not always in place, for instance a third of Welsh respondents were not aware that they had a Memorandum of Understanding with their African partner and half did not know if there was a monitoring system. Only two thirds of Welsh respondents were aware of the Strategies and Priorities of their African partner's Ministry of Health although all African respondents believed that their individual Welsh Link was aware.

Gender:
Many respondents brought up the fact that there was a relatively high participation of women in many Health Links, both in Wales and in Africa.

Support:
In response to a list of options that might help a Health Link most respondents expressed an interest in the majority of options with advice on applying for grants, fundraising and opportunities to network with other Links being the most popular.

Conclusion
There is strong evidence that those who are involved in Health Links, both in Wales and in Africa, believe that they gain personal and professional benefit from their involvement, particularly in terms of problem solving, team working and organisational skills. Investment by the Welsh Government in Health Links is believed by participants to be contributing to professional development and consequently providing benefit to the Welsh health organization by which participants are employed.

Recommendations:
There are 22 recommendations, for Links, support organisations and public sector organisations. They focus on increasing good practice, sustainability and maximizing the benefits of health partnership working.

The full report was published in February 2011, and can be downloaded from www.walesforafricahealthlinks.wales.nhs.uk

Gambia medical elective students gaining experience in the Swansea Clinical Skills Lab
Workshop to share training ideas for the midwives and allied health professionals involved in health links

Aim
To provide an opportunity for midwives and health professionals in Wales, who have an interest in / experience of working in developing countries, to share ideas, experiences, teaching materials and teaching aids.

This was the second workshop run by the Wales for Africa Health Links Network which focused mainly on the Millennium Development Goals 4 and 5 which aim to reduce maternal and child mortalities.

Author: Melrose East, Lead Midwife, Southern Ethiopia Gwent Healthcare Link

The workshop

The workshop was held at the University Hospital of Wales, Cardiff in October 2010.

16 health professionals attended the workshop, from 7 Welsh health links and from 3 Universities in Wales.

Following the welcome and individual introductions, the group discussed the aims of the workshop and expectations and outcomes of the day. This was followed by several short presentations:

Modules at University of Glamorgan – Aggie Horn
Two 16 week modules; each will be 20 credits, at level 6:
• The Foundation in International Family Health designed to prepare health professionals or students who may be considering working in developing countries.
• The Advances in Family Health in the Developing World focuses on clinical teaching and learning.

Each can be undertaken as a stand alone module or as part of the BSc in Professional Practice.

Skilled Birth Attendant – Melrose East
Melrose explained that every woman should be attended by a skilled professional during childbirth, wherever she gives birth. Statistics show that this often does not occur in developing countries and when it does, the ‘skill’ of the skilled birth attendant can be sadly lacking due mainly to their lack of clinical training, supervision and experience.

Teaching midwifery in a Developing Country – Melrose East
Melrose gave some practical advice on things to consider prior to visiting developing countries. She also highlighted important considerations that should be made in relation to teaching and learning in developing countries.

The group reviewed the main causes of maternal and child mortality in developing countries and discussed how teaching aids and materials can help to explain and demonstrate how to recognise and manage obstetric emergencies and child health emergencies in low resource settings. The main problems for the mother being haemorrhage; sepsis; hypertension; abortion; obstructed labour, and for the baby being lack of immediate assessment and care of the newborn, as well we ongoing care in the first few days and weeks following birth.

Mothers of Africa – Paul Clyburn
Paul presented a fascinating outline of the work of Mothers of Africa, and highlighted the importance of the work of anaesthetists in reducing maternal mortality rates in developing countries.
Examples of teaching aids included:

- Using a hard ball to demonstrate a well contracted uterus.
- Transforming an old pair of trousers to demonstrate birth through a hole made in the crotch.
- A large piece of red cloth can be used to mimic blood oozing from the uterus (trousers) following birth.
- Using the ‘Kanga’ to measure blood loss following birth. Kanga is a standard sized piece of cotton. Two soaked ‘kangas’ would represent an excessive blood loss and an indication that the woman should be transferred for further treatment.
- Clear, laminated pictures and diagrams to show practical skills eg breech birth, shoulder dystocia, partograph, abdominal palpation etc.
- Using a knitted uterus to demonstrate changes that take place in the uterus during labour, birth and the postnatal period.
- Provision of teaching items eg. doll and pelvis, mannequins, neonatal resuscitation dolls and resuscitation bags.

Evaluation of the day indicated that participants had benefitted greatly from sharing ideas and teaching aids. Useful discussions took place which identified various issues with teaching in low resource settings and in a different country. It is hoped that another workshop can be run which would focus more on specific issues including monitoring and evaluation of education programmes and clinical skills.
Health Link reports

Burao-Cardiff Link
Country: Somaliland

Aim
To develop a long term relationship with the health care community in Burao, Somaliland, in order to strengthen the health care system in the city and support the most vulnerable communities to access better health care provision.

Outline of activities during 2010/11
- We have made a visit to our partners
- We have conducted a health needs assessment, which highlighted areas of health importance and significance that we can collectively address.
- We developed a thorough organisational review in partnership with our partners

Outcomes
- We have conducted a capacity building training for Community Health Workers in the villages near Burao City.
- We are currently supporting 10 villages with basic health care, provided by the Community Health Workers, supported by our partners in the city.

Outline of future plans
- To work with the regional and national partners to extend the Community Health Workers Programme.
- To work in partnership to raise public awareness on infectious disease prevention and control
Life for African Mothers (formerly Hope for Grace Kodindo)
Countries: Chad, Sierra Leone, Liberia, Somaliland, Nigeria, Uganda & Rwanda

Aims of link
1. To reduce maternal mortality and morbidity in Sub-Saharan Africa by providing lifesaving medications to treat pregnancy-related complications.
2. To facilitate visits by NHS Wales staff in order to share skills. These are contributions to the achievement of MDG 5.

Outline of activities during 2010/11
Provision of key medications, i.e. magnesium sulphate to treat eclampsia and misoprostol to prevent Post Partum Haemorrhage to Chad, Liberia, Somaliland and Sierra Leone continued throughout 2010. Additionally the charity was able to commence the supply of these medications to three new countries/Regions, Northern Nigeria through the Royal College of Obstetricians and Gynaecologists, Mbale Region of Uganda through PONT and Rwanda through the Rwandan Nursing & Midwifery Association. During 2010, over 72,000 doses of medications were shipped, which represents around 18,000 women being treated and possibly saved. Additionally, visits were facilitated for clinical staff, including a group from Velindre NHS Trust who are looking at improving cancer services for women in Sierra Leone and setting up a cancer registry.

Outcomes
The main Government Hospital in Freetown, Sierra Leone, reports a massive reduction in maternal mortality, attributed to 3 elements.
1. The free healthcare for pregnant and nursing mothers, introduced in April 2010.
2. Staff now being paid, thanks to Department for International Development, UK.
3. The provision of the medications by our charity. Dr Kargbo acknowledged that demand had significantly outstripped the available supply of medications, and says:

“We are delighted that you decided to join us in the fight to prevent the excess maternal mortality we have been experiencing in this country and we are very grateful for the medications that you have been sending us. As you already know, thousands of women’s lives are been saved throughout the country!”

Dr Samuel Kargbo,
Head of the Reproductive Health Unit,
Ministry of Health, Freetown, Sierra Leone.
December 2010.

Outline of future plans
1. To try and respond to the many requests received from other countries for the medications.
2. To scale up the facilitation of visits by staff whose skills, clinical and non-clinical, are required in developing countries. This includes learning from staff in recipient countries who are experts in working in a resource poor environment.
3. To assist with identifying funds which will allow both of the above.

Magnesium Sulphate and the records.
**Hossana – Glan Clwyd Ethiopia Link**

**Country:** Ethiopia

**Aim**
The Link aims to forge a long term relationship between our two institutions for the purposes of friendship, education and support in capacity building for Hossana hospital through assistance with teaching, training and project work.

