

# CONTENTS

1	Mobile Professional Voluntarism and International Development ‘Aid’	1
2	‘First do no Harm’: Deploying Professional Volunteers as Knowledge Intermediaries	21
3	Fetishising and Commodifying ‘Training’?	51
4	Can (imported) Knowledge Change Systems? Understanding the Dynamics of Behaviour Change	79
5	Iterative Learning: ‘Knowledge for Change’?	113
	Annex 1 – The Sustainable Volunteering Project	151
	References	159
	Index	169

# LIST OF FIGURES

Fig. 1.1	Mean maternal mortality ratios by facility, Uganda, 2011–2012	4
Fig. 2.1	Primary reason for referral from a Health Centre IV to the National Referral Hospital	31
Fig. 2.2	Common factors determining decision-operation intervals	35
Fig. 3.1	Numbers of staff trained in the health partnership scheme	55
Fig. 3.2	THET frequently asked questions	75
Fig. 4.1	The COM-B system	87
Fig. 4.2	The Behaviour Change Wheel	88
Fig. 4.3	Non-financial human resource variables influencing health worker motivation in low-resource settings	98
Fig. 5.1	Ministry of Health guidance on Hand Hygiene (2014)	128
Fig. 5.2	Caesarean section rates on the private and public wards, Mulago Hospital	131
Fig. 5.3	Reasons for referrals between the hours of 08:00 and 17:00 Kisenyi Health Centre	134
Fig. A.1	Number of ‘volunteer months’ spent at each UMNH health partnership location	156

## LIST OF TABLES

Table 2.1	Physician and nursing/midwifery density, regions and selected countries compared	23
Table 2.2	Residual risk exposure in SVP placement locations	33
Table 3.1	Before and after test results on a CME on emergency obstetric care	60
Table 3.2	Pre- and post-test results	67
Table 3.3	Improved outcomes as a result of short courses	69
Table 4.1	Mapping of the Behaviour Change Wheel's COM-B system to the TDF domains	89
Table 5.1	Summary of triage (a 'complex intervention')	123
Table 5.2	Causes and frequencies of maternal deaths in Mulago (Jan-12 to Dec-12)	124
Table A.1	SVP volunteers by professional background	157