The Ugandan Maternal and Newborn HUB
Supporting Sustainable and Effective Professional Voluntarism
Further Details

The ‘Sustainable Volunteering Project’ (SVP), funded through the UK’s Tropical Health Education Trust (THET), is designed to support Sustainable Professional Volunteering through Partnership. The work is focused on improving Maternal and Infant well-being in Uganda. More specifically it aims to bring about a reduction in Maternal and Infant Mortality in support of the Millennium Development Goals.

The Ugandan Maternal and Newborn Hub (the HUB) was formed in March 2011 to encourage greater cooperation and knowledge sharing between existing Health Care Partnerships working in the area of Maternal Health.

The Sustainable Volunteering Project is designed to take this consortium forward in an evidence-based environment. In addition to improving maternal and infant health the project will develop, evaluate and promote a model for sustainable and effective professional voluntarism.

The Project

The project will recruit and deploy a team of professional volunteers from a range of multi-disciplinary backgrounds in response to clearly identified and shared needs (and always in the context of full and detailed evaluation) within the HUB.

The focus is on effective knowledge exchange and implementation and not on service delivery. This places an emphasis on multi-disciplinary and multi-national team-working. The Community of Volunteers and their colleagues in the UK and Ugandan Partnerships will work together to promote the knowledge exchange process. The Volunteers will join an active Community of Learning.

Recruitment will commence in April 2012 with the first volunteers in place by August 2012. The scheme is funded for 3 years in the first instance.

For further details of the Sustainable Volunteering Project contact Professor Louise Ackers at louise.ackers@liv.ac.uk

Managing Human Resources
The HUB is committed to developing an integrated approach to the human resource management of professional volunteers to ensure fair recruitment and support the professional and personal development of Volunteers.

- This includes attention to Recruitment Processes and on-going Professional Development Review of Volunteers.
  Each Fellow will be allocated a Mentor in the UK and Uganda to encourage optimal professional and personal development and provide pastoral support. Mentors will work with Fellows to complete a tailored PDR process.
- Active external advertisement and dissemination will ensure the widest possible exposure to Volunteering Opportunities.
• Each Fellow will be provided with an individual job description and contract to ensure clear understanding of roles and responsibilities of all parties concerned.

• The establishment of a clear **professional status** within the placement institutions and the HUB.

  Successful applicants will be awarded the status of ‘Honorary Fellows’ in the UK and in their local Ugandan institutions.

• The provision of comprehensive and tailored **pre-placement induction.**

  Funding is available to support a pre-visit induction in Kampala in June 2012.

**Terms and Conditions**

The funding provided (by THET, the RCOG and the Body Trust) will provide a stipend of £15,000 (per annum pro rata) payable in monthly installments. In addition the programme will cover the necessary international travel costs (one return journey to be booked via the project), indemnity and insurance cover and necessary pre-visit innoculations and anti-malarials for the duration of the stay. Depending on the needs of the projects, accommodating as much as possible the needs of Fellows, placements will be a minimum duration of 6 months and a maximum of 12.

Where positions are for the maximum 12 months, the post holder would spend 11 months working in Uganda, during which time they would be entitled to 6 weeks annual leave. Where appropriate (with clinical placements) upon return to the UK they would be funded for 1 month to work in a supernumery capacity in their next post, prior to rejoicing their training scheme.

**Available Placements for 2012**

The project is funded for 3 years commencing in 2012. The positions available in each year will depend on the priorities of the HUB and will change over time.

The following positions have been identified for the first recruitment round. These include positions for obstetricians, midwives, nurses, anaesthetists and social scientists.

• Positions for **trainee/Consultant obstetricians** (x5) are available in a number of locations throughout the HUB (Hoima, the Kampala cluster, Kisiizi, Mbarara)

• **Midwifery** positions (x3) are available in Mbale, Kisiizi and the Kampala Cluster

• A **nursing** position is available in Gulu (focused on paediatric nursing)

• An **anaesthetic** position is available in Mbale.

• A **social science** research position is available to work on a more peripatetic basis throughout the HUB.

• A **bio-medical engineer** to work on a more peripatetic basis throughout the HUB.

The positions will be spread throughout the HUB locations. These vary quite significantly in terms of the size and role of the institutions and their rural-urban location. This locational element will shape the experience and role of the Fellows.

To assist Fellows in making their applications HUB members have prepared some information about the locations. They may also want to visit the individual websites (for details see the HUB website: [http://www.ugandanmaternityhub.org/](http://www.ugandanmaternityhub.org/))

**The Positions**

**Obstetricians**

• Full GMC registration

• The level of training will depend on the placement and the amount of support available. Obstetricians at all levels of experience are encouraged to apply.