**Outline of activities during 2010/11**
During the most recent visit to Hossana in January 2011, a team from Glan Clwyd hospital delivered a three day intensive emergency skills course to Health Extension Officers in Hossana. Using a very interactive approach, including video clips, volunteer trauma victims, pelvis dummies, resuscitation dolls and a sheep thorax, the Glan Clwyd team provided hands-on training which was very well received. Two oxygen concentrators, a new theatre monitor and a hand-held pulse oximeter were also taken across.

The main joint project at present is restoration of water and sewage facilities in the hospital. Through the generosity of Betsi Cadwalader Health Board staff, with support from local groups and other donors, £34,000 has now been raised. This will pay for a 50m³ capacity four-storey-high water tower, with connecting plumbing, and for pumps, and for repair of broken sewage pipes. This will be a long-term, sustainable solution for the whole hospital. Project management will be by the Zonal health department in Ethiopia and by local water engineers. Invitations to tender for the work are out and it is hoped to appoint contractors and start work before the rainy season.

Two new incinerators with disposal pits have been built at Hossana using funds from the Link, supervised by the enthusiastic new sanitarian at Hossana. These will be a great step forward from the open pits previously used.

Link group meetings in Glan Clwyd are held every two months, with ongoing fund-raising and educational activities for the hospital. Notable link events this last year have included a lunchtime quiz, long-distance cycle rides, a strong team in the Cardiff half-marathon, a car boot sale and our annual stall in the hospital.

**Outcomes**
- Very good feedback on the emergency skills course from the students
- Steady progress towards completion of the water and sewage project
- Provision of two new incinerators at Hossana
- Maintained awareness of global health issues in Glan Clwyd Hospital

**Outline of future plans**
- Completion of the water and sewage project
- Construction of a sealed ventilated placenta pit in Hossana
- Arrangement of a visit for staff from Hossana – provisionally for the senior surgeon and the sanitarian.
- Planning of further teaching and training activities in Hossana, covering the Health Extension Officers, the current medical, nursing and midwifery staff, and the medical students shortly to be arriving there.
- Encouragement of mutual departmental awareness in our two institutions by use of photo galleries, a website and posters
- Increasing the uptake of the Pennies from Heaven scheme
- Further fund-raising and social events
- Keeping supporters of the Link fully informed of the work and progress of the link
Mothers of Africa
Countries: Ethiopia, Benin, Togo and Liberia

Aim
An educational trust formed in response to the 5th Millennium Development Goal: reduction in maternal mortality.

Outline of activities during 2010/11
- Educational visit to Ethiopia with the Gwent Link
- 2 educational visits to Liberia to introduce a new Liberian Nurse Anaesthesia curriculum to trainees. Some joint activity with Mercy Ships during the second visit, this latter involved the delivery of continuing professional development for qualified nurse anaesthetists in Liberia, via a conference.
- Sponsorship of a new nurse anaesthesia student in Liberia
- Joint educational visit to Togo with Mercy Ships
- Exploratory visit to Sierra Leone with a view to starting up a new partnership

Outcomes
All educational visits were well received by our partners in Africa.

The quality of the educational visits to Liberia and the increasing intellectual capabilities of our students are evidenced by continuing, regular and thorough testing of our students. We are able to demonstrate improved retention of information, improving clinical performance and the ability of the students to question their own practice.

After an exploratory visit to Sierra Leone, it was decided that we would not continue developing this partnership.

Outline of future plans
In the next year we intend to:
- Continue with the introduction of the curriculum in Liberia, supported by 3 educational visits. “Training the trainers” will form an important part of this.
- Support the Gwent Link in a further visit to Ethiopia
- Our further presence in Togo/Benin has not been decided by the trustees.
- We have been invited to form links with Tanzania
- There has been a separately funded needs assessment in Zambia, which Mothers of Africa is likely to participate in.
Southern Ethiopia Gwent Healthcare Link

Country: Ethiopia

Aims of Link
Training frontline health professionals including midwives / nurses, health officers, laboratory technicians, doctors, ‘training the trainers’ as well as community health workers.

Programmes to support rural health centres to develop as exemplar providers of health care and for development of hospitals in Southern Nations, Nationalities and People’s Region (SNNPR).

Outline of activities during 2010/11
In 2010/11 the link continued to work at all levels of healthcare in SNNPR including village health posts, health centres, district and University hospitals.

Training
- On the job skills training of 53 midwives in emergency obstetric / new born care
- 4 day skills workshop for 35 midwives in emergency midwifery /newborn care
- 6 day ‘Training the trainers’ of 23 trainers from the 8 Nursing colleges in SNNPR.
- Training mannikins, pelves / dolls donated to all the nursing colleges.
- Training in basic theatre nursing for 30 theatre and recovery nurses.
- 5 day skills workshop for 43 non doctor MSc Health officers in emergency surgery / trauma
- 2 day Endoscopic Urology course for 7 specialist surgeons
- Training in safe and clean delivery (at home)/ newborn care for 230 community Health Extension Workers
- Teaching medical students at Hawassa University
- Training on culture techniques in microbiology at Hawassa Hospital and training on laboratory equipment maintenance at four health centres

Exemplar health centres project
Project extended to a fourth health centre.
Two workshops held to share the ‘exemplar’ standards with all 26 health centres in Gedeo zone. Standards used to develop individual action plans in the first workshop, progress on implementation shared in second workshop.

Donation of medical equipment:
- 35 oxygen concentrators to all 17 hospitals in SNNP Region
- 2 motorbike ambulances to Chichu and Chelelktu health centres
- Operating table, surgical instruments, suction machines to Halaba and Dilla hospitals
- Endoscopic Urology equipment worth over £50,000-00 (courtesy of Olympus, UK) to Hawassa Hospital
- 5 Microscopes to 4 health centres and to Dilla Hospital
- A generator, delivery bed and patient examination bed to Chelelektu Health centre
- 110 bicycles to rural health posts in Gedeo zone
- Blood pressure machines, vacuum suction caps, baby hats and cleaning materials to health centres

Case study
A study followed women over one month, who were referred to Dilla hospital with complications of pregnancy and requiring emergency obstetric surgery. It focused on social environment, access to health care and outcomes for the woman and baby.
In Wales
The Link lead midwife organized another workshop for midwives from any Welsh Health Links, to develop common training materials for training midwives in Africa.

Outcomes
The Link’s evaluation of its support in exemplar health centres shows improving standards of care and increased community support.

Partner’s comments:
‘Our health facilities and community have benefited from this link with health workers training, medical equipment, motor bike ambulance and bicycles. We express our appreciation on behalf of benefitted mothers and our community. The ambulance service has minimized delay of transportation. It has a great economic, social and psychological relief not only for mothers but also for family members, community and the health workers. The same is true for bicycles which have minimized walking and time wastage for Health Extension Workers.’
Wubeshet Mekuria, Head, Gedeo Zonal Health

‘The teaching materials donated by you are the only materials we are using in the department. I thanked you a lot yesterday while I was teaching midwifery students ‘Anatomy of Reproductive System’ that begins with the female pelvis.’
Gebresilasea Gendisha, Arba Minch University

‘We have been working in partnership with your link for more than 12 years in reducing maternal and child mortality and capacity building activities. I thank you very much for the contribution of 30 oxygen concentrators and taking part in this life saving situation in our region.
Kare Chawicha, Head SNNP Regional Health

Outline of future plans
The Link plans to undertake the following activities in 2011/12 in partnership with Ethiopian colleagues:

Training
• Skills workshop in emergency obstetrics / neonatal care for nurses and midwives
• ‘Training the trainers’ workshop for nurse and midwifery teachers
• ‘On the job’ training of healthcare workers in health centres
• Skills workshop in ‘safe and clean’ delivery for community Health Extension Workers
• Facilitate skills workshops/training for MSc health officers and surgeons
• Health centres
• Continue with support, monitoring and assessment of the four ‘exemplar’ health centres

Exemplar standards workshop
• To continue to promote ‘minimum standards of care’ for all health centres in Gedeo zone
• To donate equipment and resources
• To work towards providing a generator each to 10 health centres
• To work towards donation of more motorbike ambulances to health centres
• To donate training materials to nursing colleges
• To continue with donation of equipment and resources to health centres and hospitals in SNNPR to meet needs.

