



★RCPCH Global Update 2018

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PREFACE

Since the establishment of the Overseas Committee of the British Paediatric Association in 1964, the Royal College of Paediatrics and Child Health (RCPCH) has committed to support improving child health both within the UK and around the world.

That commitment is carried forward in RCPCH's mission and vision, and as a key objective of its 2018-21 Strategic Plan. An overwhelming majority of RCPCH members surveyed in 2016 (98%) support RCPCH Global's work; two-thirds of them wanted to see that work grow.

This Global Update gives a brief overview of where we are currently working, and what we are doing. As importantly, it gives voice to College members who have worked with us in our programmes, often in highly challenging environments. It is through these voices, we believe, that the real experience, value and opportunity of global child health work can most effectively be spread to a widening audience and future volunteers.

OUR STRATEGY

RCPCH Global believes that reducing child mortality and supporting life-long health require stronger systems of healthcare in low-income developing countries. We believe that health system strengthening requires long-term partnership – partnership with sister paediatric institutions and other professional bodies, with ministries of health, with local administrators, hospital leaders, with working doctors, nurses, midwives, and the families they serve.

We have built long partnerships in our core operational countries – Sierra Leone, Rwanda and Myanmar – as well as with colleagues in Palestine. We provide shorter-term technical, programmatic and policy support with a wider global footprint – from integrated intervention for cerebral palsy in India, through strengthening primary care for newborns in Cambodia, to child protection in Georgia, and support to postgraduate paediatric education in Vietnam. But the main focus of our work is to build system-level support, working across hospitals and health facilities, providing classroom training amplified by long-term mentorship as new skills are applied in situ and care systems develop to accommodate better practice.

Much of our work builds on the Emergency Triage Assessment and Treatment Plus (ETAT+) protocol, established in sub-Saharan Africa and endorsed in its original form by the World Health Organisation. We work closely with WHO and Unicef – the principal child health agencies within the UN – as well as other major donors including the UK/DFID and Jersey Overseas Aid. But our greatest resource is our membership – clinicians from trainee to retiree – willing to volunteer time and skills. Our programmes depend on groups of committed volunteer clinicians, working to a common set of objectives across multiple hospitals, sharing learning and building networks of communication which can be sustained by local colleagues when we have gone.

SIERRA LEONE



Building a new generation of paediatric nurses in Sierra Leone

Sierra Leone is one of the world's poorest countries; its health system fragile and badly damaged by the outbreak of Ebola virus in 2014-15.

Yet in 2017-18, working in partnership with the Ministry of Health and Sanitation and the World Health Organisation, RCPCH Global saw significant reductions in mortality across

the regional and district hospitals under our national ETAT+ programme.

Key to these results was the cadre of Sierra Leonean Nurse-Mentors who led the delivery of ETAT training and mentoring with UK volunteer clinicians in support. In 2018, we are expanding this work, with support from Jersey Overseas Aid, to develop a programme of training and mentoring to build nurse-led paediatric care across the country, over three years.

Sierra Leone National ETAT+

Following successful pilot work in Ola During Children's Hospital, the Sierra Leone Government committed to develop and manage a national ETAT+ programme. During 2017:

- Around 640 doctors, nurses and community health officers have been trained and mentored in ETAT+
- 13 nurses have been accredited as national ETAT+ Nurse-Mentors, with an additional 40 clinicians identified as national ETAT+ training faculty.



STORIES FROM THE FIELD

Growing confidence in ETAT+ at Makeni Regional Hospital



Makeni is one of three regional hospitals in Sierra Leone. It has a busy paediatric unit with around 50 admissions a week. The hospital has basic facilities, but no running water and inconsistent electricity supply. Oxygen is only intermittently available through concentrators.

We delivered intensive week-by-week training for the nursing staff, with on-ward mentorship to support translation of new learning into clinical practice. We combined classroom presentation with scenario and simulation training methods. Trainees were assessed through written and practical exams. The long-form of ETAT training and exam have now been endorsed by the Ministry and will become a standard feature of nurse training.

Dr Polly Kenyon, RCPCH Global Volunteer: "Initially I was aware that many of the nurses did not believe that ETAT had an impact on children's outcomes, often believing that death was inevitable. However, now the staff are beginning to believe that the treatment makes a real difference, and this has increased their motivation to implement the guidelines."

Fatmata Jalloh, Sierra Leone Nurse Mentor: "Before we started ETAT, so many children were dying simply because of delays in the system. Now, the emergency care and response to these children is very fast, and the time to treatment has reduced. Today I can assure you that within 10 minutes we can resuscitate and stabilize a child."