• Excellent communication skills and cross cultural awareness

• A genuine interest in or previous experience of working in a Developing Country is desirable.

• Evidence of experience in teaching
**Midwives**
Current NMC Registration on Part 2 of the Register.

Responsible for ensuring that their registration and Notification of Intention to Practice is renewed in accordance with the NMC requirements.

Ensuring that practice is in line with and reflects the requirements of NMC Code of Professional Conduct, Midwives Rules and Scope of Professional Practice and is based on evidence-based practice.

Ensuring that personal and professional development meets NMC and PREP requirement

The post holder will be able to work in a multidisciplinary team including midwives, obstetricians, clinical medical officers and students. The postholder should collaborate, communicate with and gain the confidence of both clinical and managerial colleagues in order to raise clinical standards in both hospital and community health care settings.

Ideally, the postholder will have experience of assisted vaginal delivery, in particular the “Kiwi” ventouse to support and encourage assisted vaginal delivery within the HUB (this is one of our current priorities). Or a willingness to learn prior to departure.

The post holder will practice midwifery autonomously, using up-to-date knowledge, skills for safe, effective practice without direct supervision. The care of high risk women and babies will be managed in conjunction with the Obstetric Medical Team sometimes under difficult and resource poor conditions. The postholder will be expected to show initiative and drive, as well as sensitivity in striving for improvements within the maternal healthcare system.

The post holder will, whenever possible, encourage evidence based practice and show sensitivity in discouraging outdated practice. The expectation that the postholder will work to improve midwifery and obstetric standards within the region in conjunction with Ugandan colleagues that provides sustainable change.

The post holder will provide and receive regular training on obstetric emergencies with midwives, clinical officers and students.

The post holder should work one-to-one with midwives and students and support staff with high risk cases.

The post holder should have up-to-date knowledge of maternal and neonatal resuscitation (should have completed NALS & ALSO within last three years).

It is the responsibility of the post holder to ensure personal protection at all times, to prevent infection and injury.

The postholder should identify potential projects that are both realistic and sustainable to reduce maternal and neonatal mortality and morbidity and discuss these with colleagues in the HUB.

**Nurses**
An opportunity for a registered nurse/midwife to work in Gulu, Northern Uganda for minimum of six months as part of the Gulu-Man Link activity.

**Personal Specification:**
- Registered Nurse/Midwife with current registration with NMC
- Experience in neonatal nursing and newborn life care and neonatal life support
- Experience in clinical teaching and supervision of student nurses, midwives and medical students
- Experience of leading or facilitating projects
- Excellent communication skills
- Capacity to prioritise and work effectively to deadlines
- Experience of working in the developing world would be advantageous but not essential
- Meet the requirements for registration with Ugandan Nursing and Midwifery Council (see website)

**Main duties and responsibilities:**
- To assess and predict basic resources required to setup a neonatal/special care baby unit at Gulu Regional Referral Hospital (GRRH)
- To assist in the setting up of a tailor made programme of education for nurses, midwives, medical students and interns at GRRH
- To design and deliver basic unit policies and health guidelines with the senior paediatrician and Director of Services GRRH
- To establish an ongoing training programme for GRRH staff in aspects of Neonatal life support and care of the newborn.
- The post holder will be accountable to the Director of Services, senior paediatrician at GRHH and the Head of Global Health UHSM Academy.

**Anaesthetists**
- Post fellowship anaesthetist required as a long term volunteer (6 to 12 months) to work in the Regional Referral Hospital, Mbale, Uganda
- The post will principally be to take forward and develop anaesthetic services within the hospital, with particular emphasis on the development of regional anaesthesia within obstetrics. Currently there is no regional anaesthesia service within the hospital and the management are keen to develop this.
- Teaching, leadership and mentoring of nurse anaesthetists and junior doctors is required, both from an anaesthetic and resuscitation perspective (including neonatal resuscitation)
- The candidate will work in conjunction with the only established Ugandan physician anaesthetist, have a wish to work in the third world, and a drive to improve health services with limited resources.
- The Regional Referral Hospital in Mbale has its own obstetric theatre attached to the labour ward, and 3 other theatres in the main theatre complex. There are approximately 7000 deliveries per annum.
- Background work within the hospital has been carried out by volunteers from PONT (Partnership Overseas Network Trust), who have been visiting the hospital over a number of years on a periodic basis. In particular a number of projects in Obstetrics, Anaesthesia, Endoscopy and A&E have been commenced with full backing from the Ugandan authorities and the successful candidate would link in with those projects relevant to their skills.
- It is likely that the candidate would initially go over with a team from PONT to be introduced to Ugandan colleagues and their working practices so that they would hit the ground running.