Sharing experiences
Two Link members from Wales will self-fund to attend the triennial International Confederation of Midwives conference in South Africa. Their papers will share work undertaken with Ethiopian colleagues on the ‘training the trainers’ programme and the ‘exemplar’ health centre project.
Swansea/Gambia Link – Diabetic Link

Country: The Gambia

Aims of link
To carry out a scoping exercise to clarify the needs of the Royal Victoria Teaching Hospital (RVTH) in reducing the numbers of patients developing diabetic foot disease.

Outline of activities during 2010/11
With support from the Swansea Gambia Link, a Diabetic Foot Assessment Clinic (DFAC) is to be established. This will run concurrently with the Diabetic Outpatient Clinic.

Concerns were raised by Sister Mam Jagne, RVTH Matron, regarding the utilization of trained staff to carry out the foot assessments. Sister Jagne was concerned that this would deplete the staffing levels on the wards. The podiatrists assured the Matron that auxiliary staff or support workers could be trained to carry out the assessments, leaving the qualified staff to remain on the wards.

Mr. Ousman Jemmeh had identified a room to be used to carry out the DFAC. Equipment needed for two auxillary nurses to carry out foot assessments would be as follows:

- 10g Monofilaments or neuro-tips (2)
- Rydal-Seiffer Tuning forks (2)
- Dopplers (2)
- Desktop computer for Mr Jemmeh to collect patient data into a database or spreadsheet to allow auditing of the results at a later date
- Furniture – chairs and desk.

Once the patients had received a foot assessment they would be classified into a ‘Risk Group’ according to the results of the tests. These would be:

- Low Risk
- At Increased Risk
- High Risk

The ‘High Risk’ group would then be targeted for more intensive education on the prevention of diabetic foot problems such as ulceration or Charcot foot.

Two Gambian nurses attended a four-week training placement at the Diabetes Centre in Morriston Hospital, Swansea.

In September/October 2010, Mr. Ousman Jemmeh, Departmental Matron of Medicine and Nursing Assistant Babourcarr Faye were seconded to Swansea for a four week training program on the diabetic foot.

During their stay they visited all the main diabetes clinics in the four hospitals within Abertawe Bro Morgannwg Health Board. This included Princess of Wales, Bridgend, Neath Port Talbot, Baglan, Singleton and Morriston Hospitals, Swansea.

They attended Foot assessment clinics, podiatry wound care clinics, ward visits, the artificial limb centre and departmental podiatry meetings.
Outcomes

The Diabetic Foot screening clinic has been established and is incorporated in the weekly out-patient diabetic clinic. We are in constant e-mail contact with the nurses. A database has been created to record all the diabetic foot assessments, clinical outcomes and complications. In the short term, this will allow us to evaluate the numbers of patients screened and in what “risk” category they sit. In the longer term, we can assess the impact of risk assessment and care on the frequency and degree of morbidity as a result of foot pathologies.

Outline of future plans

We have also been approached by a junior doctor with a specific interest in diabetes and its associated vascular complications, who is planning to volunteer to spend 4-6 months in RVTH with a focus on developing local capacity in the use and interpretation of bedside Doppler to assess blood supply in diabetic feet. This is an essential technology to inform clinical management, including the need for amputation, and to build specialist expertise in diabetes care, for improving patient outcomes and to support wider professional development. The Gambia has a high incidence of diabetes mellitus. The major complication seen as a result of diabetes is foot pathology. There was no functional Diabetic Foot Clinic for screening and management of foot pathology. We have made significant progress in establishing a dedicated Diabetic Foot Clinic within the limited resources available in the RVTH, Banjul. A database has been developed which will serve as an essential monitoring and evaluation tool.
Swansea Gambia Link

Country: The Gambia

Aims of link
Through a broad partnership, the SGL aims to bring staff and students together to work for mutual benefits on health issues of common interest – including clinical care, health service delivery, teaching and research.

Outline of activities during 2010/11
Medical student exchange program:

- Ten students from Medicine, Human and Health Sciences and Arts and Humanities and Media Studies at Swansea University undertook a four week nutrition and international development project in Gambia in July/August 2010. They formed a working group with ten of their peers from the University of the Gambia and were supervised by local and visiting tutors.

- Second year Swansea medical students supported and hosted a visit by three of their colleagues from the Gambia to Swansea for two weeks in March 2010. Ten Swansea medical students were hosted by their colleagues in the Gambia for a two-week visit in January 2011:

- Four final year Gambia medical students undertook a 6 week elective placement in Swansea in June/July 2010.

- Two Commonwealth Professional Fellows were hosted for 3 months training during April/June 2011:
  1) Mr. Momodou Jammeh, (Senior Laboratory Scientist, National Public Health Laboratories, Ministry of Health and Social Welfare, The Gambia) is learning new skills in cytology, histology and development of eLearning resources in Swansea.
  2) Mrs. Joanna Mendy, (HIV/AIDS/ Health Programs Manager, Catholic Relief Services, The Gambia) is refreshing her knowledge of public and sexual health with the longer term aim of establishing post graduate study in public health in Gambia.

- The Link continues to support visitors to Gambia for teaching and examining on the Medical School course.

Outcomes
- Greater awareness and first-hand experience in global health and international development for Swansea and Gambia staff and students
- Improved teaching and assessment of medical students in Gambia
- Training in specific skills for two mid-career Gambian health professionals supported by the Association of Commonwealth Universities

Outline of future plans
- Continue to develop student exchange programme
- Explore the possibility of establishing a 5 week clinical apprenticeship in the Royal Victoria Teaching Hospital, The Gambia as an option instead of a Swansea placement in the second year medical school curriculum
- Establish a south-south link between The Gambia and the existing Sierra Leone laboratory development project

Mr. Momodou Jammeh, Senior Laboratory Scientist, learning new laboratory skills in Swansea
Gambia-Swansea Vision 2020 Link

Country: The Gambia

Aims of link
The Gambia-Swansea Vision 2020 Link undertakes to develop identified sustainable eye care services in the Gambia and to work in partnership with Sheikh Zayed Regional Eye Care Centre staff to provide training, education and support, both in clinical care and formal teaching.

Outline of activities during 2010/11
A visit to SZRECC during November 2010 to provide one weeks Medical and Surgical training.

Glaucoma
In theatre the Mitomycin Trabeculectomy procedure was taught and in the outpatient clinics further training on the management of Glaucoma was given.

Pharmacy
The way that medications are produced and distributed was assessed, and also ensure a continuing supply of Glaucoma medication.

Operating Theatre
Training was developed in Operating Theatre technique, infection control issues, stock control, disinfection and sterilisation, correct disposal of rubbish and care and maintenance of instruments.

Medical Physics
Training already established by Medical Physics was continued, in the repair and maintenance of equipment both in the Regional Eye Centre and the Secondary Eye Centres across the Gambia.

Nursing
Documentation held for trained nurses and the recording of professional updating was reviewed.

Teaching
Two formal teaching sessions were held as well as teaching within clinics and theatre.

Outcomes
Most of the objectives set for our week in SZRECC were achieved. Unfortunately due to a shipping delay en route the equipment did not arrive in SZRECC until after we had left and this has now been put together by the team in SZRECC.

During the discussion about the next phase of the Link, training on Fundoscopy was requested and this will commence on the next visit as well as being incorporated into the next activity plan.

