

ANNEX 1 – THE SUSTAINABLE VOLUNTEERING PROJECT

BACKGROUND AND OBJECTIVES

The Sustainable Volunteering Project (SVP) is managed by the Liverpool-Mulago Partnership (LMP) and was initially funded by the UK Department for International Development via the Tropical Health and Education Trust's Health Partnership Scheme. Financial support has also been received from the Royal College of Obstetricians and Gynaecologists (RCOG) and the Association of Anaesthetists of Great Britain and Ireland (AAGBI). The THET-funded project began in April 2012 and ran for a 3-year period, ending March 2015. The SVP continues and is now funded in association with our partner charity Knowledge for Change (www.knowledge4change.org.uk/).

The LMP had been placing professional volunteers in Kampala for over 4 years before applying for funding for the SVP. The SVP, however, marked a substantial increase in the scale and scope of this activity; widening the LMP's focus outside of Kampala to support other Health Partnerships involved within the Ugandan Maternal & Newborn Hub (UMNH) and also broadening the cadres of Health Professionals supported to include not only obstetricians but also paediatricians, anaesthetists, midwives, nurses and biomedical engineers. UMNH is a consortium of UK-Uganda Health Partnerships established by the LMP in 2011 and encompassing the LMP, the Basingstoke-Hoima Partnership for Health,

the Gulu-Manchester Health Partnership, the PONT-Mbale Partnership, the Bristol-Mbarara Link, the Kisiizi-Chester Partnership, the Kisiizi-Reading Partnership and a partnership between Salford University, Mountains of the Moon University and the Kabarole Health District.

The professional volunteers complete placements of varying lengths (between 6 and 24 months) and engage in a variety of initiatives, training programmes and on-the-job mentoring schemes which aim to increase capacity and improve the skills of the health workers, both in Uganda and in the UK. The SVP's focus is on capacity building and systems change and its objectives are twofold:

1. To support evidence-based, holistic and sustainable systems change through improved knowledge transfer, translation and impact.
2. To promote a more effective, sustainable and mutually beneficial approach to international professional volunteering (as the key vector of change).

The SVP does not have a focus on service delivery or workforce substitution as this activity is not judged to be sustainable.

LTV MANAGEMENT AND SUPPORT

Recruitment

All SVP volunteers are recruited, selected and managed by the LMP (and more recently also K4C). The main organisations targeted during the initial LTV recruitment were the Royal Colleges of Obstetrics and Gynaecology, Anaesthetists, Nursing and Midwives. The Royal Colleges either circulated an advertisement by email or posted it on their websites. The advertisements were also circulated by UMNH members to their local deaneries and hospitals. This initial advertisement process was successful in raising sufficient interest from prospective LTVs; the key to the success being the LMP's ability to utilise the existing links and networks established over previous years. As the project matured, an increasing number of LTVs were recruited through word-of-mouth advertisement by previous SVP LTV's and during project dissemination events, national and international conferences and workshops. Examples of such events include the British Maternal and Fetal Medicine Society's 'Annual Conference' (2013), the AAGBI's

‘World Anaesthesia Society Conference’ (2013), the Global Women’s Research Society Conference (2012) and the Development Studies Association’s ‘Annual Conference’ (2013).

Selection

Following an initial expression of interest, two processes are run simultaneously before a candidate can be recruited to the SVP. The first process involves prospective LTVs completing an application form and attending an interview (usually face to face) in order to ascertain, for example, whether a candidate would be suitable, when and why they wish to undertake a placement, what support they might require, what they hope to achieve and what skills they possess which would be of benefit to the health system in Uganda. Two references are required to objectively verify a candidate’s suitability and identify any additional support they may require.

The second process involves circulating the candidates’ details to UMNH partnerships to assess which of them would be interested in hosting the candidate should they be recruited to the SVP. This process was designed to align the supply of LTVs with demand on the ground in Uganda and the ability of the local UMNH partnerships to host them. An LTV is only recruited if both of the aforementioned selection processes yield positive results.