**Social Science Researchers**
The social science placement would focus on developing research on women’s perspective on the quality of care and the relationship between reproductive health and women’s economic empowerment (Millenium Development Goal 3). The post-holder would work closely with the evaluation team and researchers in Kampala and under the direct supervision of Professor Louise Ackers. Whilst based in Kampala they would be expected to travel within the HUB projects to collect data (using both qualitative and quantitative methods).

- PhD or equivalent research experience in a relevant area
- Evidence of publishing and active dissemination to academic and non-academic audiences
- Excellent communication skills and cross cultural awareness
- A genuine interest in promoting improvements in maternal and infant health in developing countries
- Experience and commitment to working in a multi-disciplinary team

The HUB Locations

The Kampala Cluster

The Kampala Cluster embraces the National Referral Hospital (Mulago Hospital) and two key referral Centres. Mulago Hospital has a large Department of Obstetrics and Gynaecology and is the main national referral centre for Uganda, covering 33,000 deliveries per annum. 13 – 20 caesarean sections are performed daily. 30% of the deliveries are on those who are still adolescent. The maternal mortality rate is 552 per 100,000 live births. 10% of the mothers are diagnosed positive for HIV/AIDS. 4,000 illegal abortions are admitted and these contribute to 17% of the maternal deaths. Between 250-300 new cases of cervical cancer are seen per annum. The Hospital has 30 specialists, 240 midwives and 30 postgraduate doctors. The Department is under the leadership of Prof J Byamugisha.

The Liverpool-Mulago—Partnership (www.liverpoolmulagopartnership.org/) was developed four years ago to support improvements in Maternal Health. For the past 4 years the Body Trust (working in conjunction with the RCOG and LMP) has funded the ‘Eleanor Bradley Fellowship’ as an ongoing commitment between the RCOG, Liverpool and Cardiff Universities and the Body Trust. Research and evaluation carried out by the LMP indicates the importance of focusing not only on Mulago but also on the functionality of key referral centres in the Kampala region. The Health Centre IV facilities are designed to reduce the level of referrals to Mulago. At the present time many of these Centres are not functioning fully and have been unable to undertake operative deliveries resulting in large volume of unbooked and emergency referrals to Mulago.

Working with the Ministry of Health and Professor Byamugisha LMP has focused on improving the functionality of two of these Centres in Kawempe and Kasangati. Both of these Centres are approximately 40 minutes from Mulago.

We plan to allocate 3 positions (2 obstetricians and one midwife) to the Kampala Cluster to work together across the 3 locations (Mulago, Kawempe and Kasangati).

The Fellow appointed to work in Kasangati will work closely with the Kabbubu (Health Centre 3) project supporting Community Services.

Kisizi Hospital

Kisizi Hospital is a Church of Uganda Hospital set in a remote location in South West Uganda, approximately 7 to 8 hours drive from Kampala. The nearest town, Kabale, is 1.5 hours away. Although remote, the area is heavily populated and the hospital delivers 2700 women annually. There is also a busy gynaecology department and several operating lists are performed weekly by Dr Francis Banya, Consultant Obstetrician and Gynaecologist. Dr Banya has a particular interest in fistula surgery. He is in the process of establishing a cervical screening programme using visual inspection of the cervix.
There are resident consultants in general surgery and paediatrics. The hospital also accommodates a general medical and isolation ward and a comprehensive psychiatric service. There are regular visits from ex-patriot urological surgeons twice a year and orthopedic and eye surgeons from within Uganda also perform regular camps.

There is an X ray and ultrasound department which is equipped with a good quality ultrasound machine, in addition to a portable machine available in the maternity department.

The hospital currently employs 8 midwives. There are several junior doctors who share the on call rota, backing up clinical officers. There is a 24 hour anaesthetic service available. The indigenous staff is backed up by a variety of long and short term ex-patriot volunteer medical staff, including a visiting Consultant Obstetrician, Dr Helen Allott.

Due to the remote location, staff are housed in hospital accommodation on site, which is provided free of charge. The hospital has a micro-hydro project and is able to generate all its own electricity on site.