Outline of future plans
We have just completed the activity plan for 2012-2014 and this is currently awaiting ratification. The next three years will focus on continuing to support the services already developed. The Glaucoma Nurse Practitioner role has been very successful and we need to expand and train more nurses to undertake this work.

As the work of the Link continues, it highlights other areas that need to be included in future activity plans, for example training in paediatric anaesthesia, and that their resources can match demand as the Regional Eye Centre expands and sees and treats more patients.
Powys Molo Health Link

Country: Kenya

Aims of link
- Reduce Child and Maternal Mortality and Morbidity by working with Government Health Services and NGOs.
- Improve skills of and service delivery by all cadres of Kenyan health staff.
- Provide opportunities for Powys staff to develop and adapt skills and understand global health, both also enhancing Powys Health Services.

Outline of activities during 2010/11
- Child Health scoping visit by paediatrician (Head of Safeguarding and Looked-after-Children). Public Health Facilities, School Health programmes and NGO services across 3 districts were visited with presentations or discussions with staff, managers and service users.
- The Club Foot Satellite Clinic is now well established and part of National programme managed and funded from Kijabe Mission Hospital. 20 children treated by Ponsetti technique two tenotomies carried out. CPD update also given. Outreach rehabilitation services also continue.
- Basic Newborn Resuscitation practical CPD session in Molo Hospital.
- Questionnaire completed by Molo Nursing staff on Maternal Health Care learning needs.
- Books and CD ROMs from Teaching Aids at Low Cost (TALC) received in Molo and distributed to facilities throughout the districts.
- Funded Community Health Extension Worker (CHEW) training.
- Bicycles for Community Health Workers- 50 delivered for Arim Nyakianbi Community Unit, 50 more for another unit in 2011.
- Maternal Health Care two day training update for 30 CHEWs
- Audit and Evaluation one day Training in all three districts for 43 CHEWs and Public Health Officers.
- Rolled out training of Community Health Workers in Monitoring and Evaluation – April 2011
- Meetings in Molo and Nairobi to consolidate plans for a British volunteer paediatrician (through VSO) and an Emergency Triage and Treatment + (ETAT+) training programme in Molo.
- Laminated WHO Emergency Paediatric Care guidelines provided for Children’s Ward Staff.
- Memorandum of Understanding for Health Link and rest of Community Partnership finalised and signed.
- Fundraising towards Motorbike Ambulance for emergency transfer of maternity patients from a remote Health Centre.
- Two computers, UPS, Antivirus, Internet, maintenance and printer purchased for Njoro and Kuresoi district health services.
- Health Group steering group established with Powys Director of Public Health as Health Board Executive representative.
Outcomes

These varied activities have led to increased understanding of how the various partners can work together towards the Aims and Objectives. The Community Strategy is now also better funded locally eg District Public Health Teams now have vehicles but some implementation gaps have been filled by the partnership e.g. Training, Information Technology, books and bicycles. Further areas of development have been identified during partner discussions with definite plans in place to implement further training and development service. 85 Trained Health Staff have received specific training for up to two days, directly involving Powys staff. CHWs have received 1-5 days training delivered by local staff and funded by the Link. Five Powys Health staff have had direct involvement in Link activities in Molo, three others have had key roles in grant applications, planning and fundraising. Several more have shown interest in the Link and participated in publicity and fundraising. The Health link has also supported the Education and Children, Livelihoods (including Fair trade) and Disability sub groups within the Brecon Molo Community Partnership. For example, in developing the Memorandum of Understanding and supporting the first Powys teacher’s visit to Molo.

Outline of future plans

- Multiagency Safeguarding training in Molo District scheduled for last week of June 2011.
- Follow up Maternal and Public Health training - requested in evaluations of 2010 training.
- Paediatrician placement in Molo through VSO from September 2011- May 2012
- Evidence based ETAT+ training course provided by Kenyan Trainers and VSO paediatrician for Child Health Staff across the districts in October 2011 with follow up and implementation of Kenya Practice Guidelines supported by VSO paediatrician.
- Basic Newborn Care training including Mouth to Mask resuscitation to be delivered to district level health staff and CHWs in 2012.
- First Motorbike ambulance to be purchased, delivered to Molo and staff trained in its maintenance.
- Further Bicycles for CHWs, once second units bicycles delivered.
- Misoprostil drug donated by another Welsh based Charity to induce labour and stop postnatal bleeding, to be taken to, and used in Molo.
- Support Molo and Njoro District Medical Officer of Health in her Masters in Public Health by distance learning from the London School of Hygiene and Tropical Medicine.
- Molo staff visit to Powys, supporting Maternity Units' Breastfeeding
Dolen Cymru  
Country: Lesotho

Aims of link

- To establish an equitable relationship of friendship between the people of Wales and Lesotho.
- Promote awareness of each others’ aspirations, cultures, history and challenges.
- Encourage and facilitate contacts and links between Lesotho and Wales.
- Support collaboration that furthers the development of both countries and in particular the achievement of the MDGs in Lesotho.
- Developing the concept of global citizenship and related responsibilities.

Outline of activities during 2010/11

- In Education – Visits by 30 teachers from Lesotho to Wales on two occasions – 60 in total.
- In Health – Two health professionals placed in Queen Elizabeth II Hospital: a microbiologist and a Senior Audiologist. Both have produced reports and have had an active ‘blog’ outlining their experiences. Placement of three medical students for two months July/August 2010. An exploratory visit to further health linking by the Chief Medical Officer for Wales, Dr Tony Jewell. Initiated link between All Wales HIV Network and Lesotho Network of People Living with HIV/AIDS.
- In relation to Child Health. The incredible Years’ Foundation Programme continued in 2010 and Prof Judy Hutchings, the Director, visited Lesotho in October as part of the programme.
- Maternal health – The Tabernacl programme at Sefika clinic has been extended and a new birthing unit was opened with their funding.
- An agreement was reached on a Memorandum of Understanding between Betsi Cadwaladr Health Board and the Ministry of Health in Lesotho.

Supporting good governance is an increasingly important area of work for Dolen Cymru with links formed between unions in Wales and Lesotho and a key partnership established between the National Assembly for Wales and the Lesotho National Assembly. This has led to a number of advocacy projects, seminars and workshops as well as staff exchanges between the two countries.

Her Majesty Queen Masenate visited Wales attending local authorities, schools, Assembly Members in the Senedd, and the First Minister. A MoU has been drawn up between Wrexham Borough and Maseru City Council. This follows the Queen’s visit and a subsequent letter from Prince Seeiso.

A Young Volunteer Conference was held on 26th March 2011 with a programme of events covering Health, Education, Environment and Fund Raising.

Outcomes

Addressed all of the MDGs during 2010.

Outline of future plans

Dolen has not secured core funding for 2011 from the Welsh Government Wales For Africa Program, and as a result we are currently seeking other opportunities for funding. We are working on a potential pilot project for putting solar panels into schools and tree nurseries into two schools to combat climate change. In addition to this we will continue to run the LTPP programme which has been supported by the Welsh Government. Dolen Cymru will continue to form mutually beneficial links in Wales and Lesotho and with our partner organisation in Lesotho, the Lesotho Wales Link, will strive to ensure that our key values of respect, friendship, reciprocity and mutual benefit are upheld.
Ibadan Swansea Partnership
Country: Nigeria

Aims of link
To promote working partnerships between staff and students in Swansea and Ibadan to improve health outcomes through improved patient care, public health, health service delivery, teaching and research and encourage broader linkages between Wales and Nigeria.

