

Workshop 3: Doing it Well

Session Outline

A session providing two short talks on long-term partnerships between Scotland and Malawi. Including participant discussion about the THET partnership principles, and the multiple challenges facing successful north-south partnership.

Catriona Connolly

Personal note from Catriona how her interest developed in 2005 after seeing Make Poverty History Campaign that focused on the life of an obstetrician working in Chad.

- In 2005 she co-founded the Scotland-Malawi Anaesthesia Partnership

Projects

2006-2011

- Train the Trainers project in 2007 which included teaching Clinical officers from Malawi about Anaesthesia and each attendee had to attend at least 1 session to become a trainer.
 - 43 anaesthetic courses ran
- Teaching focused around critical care/transport of critically ill and pain management, focused in obstetrics emergencies and trauma
- Pre-2006 before the SMA course there was a lack of communication from district to the central hospital before transportation of critically ill patients. Unexpected patient arrivals inevitably led to more patient deaths
- Many patients died during the journey to the central hospital.
- There were no established critical care units within the district hospitals, but by 2011 11 district hospitals had developed critical care units- with equipment donated from NHS Tayside and the training received from the SMA courses, in addition to nurse training by the Malawi Project lead. This provision of critical care at the district hospitals meant that surgery requiring post-op critical care could be carried out at the district hospitals. The number of critically ill patients being transported to the central hospitals decreased by 78%, and the survival rate of those having surgery at the district hospital was 70-80%. The maternal deaths decreased by 50% in the 3 centres where data was collected.

2012-2016

- Focus on maternal health training multi-disciplinary staff in 3 hospitals: Salima, Machinga and Mangochi. They adapted the SCOTTIE course for Malawi to develop the MOTTIE course. This is a one-day course held in the hospital itself. They adapted the course by consulting with the head of reproductive health at the Ministry of Health, and local midwifery and anaesthesia staff to ensure Malawian protocols and procedures were included. A separate half day course for guards and drivers took place on the afternoon of the course and ran concurrently with the course for clinicians

- Received funding from the Scottish Government International Development Fund
- Courses for the guards and drivers were delivered in local language and were specifically designed for them- these were well received
 - Significant reductions in maternal mortality
- Out of date plastics and anaesthesia equipment were gathered in Scotland to provide essentials for colleagues in Malawi. One example of how bad the equipment situation was- the Malawian anaesthetist were using venflons for spinals, as they had no spinal needles
- Wanted to shift principles over time to show growth of partnerships
 - start small and build on the one to one relationships.
- Noted the importance of building a solid team and sharing ownership of the programme you have developed with locals and yourselves.
- Ministry of Health has asked them to roll out the programme across Malawi to decrease maternal mortality
 - Vision-south to south support

Barry Klaassen

Emergency Medicine Consultant with NHS Tayside

Scottish Emergency Medicine – Malawi Projects

- 2010-2015
- 2018-2023

2010-2015

- pilot project establishing the first Adult Emergency and Trauma Centre at the Queen Elizabeth Central Hospital in Blantyre, Malawi.
 - Combined expertise from Scottish Project Team and local team
- Mentoring system, teaching and training on the job
- Focus points
 - Wanted to decrease mortality
 - Introduce hand over meeting particularly from overnight to day shifts
 - Increase standard of care
 - Introduce a fit for purpose teaching programme

2018-2023

- Recently awarded grant from Scottish Government (Malawi Development Programme) for over one million pounds
- Plan to create 3 more trauma centres throughout Malawi

Discussion

- Importance of empowering local people to decide what changes need to be made and how best to make them
- Importance of sharing your knowledge and skills but learning from theirs as well

How were those centres chosen?

They were advised based on the data as those centres had the highest maternal mortality rates and high levels of young pregnancies.

What were/are some of the barriers to long term sustainability?

The training is well run, its hands on, low fidelity and small group teaching and there are additional courses run by other organisations that help supplement knowledge. However, some instructors have benefited their education and skills through these courses and then chosen to go to college. There is also sometimes volunteer fatigue which is a common problem encountered in many projects.

Also need to ensure there is maintenance in the quality of the teaching and accept there will be an attrition rate.