Placement Logistics

The subsequent stage following an LTV’s recruitment is their pre-placement induction. Each LTV is provided with a comprehensive induction pack containing useful information on UMNH placement locations, what to expect in Uganda, placement logistics and travel, insurance and emergency contact details, health and safety and advice on pensions and other personal finances. LTVs receive a ‘Volunteer Agreement’ to sign and return to LMP management, which outlines the LMP’s organisational expectations, a code of conduct, a statement on co-presence, potential disciplinary procedures and a personalised role description. Volunteer agreements are drawn up in conjunction with the LTV, the relevant UMNH partner organisation and the in-country counterparts to maximise stakeholder involvement and ensure all parties remain informed and satisfied.

Each placement location/facility and all LTV accommodations was professionally risk assessed at the beginning of the SVP. This risk assessment is shared with LTVs in advance of their placement, advising them of the potential risks of placements in Uganda, how the risks can be mitigated and what to do in the case that the risk materialises. The LMP also purchased a bespoke and comprehensive travel and medical insurance policy at the beginning of the SVP to cover all LTVs, ensuring each of them had adequate and sufficient cover throughout their placements. Having one familiar and reliable insurance policy and emergency contact number for all LTVs is beneficial in terms of project management and reduces individual LTVs and organisational risk.

In addition to insurance, the LMP also arranges LTV flights, clinical registration, visa/work permit, accommodation, airport transfers and the majority of placement-related travel in line with the recommendations of the risk assessment. The risk and logistical burden put on LTVs is reduced by, for example, using safe and reliable drivers for travel, only selecting flights that arrive at suitable times and only using safe and risk-assessed accommodation. Controlling these processes centrally allows for better coordination and achieves some economies of scale in terms of the procurement.

Placement Support

LTVs have access to a wide range of support during their placements. In terms of financial support, LTVs receive a monthly stipend to assist them in covering their costs at home and in Uganda. The stipend is paid directly into their bank account, with the initial payment being made on the date of their outbound flight and consecutive recurrent payments made at monthly intervals. The Tropical Health and Education Trust's Health Partnership Scheme is able to fund the employer and employee pension contributions of those LTVs previously employed by the UK NHS for the duration of their placements, marking a less direct yet potentially hugely beneficial provision of financial support for LTVs.

Each LTV is assigned a UK and a Ugandan mentor to provide clinical, mental and pastoral support and advice during their placement. Suitable mentors are selected by the LMP in collaboration with UMNH partners and in-country stakeholders, and usually come from the same disciplinary background as the LTV as well as having previous experience of working/volunteering in Uganda. Many of the UK mentors selected are themselves former SVP LTVs who have returned to the UK but are keen to retain

links with the project. The mentors serve as a first point of contact for LTVs; however, frequent communication with LMP management is also encouraged in case any problems arise that the mentors cannot deal with. LTVs provide written reports to LMP management on a monthly basis so their health and well-being can be monitored.

SVP workshops are held every 6 months. All SVP LTVs and stakeholders are invited to attend along with other LTVs working on similar projects; for example, the ‘Global Links’ project run by the Royal College of Paediatrics and Children’s Health. Each LTV conducts a short presentation detailing their placement activity, successes and any challenges faced. The events stimulate useful discussion and learning and enable the LTVs to build networks which provide platforms for effective peer-to-peer support, partnership and co-working.

Project Evaluation

An extensive and comprehensive evaluation programme has been carried out for the duration of the SVP. Data are collected by LMP management and evaluation teams, PhD students and the LTVs themselves for evaluation purposes and includes the following:

- Pre-, mid- and post-placement interviews with LTVs
- LTV written monthly reports (containing qualitative and quantitative data)
- Interviews with Ugandan Health Facility management and staff
- Interviews with UMNH partnership coordinators
- Interviews with LTV mentors
- Recorded workshops and focus groups
- Site visits and observations made by the LMP evaluation team
- Logging of stakeholder email communication
- Reviews of new and existing literature relating to professional volunteering
- Publications and presentations conducted by the LTVs at conferences and other dissemination events

All data are collected, anonymised, coded and analysed using Nvivo software. The SVP has evolved and strengthened on an iterative basis since its beginning in April 2012, based on the outcomes of the project evaluation and the growing experience of the project managers.