Outline of activities during 2010/11
• Swansea University has continued to support the European Union – funded project to establish a two year, part time, MSc in Biomedical Education for West Africa. This is the first “how to teach” course for health professionals and the first distance-based learning course hosted in West Africa. 18 of the initial 24 lecturers from 6 medical and nursing schools in Nigeria, Gambia, Sierra Leone and Ghana remain in the course and are due to complete the final semester which is a project implementing their new knowledge and skills into their own institution. Feedback has been highly encouraging. There are 15 new fee-paying students signed-up for the second course which will ensure long-term sustainability.
• Development of open access e-learning modules has expanded to include a set of materials to support clinical laboratory practice in low resource healthcare settings. These have been developed with colleagues in Sierra Leone and The Gambia and hosted through the Ibadan Swansea partnership website.
• Joint authorship of the Global Child Health chapter for Lissauer’s Illustrated Paediatrics Textbook with partners from Ibadan and SkillShare International, UK
• Secured start-up funding from Yakult UK for a study of persistent diarrhoea in children with severe malnutrition in Ibadan

Outcomes
• Established the first “how to teach” course for health professionals and the first distance-based learning course hosted in West Africa

Dr. Orimadegun (right), Research Fellow and Consultant Paediatrician, assessing a malnourished child.

• Updated open-access eLearning health modules and developed materials to support clinical laboratory practice in resource poor settings
• Contribution to a widely-used paediatrics medical student textbook
• Development of new research activity in child health

Outline of future plans
• Establish University College Hospital Ibadan as a partner institution supporting Swansea medical student elective placements
• Continue to develop freely available, copyright free e-learning resources in a variety of health topics and laboratory practice
• Establish working procedures for collaborative e research in child health and secure further funding
Rwanda Association of Environmental Health

Country: Rwanda

Aims of link
The Chartered Institute of Environmental Health (CIEH) encourages twinning arrangements with developing countries, to work with them by sharing expertise and providing practical assistance to help raise standards of public and environmental health. The Cymru Wales Region of the CIEH is twinned with Rwanda and is actively collaborating with various organisations in Rwanda.

Outline of activities during 2010/11
Fund raising activities continued during the year to support the training of Environmental Health Practitioners in Rwanda. One enjoyable activity was a weekend in the summer walking the Pembrokeshire coastal path when a substantial sum was raised.

Problems of noise nuisance are becoming an issue in Rwanda and RWAEH Overseas Working Group based in the UK have purchased several sound level meters to measure noise and to assist in the training of Environmental Health Practitioners at Kigali Health Institute.

RWAEH Overseas Working Group has been working throughout the year with other CIEH regions with twinning arrangements to learn of best practice and to collaborate on initiatives.

Communication with Kigali Health Institute continues and new contacts have been made with the Rwandan Ministry of Health.

The RWAEH Overseas Working Group met three times and produced an annual newsletter for supporters.

Outcomes
Links with the Kigali Health Institute have been strengthened.

Contact has been made with the Rwandan Ministry of Health and this has led to a joint application to the Commonwealth Scholarship and Fellowship Plan. Hopefully this will result in a Rwandan representative having the opportunity to spend three months in Wales on a work based placement.

Outline of future plans
The main activity planned is to receive a Fellow from Rwanda under the Commonwealth Scholarship and Fellowship Plan. This is an international programme under which member governments offer scholarships and fellowships to citizens of other Commonwealth countries. Kanyamibwa Vincent, a practising Environmental Health Practitioner, has submitted an application to visit Wales under the scheme, supported by the Chartered Institute of Environmental Health, for 12 weeks commencing in September 2011 to learn and experience Public and Environmental Health activities in Wales.

Further fund raising activities are planned for 2011 and the production of a newsletter.
University of Sierra Leone/Cardiff University Partnership

Country: Sierra Leone

Supported by Partnerships in Health Information
www.partnershipsinhealthinformation.org.uk

How did the Link start?
As a University library-library partnership in 1999, facilitated by the Charity Partnerships in Health Information. More recently the partnership has concentrated on community health projects and educational support for school students in Freetown.

Aims of link
1. To facilitate exchange programmes for mutual benefit, to support educational and professional development, partnership activity and exchange of expertise between knowledge based institutions.
2. The provision of training programmes in information searching and resources to support evidence based medicine for librarians and health care professionals.
3. To support Community Health Projects to enhance access to information and community understanding of preventable public health problems (e.g. diarrhoea, HIV/AIDS, malaria, infectious diseases, health risks in pregnancy).
4. The provision of educational support for school students via the charity Educational Awards in Sierra Leone (EASL)
5. The sharing of information and facilitation of other potential links with health professionals’ groups in Cardiff University and beyond (via the Welsh Government Wales for Africa Program and other initiatives).

Outline of activities during 2010/11
• Agreeing of a memorandum of understanding (MoU) between Cardiff University and the University of Sierra Leone, incorporating both this partnership and the Velindre Cancer Care Link.
• Establishing the educational support programme for school attendance as a formal charity, Educational Awards in Sierra Leone (EASL) with Sierra Leone and UK based committees.
• Liaising with library staff to supply books of relevance to the University of Sierra Leone’s health and library schools.
• Facilitating contact between the senior midwife at the Connaught Hospital in Freetown and the ‘Mothers of Africa’ charity.
• Presenting a paper on the Sierra Leone Community Health DelPHE project (2007-2010) at the African Health Libraries Association (AHILA) conference (M’jamtu-Sie LN, Weightman AL, Godbolt LS, Phi; Shaw J, Stanley E) Burkina Faso, October 2010. The full paper will appear in the proceedings of the meeting.

Outcomes
• MoU signed by both Universities
• Funding provided to EASL recipients (£1000)
• Provision of a large number of books for the University of Sierra Leone’s library school from Sheffield University, and a range of health care books to the College of Medicine from Cardiff University

Outline of future plans
• Bids for funding are in preparation to support ongoing community health activities in relation to maternal and early child health, including a link with the ‘Life for African Mothers’ charity.
• Projects/funding bids related to building capacity for school librarians (eg running reading clubs) and materials for school library health clubs. Web based training sessions planned within the British Council, Freetown
• Ongoing activities within the EASL charity

Outcomes

Outlines of future plans

Mrs Nance M’jamtu-Sie at Burkina Faso
Reproductive Healthcare link with Nixon Memorial Hospital

Country: Sierra Leone

How did the Link start?
Prof Fiander carried out her undergraduate elective at Nixon Memorial Hospital, Segbwema in the 1970’s. Mrs Angela Gorman of ‘Life for African Mothers’ (formerly Hope for Grace Kodindo) introduced Mr Michael Tettey (Hospital Administrator, Nixon Memorial Hospital) to Prof Fiander during his visit to Cardiff in 2009.

Aims of link
To undertake a needs assessment with staff at the Nixon Memorial Hospital in order to identify the priorities for development and formulate an action plan and to re-establish the pathway between Segbwema and the Aberdeen Fistula Centre, Freetown, for obstetric fistula repair.

Outline of activities during 2010/11
A needs assessment was undertaken at the Nixon Memorial Hospital in Segbwema, Eastern Province, Sierra Leone in the summer of 2010 and excellent contacts with local staff were established. Sarah Bowden, Jane Miles and Robert Burnie (who has a BSc in International health), from Cardiff stayed between 4-6 weeks in Segbwema during August and September. As senior medical undergraduates, they looked at different areas of clinical service in the hospital and made a needs assessment. Prof Fiander returned to the Nixon Memorial Hospital in Segbwema in November 2010 to discuss the needs assessment report and to lead a workshop to formulate an action plan for the way ahead.

The hospital is in a very run down state after the destruction of the civil war in Sierra Leone. Although this ceased several years ago, the devastation in the hospital is still clear to see. Lack of staff, facilities and resources has meant a huge reduction in patients attending the hospital.

As a result the hospital is unable to generate income from attendance fees. This is further compounded by a new government initiative providing free healthcare for pregnant women and children under 5 years which does not refund ‘faith’ based hospitals such as the Nixon Memorial Methodist hospital in Segbwema.

Prof Fiander visited the Aberdeen fistula centre in Freetown in November & December 2010 and discussed facilitating transfer of women from Nixon Memorial Hospital in Segbwema for obstetric fistula repair.