- Field brief by Dr Polly Kenyon

MYANMAR



Supporting a national voice for children in Myanmar

Myanmar has a turbulent history of humanitarian crisis and political tensions. Yet it is also committed to improving maternal and child health, and is building its healthcare system on a powerful foundation of educated, skilled and committed clinicians.

At the heart of that commitment is the Myanmar Paediatric Society – a national institution representing paediatric standards and, increasingly, advocating for country-wide advancement in child health.

We have learnt, over time and in a range of countries, that genuinely sustainable improvement in child health depends upon the emergence of an institutional voice, nationally owned and led, with the clinical authority and political acumen to make paediatric care a priority across government.

RCPCH and MPS have, over many years, built a truly equitable partnership. We share thinking on paediatric issues, work together on the design of new programmatic interventions, and jointly review evidence of impact and progress. Our work supports the Ministry of Health and Sports and its national health strategic goals. But we also use the data from our programme collaborations to help support and shape those goals, from a child health perspective, and to identify the most effective ways to reach them.

In 2018, RCPCH and MPS signed a new programme partnership agreement, with funding support from Unicef, to build on the existing Emergency Paediatric Care Programme (EPCP) and the launch a pilot for improving hospital-based neonatal care (the Myanmar Neonatal Care Programme, MNCP).



STORIES FROM THE FIELD

Kangaroo Mother Care in Myaungmya Government Hospital

There is increasingly compelling evidence that Kangaroo Mother Care (KMC) is an effective, low-cost intervention to improve outcomes for newborns. As such, it is arguably an important component of care in resource-poor settings.

KMC is now practised as routine in many countries; but it is a relatively unfamiliar concept in Myanmar. Over time, we came to understand that the key challenge to adopting KMC in Myanmar lay in the way care-givers – young mothers in particular – are viewed in the hospital context.

Mothers tend to be excluded from caring for low birth-weight and premature babies in Myanmar. They are often viewed as a risk instead of a valuable resource. In addition, neonatal units are often small and overcrowding is common.

In Myaungmya, the neonatal unit was too small to accommodate mothers, so a new area had to be negotiated for KMC. We started by working with the nursing staff, discussing what might be potential benefits of KMC. We worked together to build nurses' confidence in understand the basic KMC steps. They, in turn, worked with mothers to show them what to do.

Evidence reported by mothers quickly showed that they appreciated regular contact with their babies, as well as improved experiences of breastfeeding.

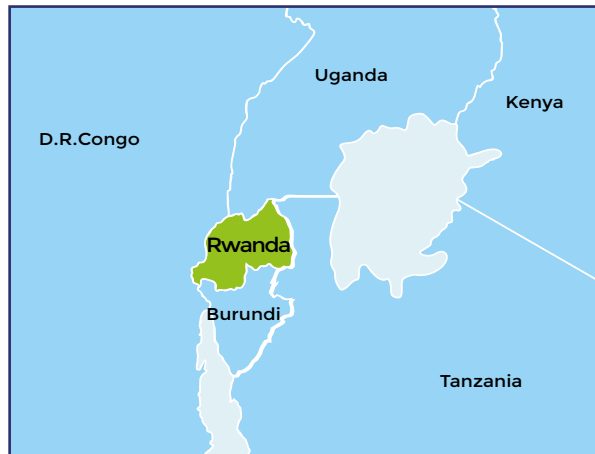
Nurses reported immediate benefit as, with a high workload, mothers taking their babies freed up time for other tasks. KMC time also generated space on a busy unit for other babies, where cot sharing is common.

Whilst we cannot claim direct attribution, it is worth noting that mortality among low birth-weight babies fell as a percentage of admissions by 17% following the introduction of KMC. Ultimately, expanding KMC in Myanmar depends on changes in system and culture –and hence on the quality of local clinical leadership.

– Field brief by Dr Sarah Burnett



RWANDA



Bridging practice for maternal and neonatal survival in Rwanda

Rwanda has overseen one of the fastest reductions in under-5 mortality in history. The determination of the national Ministry of Health, supported by our partner, the Rwanda Paediatric Association (RPA), has resulted in some dramatic changes in child health across the country.

Yet Rwanda continues to struggle with chronic weakness in the care system. Understanding those weaknesses, and identifying strategies to address them, are key elements of RCPCH's in-country role.

In the past, we have worked with local clinicians to deliver ETAT+ training courses. But the long-term impact was limited. As we

learned that training requires longer-term support to translate knowledge into practice, the Rwanda Ministry of Health was adopting a new national approach to health worker development that focuses on sustained mentoring.