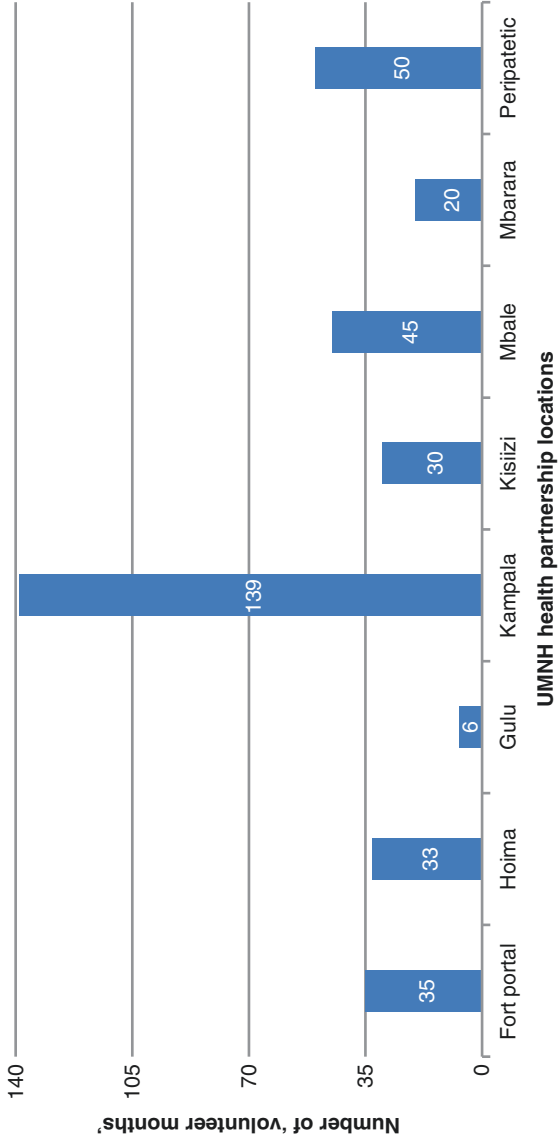


Fig. A.1 Number of 'volunteer months' spent at each UMNH health partnership location

LTV DEPLOYMENT WITHIN THE SVP

The SVP placed 44 professional volunteers across the UMNH partnership locations over the course of the initial 3-year period between April 2012 and March 2015, achieving a combined total of 358 ‘volunteer months’. The total number of volunteer months spent at each UMNH location is illustrated in [Fig. A.1](#). The average (mean) placement duration across all disciplines was 8.1 months; however, the most common placement duration (modal average) was 6 months. The shortest placement duration was 1 month (the volunteer ended their 6 months’ placement early) and the longest placement was 26 months.

The professional volunteers came from nine broad professional backgrounds; the highest number coming from Anaesthesiology (10) and the lowest number coming from General Practice (1) and Biomedical Engineering (1). [Table A.1](#) details the number of volunteers deployed from each of the disciplinary backgrounds and the total number of volunteer placement months completed. Multidisciplinary team working was a key feature within the SVP and was believed to be the most effective way of achieving the desired outcomes of the project.

Table A.1 SVP volunteers by professional background

<i>Health professional disciplinary background</i>	<i>Number deployed during the SVP</i>	<i>Total combined number of volunteer months</i>
Anaesthetists	10	71
Obstetricians	9	60
Midwives	8	60
Nurses	6	48
Foundation Year 2 doctors	4	30
Paediatricians	3	33
Social scientists	2	24
Biomedical engineers	1	26
General practitioners	1	6
Total:	44	358

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