During this visit to Sierra Leone, Prof Fiander also facilitated on a series of courses on Emergency Obstetric and Newborn Care on behalf of the Royal College of Obstetricians and Gynaecologists and the Liverpool School of Tropical Medicine in Makeni, Bombali District. Future attendance at a similar course for relevant staff at the Nixon Memorial Hospital was discussed and encouraged.

Outcomes
Mr Michael Tettey (Healthcare administrator for the Methodist Church in Sierra Leone) writes:

“Three students undertook their electives at Nixon Hospital from August to Sept 2010. The students, whilst there helped greatly by assisting the only resident doctor in ‘seeing’ patients and generally helping him with his work on the wards and the out patients department. They in turn, gained experience in tropical disease and work in a low resource setting.

“The team also helped with the medical outreach programme run by the hospitals to a number of villages within the surrounding area. This helped to not only ease the work pressure on the doctor and the public health staff but provided an opportunity for them to learn from each other and build their individual capacities.”
“One of the most valuable outcomes of this link is a Needs Assessment document that the three students produced for the hospital after their elective. This has been very useful as it highlights some of the key issues and challenges faced by the hospital, which require urgent attention. It also drew our attention to some of the issues we may have missed. At the moment it serves as a working document for the hospital and most of our work plans are guided by what is contained in the document and how best to find solutions for them.

“As a follow up, Prof Fiander visited us in November 2010 to assess the impact of the students work and to help us move things forward by reviewing some of the issues outlined in the Need Assessment document. The outcome was a SWOT analysis document with an action plan for the parties involved.”

Outline of future plans
The Needs Assessment and Action Plan reports were shared with the Methodist Church of Sierra Leone, the World Office of the Methodist Church in the UK and a UK support organization called “Friends of Nixon”. Friends of Nixon consists of doctors and other staff who have worked at the Nixon in the past and other friends concerned for its future. “Friends of Nixon” are currently setting up a charity to support the work of the hospital and the medical students have been in contact with Dr Mary Rowe who is leading development of the charity.

The hospital is happy to receive further medical students on future electives and it is hoped that they will also help with the work and development of the hospital.

“It is hoped that finances would be made available to enable us to develop the link further after the three students have finished with their examinations/studies. Their contributions, I believe, would be very crucial to the success of the link and surely, would go a long way to make it a sustainable one.”

Mr Michael Tettey
Aims of link
MDG 4 & 5

To work in partnership with the Ola During Children’s Hospital and the Welbodi Partnership to improve health care and reduce infant & child mortality. The laboratory project also involves the Maternity Hospital.

Outline of activities during 2010/11

In August 2010 we made our fifth training programme visit to the Ola During Children’s Hospital since 2008. The training visit followed up the October 2009 visit which helped set up the Triage & Emergency room. In a week, twenty nurses received training to recognise and prioritise the sick child, to initiate treatment and resuscitation procedures.

As before, this training was based on the Emergency Triage and Treatment (ETAT) Manual issued by the WHO for Developing Countries, making use of presentation and skills workshops with emergency care and scenario based sessions.

In addition, on this visit, our project to maximise the laboratory services for the Children’s Hospital and the Princess Christian Maternity Hospital got underway. The project team held meetings with senior staff in the Ministry of Health and then with paediatricians and an obstetrician to ascertain which laboratory tests would be most helpful to aid patient diagnosis. All laboratory staff were interviewed and three technicians were chosen in consultation with the Head of the Laboratory, to come to Swansea for training in preparation for the modernisation of the laboratory. This was completed before the end of the year. The team also got permission to replace old laboratory benches etc., with new ones donated from Swansea University.

Finally, at the request of midwives and neonatologists, we contacted the National School of Midwifery, based in the Maternity Hospital to see if they would be happy to establish a link with us. Principal Joan Shepherd was pleased to do so and plans were made for an exploratory visit early in 2011.

In addition to our Pennies from Heaven scheme and payroll giving, we raised over £1,000 in a concert to mark Black History Week and over £800 from a concert in Margam Abbey. Our UNISON branch also gave us £1,000 towards the transport costs of sending a container with laboratory benches etc., to Freetown.

Outcomes

Feedback from our training programme has been positive and is contributing to better healthcare for children attending the Ola During Children’s Hospital.

Our laboratory modernisation programme is moving forward but its benefits will not be seen until the end of 2011.

Outline of future plans

Our proposal to establish a link with the National School of Midwifery met with a positive response.

Our nursing staff felt they learnt things in training which would benefit their practice back home.
ABM University Health Board – Ola During Clinical Laboratory Services Development Project; a British Council funded project

Country: Sierra Leone

Aims of link
To establish a partnership that will build capacity in improving the accuracy, reliability and impact on clinical management, of routine laboratory diagnostic procedures.

Outline of activities during 2010/11
A detailed assessment of staff structure, laboratory instruments and current procedures was completed during a scoping visit by the Swansea team in August 2010. Priority laboratory procedures, changes to current practice and requirement for additional equipment was discussed and agreed with the Freetown project leaders. A short video clip of the scoping visit was made by a Swansea film studies PhD student.

Laboratory equipment, benches and furniture from a decommissioned research laboratory in the Swansea College of Medicine was shipped to Freetown. Mr. Win Griffiths, Chair of Abertawe Bro Morgannwg Health Board, secured funding from UNISON to assist in the shipment.

In October 2010, essential lab equipment and supplies were procured with help from additional funds from the Welbodi charity. Mr Sam Aliyah, Mohamed Mansaray and Umarr Kamara, three Ola During Hospital laboratory technicians, undertook a four week intensive training programme in both the University and the Singleton hospital laboratories. This included laboratory techniques using the equipment and lab supplies that had been procured for their laboratory in Freetown, Quality Control procedures, computer and presentation skills. Standard operating procedures, assessment worksheets and laboratory aids were prepared specifically for the new procedures (freely available through the Ibadan Swansea Partnership website (http://isp.swanih.org/).

All laboratory equipment and supplies were packed and air freighted to Sierra Leone in February 2011.

Outcomes
Sierra Leone laboratory staff are now able to
1. undertake a limited number of essential laboratory procedures
2. demonstrate reliability of results through quality control procedures
3. present results to colleagues including local clinicians

Swansea NHS and University staff have gained a better understanding of working practices and challenges of implementing high quality laboratory procedures in a low-resource setting. Valuable sources of robust, low cost equipment for third world laboratories identified.

Six SOPs regarding basic laboratory procedures are available through the Ibadan Swansea Partnership website.

Outline of future plans
Based on experience gained to date, in the second year of the project we plan to establish a South-South link to provide greater support for the basic lab procedures that are appropriate for Freetown but no longer in use in the UK.

Staff from the Swansea-Gambia Pathology Link and the MRC Laboratories, The Gambia have agreed to join the next training visit to Freetown in June 2011.

In the longer term, we plan to develop a complete suite of on-line Standard Operating Procedures and other material to support laboratory practice in resource poor settings.
Velindre Cancer Care Link

Country: Sierra Leone

How did the Link start?
A Velindre Cancer Centre team met with Sierra Leone health professionals at a workshop in Freetown in January 2010 and agreed upon four key cancer priorities; these are provision of support for:-

- Cancer registration
- Cervical cancer prevention
- Clinical oncology advice
- Palliative care advice to the Shepherd’s hospice

Aims of Link
1. Support the development of a system of cancer registration in Sierra Leone
2. Explore the feasibility of cervical cancer prevention strategies
3. Support development of a multidisciplinary oncology clinic in Freetown
4. Provide palliative advice to Shepherd’s hospice and aim disseminate good practice in pain control throughout Sierra Leone

Outline of activities during 2010/11
A Memorandum of understanding (MOU) was signed linking Velindre Cancer Centre (VCC) with the Ministry of health and Sanitation in Sierra Leone (SL) defining priorities agreed in the workshop in Freetown in January 2010

During 2010/11, the following partners have worked with Velindre Cancer Care link, as the advisory group to implement the first link aim: Support the development of a system of cancer registration in Sierra Leone

(a) Welsh Cancer Intelligence Unit
(b) International Agency for Cancer Research, Lyon, France.
(c) The Sierra Leone Cancer Charity (A UK based charity)
(d) WHO in Sierra Leone
(e) Department of Pathology, Connaught hospital, Freetown, Sierra Leone

Planning the cancer registry

(a) A population based registry
The registry will be based in Connaught Hospital collecting data for Freetown with the aim of covering the whole population at a later stage.
A web based system is being developed which will enable support for data analysis to be provided, from Cardiff.