With aligned strategies, RCPCH, RPA and the Ministry of Health agreed a new programme – based on continuous mentoring, and focusing on the entrenched problem of neonatal mortality and morbidity which has become more prominent as children at older ages have started to survive and thrive.

Very quickly, all partners agreed that attention to newborn health cannot – and should not – be approached in isolation. Rather, we needed a programme model that allowed for simultaneous, and integrated, support for mothers through the delivery process as well.

As a result, RCPCH and Unicef have expanded their partnership in Rwanda, to work with the RPA, but also with the Rwandan Association of Midwives (RAM), and the Rwandan Society of Obstetricians and Gynaecologists (RSOG). Over the next three years, we will work collaboratively to enhance key midwifery and obstetric skills, to improve as a whole, maternal and perinatal outcomes.

STORIES FROM THE FIELD

Developing the culture of transparency

Hospitals in Rwanda have dedicated data managers – but the production of reliable raw data on mortality and morbidity, and on the quality of clinical care underpinning those outcomes, remains often poor. A key objective of all long-term RCPCH volunteers in the country programme was, therefore, to support and encourage regular, systematic monitoring and data collection, including through audit.

Patient notes yielded information on sepsis, antibiotics, fluids, and hypoglycaemia; nursing note provided temperature and oxygen. The challenge has been, how to design a data-gathering tool adequate to capture the information the hospital needs to identify gaps and map out improvement, yet simple enough to be used regularly by very busy doctors and, more so, by nurses lacking confidence to monitor and analyse their own work.

RCPCH volunteers led the initial audit processes, working with Rwandan mentors and hospital champions who helped in locating and securing the right information. It was fascinating and instructive to see how the audit process, for example, in

handwashing, resulted in better data but also in changed practice as the monitoring itself affected behaviour.

Following presentation of results from the initial round of audits, we proceeded to engage with the mentors and champions to support them in taking the lead. It is their ownership of the principles and practices of audit that will, in the end, generate sustainable improvement in the hospitals long after RCPCH has gone.

In order to maintain and monitor national progress, the demand for more data will increase in the years to come. But those data, and the often laborious data-gathering processes that lie behind them, are not just (or even mainly) for upward reporting, or public transparency. One of the most striking insights of our programme to-date has been the potential to make data and audit a positive part of a hospital's care quality feedback system, enhancing local clinician's belief in their own ability to change systems and save lives.

- Field brief by Drs Alice XXX, Friyana XXXX, Kim XXX, and Sarah McMurtrie



LEBANON & PALESTINE

WHAT'S NEXT?



Integrating care for child disabilities in Palestinian and Lebanon

Care for children with disability in the West Bank and Gaza is chronically limited due to the wider humanitarian situation in the region. Screening, in particular for neurodisability and developmental delay, can be very weak. Where care is available, it is often concentrated on diagnosis, with severe limitations on effective referral to specialist treatment.

RCPCH has actively supported child health in Palestine since 1996 through education, training and advocacy programmes. We have worked with key partners – the Paediatric Society of Palestine (PSP), the Islamic University at Gaza (IUG), and Juzoor for Health and Development, as well as the UN Relief and Works Agency and Unicef – and via them dozens of local clinics and NGOs providing disability services to children.

At the heart of our supportive role has been the common recognition, across all partners, that families and disabled children need and deserve more integrated care. We believe that viewing child disability through the lens of the person and their potential, rather than as a set of constraints, helps to address barriers to good care – from social stigma impeding families' care-seeking, through fragmented care pathways creating inefficiencies for service providers and users, to an unjustifiably narrow vision of social participation through education and employment.

RCPCH's commitment to work with colleagues and partners in Palestine is as strong as ever. We continue to develop opportunities for continuation in the Occupied Territories, but also where possible to extend our support, for example in Lebanon, to work with recent and long-term refugee camps and communities.



Looking ahead over the coming five years, RCPCH Global will:

- Continue to build its programme presence in the core countries – Sierra Leone, Rwanda and Myanmar.
- Continue to adapt and develop training and mentoring packages, delivered through sustained partnership with sister paediatric institutions wherever possible, in key areas of child health, including neonatal and paediatric care (following ETAT+), but extending beyond these as our partners' national strategies evolve.
- Continue to focus on supporting clinical skills and care quality systems primarily at secondary (district hospital-equivalent) level, but with increasing outreach 'downward' to the primary level of care, and 'upward' into national medical and health education processes.
- Continue to be committed to strengthening organisational and care systems approaches to infancy, childhood and adolescence, including progressive approaches to disability, enhancing understanding and support to complex processes of adolescence, and engaging with the emerging burden of noncommunicable diseases.
- Continue to monitor needs, opportunities and entry points for further country and programme development, for example working with local colleagues in Cambodia, India and Uganda.
- Remain committed to continuing work with our partners in the Middle East – particularly Palestine but with growing links with organisations supporting the refugee population in Lebanon.

