

Thus, this idea shall be able to reach more than 80,000 nurses and positively impact their mental resilience and wellbeing and encourage more research and education in mental health.

*Jieleze is a Swahili word meaning 'Speak out'

ENHANCING THE CAPACITY OF COMMUNITY HEALTH WORKERS ON EPIDEMIC AND PANDEMIC PREPAREDNESS AND RESPONSE IN WAKISO DISTRICT, UGANDA

Authors: Dr David Musoke, Dr Linda Gibson, Filimin Niyongabo, Michael Brown

Affiliations: Makerere University of Public Health, Uganda; Nottingham Trent University, UK

Community Health Workers (CHWs) are a key human resource for health that support primary health care particularly in low- and middle-income countries. In Uganda, CHWs are the first contact of the community with the health system where they are involved in several activities including health promotion, mobilization for health interventions, treatment of childhood illnesses, disease surveillance, and referral of patients to health facilities.

The current COVID-19 pandemic has reaffirmed the importance of CHWs in responding to pandemics in LMICs where their roles have included health education, screening, contact tracing, and community management of cases. In addition, Uganda has faced several epidemics in the recent past including Ebola, yellow fever, anthrax, cholera, measles and meningitis. However, CHWs in the country have not received much training on epidemics and pandemics which we established during our recent study. Therefore, the aim of this project was to enhance the capacity of CHWs on epidemic and pandemic preparedness and response in Wakiso district, Uganda, with a focus on COVID-19.

This project was implemented as part of the 10-year partnership between Nottingham Trent University and Makerere University School of Public Health, Uganda. Our partnership has an established record of working with the CHWs in these communities hence we were able to quickly respond to this need of strengthening resilience in epidemics and pandemics. The project trained 766 CHWs in 2021 for 2 days, and the main topics of the training were: introduction to epidemics and pandemics including prevention and control of COVID-19; community engagement; contact tracing; risk communication; community sensitisation; and frontline protection. Pre and post training assessment was carried out to establish the level of improvement in knowledge of the CHWs on following the training. From this assessment, adequate knowledge on epidemics and pandemics improved from 7.5% to 92.8%; adequate knowledge and skills to communicate to the community during an epidemic / pandemic increased from 55.6% to 99.4%; and adequate knowledge and skills to carry out contact tracing in the community during an epidemic / pandemic increased from 30.0% to 97.9%. This project demonstrated improved knowledge among CHWs on epidemic / pandemic preparedness and response which is expected to lead to improved practices in their communities including during response to COVID-19. Such initiatives are important to strengthen health system resilience at community level particularly at such a time when COVID-19 continues to affect Uganda and other countries across the world.

HEALTH PARTNERSHIP SOLIDARITY AND ADAPTING TO CHALLENGES IN AMCGP MANAGEMENT OF DELAYED PRESENTING CLUBFOOT PROJECT

Authors: Grace Drury, Timothy Nunn, Christopher Lavy, Alaric Aroojis, Tigist Ejigu, Rosalind Owen

Affiliations: NDORMS University of Oxford, Oxford, UK; CURE Ethiopia Children's Hospital, Addis Ababa, Ethiopia; Lilavati Hospital & Medical Research Centre, Bandra, India; Global Clubfoot Initiative, UK

Introduction

We describe how support provided between the partners on the Management of Delayed Presenting Clubfoot has adapted and evolved in the last 18 months, given the reduction in international travel and capacity across all partners.

Results

We have re-thought how we work together without meeting face to face and become a more compassionate and supportive partnership as colleagues in all partnership settings have faced increased clinical workload, and professional/personal pandemic impacts. We have adapted our activity timelines to be flexible for partners' reduced capacity and prepared more contingency plans. We have adapted to working online regularly e.g using video conferencing for planning and advisory group consultations, online surveys, and collaborating on online documents and medical teaching videos. It has been important to record and share these meetings carefully to mitigate poor audio/video/internet quality, and dictation software has helped. We have worked asynchronously sometimes, holding repeats of key meetings to enable more partners to engage. We have changed the format of our planned in-person pilot training courses due to restrictions in the local and international context. Beyond our partnership, we have joined Global Clubfoot Initiative's working group to share the challenges of implementing clubfoot training with the limits on face-to-face training and learned how other groups are developing hybrid formats and online formats and how to compare and assess their efficacy. Due to the reduction in international travel, the emphasis of the delivery of piloting the training course and mentoring follow-up has shifted more to the local surgeons and physiotherapists in Ethiopia, leading to stronger ownership of project outcomes.

Conclusion

We have adapted and used technology for training development and delivery and for partnership strengthening. We sought to learn from others, and this led to new elements of the course such as rehabilitation, patient perspectives, team communication and family-centred care. We recognise that the strength of the roots of the partnership from previous THET health partnership relationships has helped weather the storms of the pandemic so far. We have benefited from connection with Global Clubfoot Initiative with access to expertise from clubfoot trainers and learned how clubfoot programmes internationally are responding to the challenges of training during the pandemic.

Recommendations

We will expand on the lessons learned and report on the adapted hybrid format pilot course taking place early September 2021 led by Ethiopian faculty for local doctors and physiotherapists, with remote faculty joining via video conferencing.

PAUSE AND PROGRESS: REFLECTIONS ON DIGITAL PARTNERSHIPS, A CASE STUDY FROM MALUTI ADVENTIST HOSPITAL, LESOTHO

Authors: Hattie Nicholas, Julia Brown, Ellen Luthango, Teboho Phali,

Affiliations: Health Education England Improving Global Health Fellowship Programme

Events that unfolded globally during the Covid-19 pandemic were rapid and unpredictable, necessitating decisive emergency plans for global partnerships around the world. One partnership was Health Education England's "Improving Global Health Fellowship", a 6-month programme linking National Health Service (NHS) staff to partner hospitals in resource poor settings, with projects focused on quality improvement (QI) and leadership. As borders closed in March 2020, the programme was suspended and fellows returned to the UK, many to frontline clinical roles.

A year later, in February 2021, a re-imagined fellowship was piloted to accommodate new limitations. A distance relationship was created with overseas partners, including Maluti Adventist Hospital (MAH) in Lesotho, and projects started in 2020 recommenced and led remotely via digital platforms. The fellowship was undertaken part-time over 6 months alongside clinical work in the UK.