(b) Estimate of number of cancer cases
WHO African cancer data and Sierra Leone census data suggest up to 600 cases per year will need to be registered. The most common cancer sites are likely to be cervix and breast in females and liver and prostate in males with non-Hodgkin’s (including Burkitt’s) lymphomas being prevalent in children.

(c) Personnel for cancer registry team
The cancer registry team, will consist of a clinical director supported by a cancer registration officer.

(d) Procedures for cancer registration
Advice on procedures eg. confidentiality, is currently being provided by WCISU.

(e) Training for staff
In service training will be provided in the Uganda cancer registry for the cancer registration team in October 2011

(f) Funding of staff and equipment
The Sierra Leone Cancer Charity have agreed to fund the salary of the cancer registration officer for an initial period of two years. Thereafter government funding will be necessary and has been requested.
Outcomes

The establishment of a cancer registry (possibly by early 2012) will be a key step in the planning of clinical services for cancer prevention, treatment and palliation.

Currently, clinical cancer services in Sierra Leone are very rudimentary. There is only one hospice in Freetown for the whole of the population of 5 million. This is the only service providing opiate based analgesia for cancer sufferers. In Freetown, there are similarly very limited cancer surgery facilities. Radiotherapy is only available in Ghana, almost 1000 miles away and affordable by only a small minority of the population.

The value of the cancer registry as an initiative step towards the government being able to start to plan basic affordable cancer care was recognised at the Freetown multidisciplinary cancer consensus meeting in 2010. In addition the value of a cancer registry was recognised in a statement in a letter from the office of the Chief Medical Officer in Freetown to the WHO representative in Freetown:

“The formation of cancer registration will facilitate Government’s ongoing effort to set up, proper functional and sustainable services for cancer care in Sierra Leone.”

Outline of future plans

Representatives of the VCC Link plan to visit Freetown next year to support cancer registry development and assess the actions necessary to progress the other priorities in the MOU. Key priorities include the provision of multidisciplinary expert clinical advice on affordable health care eg tamoxifen for breast cancer and chemotherapy for curable Burkitt’s lymphoma via a suitable IT link for an oncology clinic probably based in Connaught hospital. Similarly, we need to find a system for provision of palliative care advice for Shepherd’s Hospice.

The investigation of cost effective strategies for the prevention of cervical cancer is regarded as a key health priority by Sierra Leone health care professionals. It is likely that cervical cancer is a key cause of death in women in Sierra Leone but accurate assessments of cancer burden are lacking. Cervical cancer is very common in West Africa usually affecting those aged 15-44 years, with devastating effect on family structures. Incidence figures from the cancer registry in neighbouring Guinea suggest very high mortality. The investigation of cost effective strategies for prevention of cervical cancer in Sierra Leone remains a key priority for the link and planning for funding of affordable strategies should be helped significantly by data from the cancer registry.
Wales Somaliland Communities Link

Country: Somaliland

Aims of link

- To promote and arrange the linking of Welsh Communities where Somalis live with a communities in Somaliland of a similar size
- To promote and arrange the linking of Health / Education establishments in Wales with those in Somaliland.
- To create a better understanding of development issues within both communities.

Outline of activities during 2010/11

Project 1:
Two Diaspora volunteers, (one midwife and the other a fourth year medical student) in association with Somaliland Nursing & Midwifery’s Association delivered Basic Emergency Obstetric Care (BEmOC) training for midwives and nurses at Maternal Child Health Centre (MCHC), maternity wards, and for midwifery students. This was part of the multiple activities that need to be in place to improve maternal health in Somaliland.

Project 2:
A member of the Wales Somaliland Health Committee delivered a training programme to train and build the technical capacity of ten community health care workers. The workers were from across the region in Burao: they will continue to receive support from Burao Health and Science institute.

Project 3:
The Diaspora Education & Youth team deliver a joint programme of workshops and activities in partnership with NGOs in Somaliland that we have links with, in order to engage with coaches, young people, street children and vulnerable children at orphanages to raise their awareness of HIV/AIDS.

Outcomes

Project 1 Outcome:
- 40 midwives trained/refreshed on Basic Emergency Obstetric Care and Life Saving Skills, 30 of them from Hargeisa at Maternal Child Health Centre (MCHC), and ten from the hospital maternity wards
- 3 trainers refreshed their skill on Emergency Obstetric care and Life Saving Skills
- 34 Midwifery Students trained on Research methods and Emergency Obstetric care by the Diaspora medical student and midwife both from Cardiff Wales.

Project 2 Outcome:
- Ten community healthcare workers, trained to deliver healthcare services in rural Somaliland
- Project fits in with Somaliland governments healthcare system

Project 3 Outcome
- 80 youths, street children, have a greater understanding and awareness of AIDS, which is a taboo subject
- Addressing MDG 6 - Combat HIV and AIDS, malaria and other diseases
- Addressing MDG 8 - Develop a global partnership for development

Outline of future plans

- Strengthen and develop current Health projects
- Develop more Health projects, which fit in with Somaliland governments programme
- Establish a Health Department link from Wales to Somaliland
- Work with partners in Sub Sahara Africa and Somaliland to save cost
Aims of link
In association with our NGO contact and health professionals in Timbuktu we are aiming to improve health care in Timbuktu. Initially this is within the area of Maternal Health as one of the main Millenium Development Goals and as an identified need by our partners.

Outline of activities during 2010/11
We have continued our initial project on Maternal Health in this year. In this we are focussing on one area of Timbuktu (Bellafarandi) and are using local known people as motivators to talk to groups of men and women about the importance of ante natal care: we are using them to explain what check ups in pregnancy can achieve and how important it is to identify a potential problem and treat it as early as possible. We also have an agreement with Radio Buktu throughout Timbuktu which is also delivering regular programmes on the same issues. This year we have seen the figures for the number of women attending ante natal checks increase and also the numbers of these women having a qualified birth attendant at their delivery also increase.

As a result of the raised awareness of when to seek help and the increase in women coming forward we have also started a project to fund a motorbike ambulance for the area to transport women to the health centre and hospital when needed in pregnancy. We are hoping to deliver the motorbike ambulance later this year.

Outcomes
Pre and post-test knowledge assessments As part of our project agreement our partner sends us a 6 monthly report and annual outcome.

The latest report for last year shows the numbers of women recorded as having a qualified birth attendant at delivery going from 46% to 62%.

The number of women recorded as attending the recommended three ante natal visits has risen from 64% to 87%.

We are really pleased and excited by the improvement in numbers of women receiving health advice and care and hope this continues to improve and is translated into reduced maternal mortality overall within the area.

Outline of future plans
We hope to have the motorbike ambulance in place this year and will monitor its use and effectiveness.

Our partners in Timbuktu are keen to extend the maternal health project to other areas of Timbuktu because of its success. This however would require a further commitment to regular funding. We have initiated talks with them looking at the possibility of some of the funding being taken on by the Malian authorities. In the meantime we hope to continue funding the successful project in the Bellafarandi region while. We are planning to meet our partners later this year for further discussions and planning.
Wales for Africa Health Links

PONT Mbale Coalition Against Poverty

Country: Uganda

Aims of link
To work together to Make Poverty History through addressing the Millennium Development Goals whilst learning from one another by drawing on various disciplines skills and experience from across our communities (Mbale in Uganda and Rhondda Cynon Taff in Wales).