RCPCH Global continues to advocate for better child health around the world and for the resources to support this – and to building the research, evidence, training and education that advance this goal.

OUR WORK IN THE UK

Visiting Fellows

Since 1994, support from RCPCH members has enabled the Visiting Fellowship to take place annually. The programme gives leading paediatricians and paediatric nurses from low and middle-income countries the opportunity to undertake a clinical attachment in a leading UK hospital.

The Visiting Fellowship has provided placements for fellows from over 30 different countries in Africa, Asia and the Middle East and aims to improve their capacity for maternal child health conditions via:

- Prevention
- Diagnosis
- Treatment
- Clinical knowledge
- Emergency response.

Ultimately, the programme increases the knowledge and expertise of the fellows, to improve healthcare in their countries of origin and save more lives of mothers and children.

Global Programme Development Small Grants Scheme

The RCPCH Global Programme Development Small Grant Scheme funds RCPCH members who have established, or plan to establish, a small-scale global health intervention for a paediatric population in a low-resource setting.

The intervention can focus on training health workers or aiding capacity building of a paediatric health care service, for example through practice development.

Previous awards for this grant have included:

- A mobile phone app offering neonatal care advice to nurses in Malawi
- An intervention targeting early-age neurodisability in rural Uganda
- Training in neonatal care and quality improvement in rural Uganda
- Piloting a neurodisability treatment service in Yangon Children's Hospital
- An intervention to assess the feasibility solar power supporting oxygen delivery in Sierra Leone.

Grants are for a maximum of £5000, grant periods run for 12 months each September and further details can be found on the college website or by contacting the global team.

UK-BASED TRAINING

Child Health in Low-resource Settings (CHiLS)

RCPCH Global runs a 3-day course - Child Health in Low-resource Settings - aimed at paediatricians and other child health practitioners with an interest in global child health, as well as those who intend to commit time working in low-income countries.

The course equips clinicians to manage the most common childhood presentations assuming operation in a resource-scarce setting, as well as providing insights into the characteristics of public health and health care systems in poorer regions and an understanding of the realities of working overseas.

Emergency Triage Assessment and Training (ETAT +)

RCPCH Global trains UK clinicians to become instructors qualified to deliver Emergency Triage, Assessment and Treatment Plus (ETAT+) courses in resource poor-settings across the world.

ETAT+ was developed specifically for implementation in resource-poor settings, in particular initially in East Africa, and provides a comprehensive package of training in treating common neonatal and paediatric presentations within a resource-scarce healthcare system.

The intervention package provides hands-on training to healthcare workers using evidence-based and up-to-date clinical protocols for identifying and managing the most common threats to newborn and child survival.

The training approach:

- Reviews simulated practice and monitors outcomes to improve care quality of participants
- Promotes teamwork and the integration of new skills and knowledge into everyday practice
- Produces a core of trainers and mentors to build a sustainable UK-based and international capacity.

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- The Islamic University Gaza (IUG)
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- Juzoor for Health and Development
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- The Indian High Commission (UK)
- The Kenyan Ministry of Health
- The Kenya Paediatric Association (KPA)
- The King's-Sierra Leone Partnership
- The Liverpool School of Tropical Medicine (LSTM)
- The London School of Hygiene & Tropical Medicine (LSHTM)
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- The Royal College of Midwives (RCM)
- The Royal College of Nursing (RCN)
- The Royal College of Obstetricians and Gynaecologists (RCOG)
- The Royal College of Physicians (RCP)
- The Royal College of Surgeons of England (RCS)
- The Royal College of Surgeons (Edinburgh)
- The Royal College of Pathologists
- The Royal College of Psychiatrists
- The Rwandan Ministry of Health
- The Rwanda Paediatric Association
- The Rwandan Association of Midwives
- The Rwandan Society of Obstetricians and Gynaecologists
- The Sierra Leone Ministry of Health and Sanitation
- The Sri Lankan College of Paediatricians
- The Tropical Health and Education Trust (THET)
- The Ugandan Ministry of Health
- Unicef
- The UN Relief and Works Agency (UNRWA)
- The Welbodi Partnership
- The West African Colleges of Physicians and Surgeons
- The World Health Organisation



**If you are interested in taking part in our programmes email:
global@rcpch.ac.uk or register with the Global Health
Consultancy at ghc@rcpch.ac.uk**

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