Outline of activities during 2010/11
Our Health Links consist of Primary Health Care & Hospital links (PONT / Cwm Taf Health Board) and Ambulance links (Welsh Ambulance Service).

We continue to deliver update training to Community Health Volunteers, midwives and Health Centre staff, and to monitor progress through exchange visits.

All three health care elements have worked together with our Mbale partners to develop the Mbale Integrated Emergency Response Service (IERS) pilot project which was launched in November 2010 with the introduction of motorcycle ambulances based at three government health clinics for the purpose of addressing the challenge of lack of transport and access to skilled care in emergencies, particularly those associated with childbirth.

This project has been supported through an International Health Links Funding Scheme grant from DFID administered through Tropical Health and Education Trust and the British Council, and Welsh Government.

NHS grants to the Royal Glamorgan Hospital and Welsh Ambulance Service. Many Welsh staff are giving their time to contribute to training. The latest element of the project in March 2011 involved a month-long visit to help upgrade the Mbale Hospital Emergency (A&E) department.

Rollout training to communities March 2011 to raise awareness and service use.

Endoscopy links continue to demonstrate an excellent example of a high quality service continually improving through service and support development. Maternal health links have been strengthened and a new paediatric link is being developed between colleagues at Prince Charles Hospital, Merthyr, and Mbale hospital.

Outcomes
- 200 community volunteers, Traditional Birth Referral Attendants and health centre staff trained in emergency care and call out of emergency transport. Each provided with mobile phones.
- 6 motorcycle ambulance drivers identified and trained in driving, maintenance and journey sheet recording.
- 3 motorcycle ambulances based at Bubutu, Bushika and Wanale Health Units.
- Integral monitoring and evaluation of the service and in service training through support supervision and monthly reporting of use by project manager.
- Monthly data demonstrate an increasing and appropriate use of the service, particularly with an increasing use of the motorcycle ambulances to bring mothers in labour to Health Centres. Bushika Health unit have achieved their set government health targets in Antenatal Care and deliveries at the health unit. Over 200 patients have been transported to health centre or hospital for emergency care, about two thirds maternity patients.
• Provision and inventory of clinical and hygiene equipment.
• PONT machine tool workshop, Mbale manufactured 15 bicycle ambulance trailers and tilting resuscitation trolley for A&E.

Outline of future plans
• Further Traditional Birth Referral Attendants training and equipping with bicycles (grant from Good Gifts catalogue)
• Midterm Review of IERS project July 2011.
• Ongoing training – HIV training July 2011.
• Multidisciplinary Review & training visit late autumn 2011
• Selected A&E staff to visit Wales for training.
• Extend supporter base within RCT.
• Rollout of pilot IERS project with provision of additional motorcycle ambulances when funding secured.
• Collaboration with other UK maternal health links in Uganda to share best practice and learning.
Vale for Africa
Country: Uganda

Aims of link
The link aims to develop and improve eye care services in Tororo, Uganda by providing a sustainable partnership of eye healthcare provision with the Vale of Glamorgan. This is the main health objective that is part of a programme of sustainable development that includes education exchange, and support for the development of library provision.

Outline of activities during 2010/11

Link Visit:
In October 2010 a team consisting of Optometrists and hospital eye nurses, visited Tororo. The team were able to identify key areas to develop links over the coming years which include the Benedictine Eye Hospital, Tororo Government Hospital, and TOCIDA a Tororo community organisation. One of the paediatric ophthalmologists who worked in the Benedictine Eye Hospital was visiting the UK so she was invited to deliver a lecture to the Cardiff Eye Unit entitled “the problems of delivering eyecare in Uganda”. This helped cement relationships between the healthcare partners in the link.

Community Organisations:
Several Rotary clubs have been approached in the Cardiff and Vale region to help with fund-raising and developing links. The matched funding programme has already provided library book funding.

Education:
A highlight outcome for us is that Atlantic College has offered a scholarship for a child from Tororo to receive education in Wales. This will select a student from Tororo to study in the Vale for 2 years, with all elements paid. This will allow a strong personal link between the Vale and Tororo to be established. In addition, local schools and libraries will be encouraged to form partnerships with appropriate organisations in Tororo to help provide them with the books and facilities they require, such as seating and a solar-powered computer.

Objectives for 2011/2012 & Benefits to Wales
The next steps involve the formulation of Memoranda of Understanding with key partner organisations such as governmental health boards, hospitals and Universities. The student exchange with Atlantic college at St Donat’s in the Vale will be a major conduit to foster linkages between communities and to understand where effort can be best placed. We expect to undertake a programme with schools in the Vale to raise awareness. The link gives a great opportunity for health care professionals to think creatively about how they can contribute and then act.
**Zimbabwe Health Training Support**

**Country:** Zimbabwe

**Aims of link**
The group supports health professional training and continuing education in Zimbabwe through leveraging the commitment and skills of Welsh based Zimbabwe diaspora as well as mobilizing a wider support base within Wales, including facilitating the establishment of sustainable institutional links between Zimbabwe and Wales.

**Outline of activities during 2010/11**

**Life Saving Skills- Emergency Obstetric Care (LSS-EOC) Course Zimbabwe**

More than 200 doctors and midwives were trained. Five courses were held in 2011 in regional centres in Zimbabwe.

Zimbabwe has one of the highest maternal mortalities in the world (approximately 850 deaths per 100 000 live births compared to less than 10 in Wales). Women in Zimbabwe face significant barriers in accessing care. Many health care providers trying to provide skilled attendance at birth and essential (or emergency) obstetric care for women with complications work in difficult circumstances with limited resources. The purpose of running this course at this time is to develop the capacity of the existing health system in Zimbabwe to meet demand and provide a standard of care that will improve women's experience of childbirth.

**Perinatal mortality audit – January 2011**

A two day perinatal audit was held in Harare. Fifteen key personnel attended (a mix of disciplines, which included Obstetric and Paediatric consultants and midwives). This, we hope, will help to support further training and assess on going outcomes. This was well received and we are due back in Zimbabwe in July to listen to some completed audits. Dr Myriam Bonduelle and Dr Franz Majoko, Consultant Obstetricians from Singleton Hospital in Swansea, led the audits with help from materials provided by the Singleton audit team.

**Lecture Visits**

Lecturer visits to help with undergraduate training: Dr Sibanda (Paediatrician) and Dr Sabelo Ndlovu (Anaesthetist) spent time four and two weeks respectively lecturing to undergraduate students in their respective specialties in the medical school in Zimbabwe.

**Outcomes**

Knowledge assessments conducted in the life skills courses showed statistically significant improvements in the combined scores pre and post course. Pre and post-test skills assessments showed improvements in all the four modules assessed before and after the course (newborn care, eclampsia, partograph and shoulder dystocia). Formal anonymous verbal and written feedback from participants indicated they were happy with the content of the courses, commenting that it was “excellent”, “well presented”, “wonderful”, and “very beneficial”.

**Outline of future plans**

A perinatal audit is planned for Bulawayo (second largest city) later this year. We believe that no formal perinatal audit has been done in Mpilo, which is the second largest referral centre in the country.

More life skills courses (funding permitting)

Visit to review audit projects July 2011
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Mothers of Africa
Prof Judith Hall
www.mothersofafrica.org
Useful Resources

Wales for Africa Health Links Network website
This has background information and links to most of the Health Links in Wales.
www.walesforafricahealthlinks.wales.nhs.uk

Welsh Government Wales for Africa Program Official website:
www.cymru.gov.uk/topics/sustainabledevelopment/intdevelopment/walesforafrica/frameworkafrica/?lang=en
See also:
www.walesforafrica.org

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