Although Kisiizi is a Christian Hospital, it welcomes staff and patients of all religions and none. All staff, whether ex-patriot or indigenous, are invited to attend a brief morning service in the hospital chapel at the start of the day’s work at 08:00 daily.

The Kisiizi Hospital community is very friendly and there are many opportunities for after work activities, in particular sport and crafts. An interest in Premiership football would be a distinct advantage for any visiting doctor! The hospital has a strong team which plays in a local league.

Responsibilities

The post holder would work under the supervision of Dr Banya.

In obstetrics, the post holder would share responsibility for the care of antenatal in-patients and complicated post natal cases. They would also participate in labour ward cover and undertake operative deliveries. They would play an active part in training obstetric and gynaecology interns (equivalent to Foundation doctors).

The postholder would take part in implementing obstetric governance measures and would be expected to take a lead, under the guidance of Dr Banya, in implementing a regular obstetric and perinatal morbidity and mortality review. They would assist with emergency obstetric skills training and the implementation of Obstetric Early Warning scores.

Key to the obstetric development of Kisiizi is the introduction of a maternal waiting area, to allow high risk women to await events on site, due to local transportation difficulties. The post holder would be expected to assist in the development of this unit.

In gynaecology, there would be many opportunities to perform major surgery under the guidance of Dr Banya. Training in obstetric fistula repair would be provided. The post holder would also assist with the development of the cervical screening programme.

Educational Supervision

The post would be supervised locally by Dr Banya and from the UK by Dr Helen Allott, Consultant Obstetrician at the Royal Berkshire NHS Foundation Trust. Dr Allott would visit Kisiizi on a twice yearly basis. Although the post holder would take time out of training within the UK to undertake this post, an Educational plan would be agreed and maintained throughout the year, with appropriate formative and summative assessments.

In addition to the above projects, the post holder would be encouraged to undertake a research project of their own choosing (and where possible linked directly to HUB priorities) subject to supervision.

HOMA REGIONAL REFERRAL HOSPITAL

Hoima is a town in North Western Uganda, smaller than Basingstoke but with a much larger district population – approximately 1.5 million. It lies on a good tarmac road about 4hrs from the capital, Kampala, but other roads in the district are very poor and some villages are not accessible by road. Most people there live by subsistence farming.
The population growth rate is one of the highest in the world. Half the population of Hoima District is under the age of 15. There is a much more information at [http://www.unicef.org/infobycountry/uk_statistics.html](http://www.unicef.org/infobycountry/uk_statistics.html)

**HOIMA REGIONAL REFERRAL HOSPITAL**

**Infrastructure and services**

Like all Government Hospitals in Uganda, Hoima suffered total neglect during the political upheavals in 1970s and early 1980s. It was constructed in 1910 during the colonial period to serve Bunyoro Kingdom and white settlers. Though a few structures have been added over the years, the old ones have had little renovation. The population is now four times larger than when the hospital was built.

According to the Ministry of Health, the hospital has 139 beds. This is the number it is supposed to contain for the space available. In fact it has 246 - Medical (44), Surgical (46), Gynaecology, Antenatal and Post-natal, (66), Paediatrics (40), Ophthalmic (18), Nutrition (8), TB and mental health (24). There are now two operating theatres, one for obstetric and the other for orthopaedic and surgical emergencies. Accident/Emergency work has now been separated from out-patients. The outpatients department deals with over 200 patients a day.

The pathology service is limited but basic tests such as full blood count, group and save and renal function tests are usually available. There is a single X-ray machine for plain X-rays only and one good quality ultrasound machine operated by a trained sonographer. Blood for transfusion has to be brought from Kampala.

**Utilities**

Electricity supply is erratic and power can be off for hours at a time. There is a diesel generator for theatre but the fuel budget does not allow it to be used for long periods. Maternity Theatre has been recently commissioned and has battery operated, rechargeable lights. Some areas have solar power for lighting. Water is on mains supply but is unreliable at present. However, the Hospital has sourced an independent water supply (bore hole) and is awaiting the installation of pumping gear.

**Maternity and Gynaecology**

Hoima Regional Referral Hospital delivers approximately 3,800 women annually. There is also a busy gynaecology department and several operating lists are performed weekly by Dr Kasujja, Consultant Obstetrician and Gynaecologist. Dr Kasujja is the only Consultant Obstetrician in Hoima. There should be four Resident Doctors working in Maternity and Gynaecology but on average there are only two, though they do provide 24 hour cover. These doctors are usually in their first or second year after qualifying. However, they will have been trained to do caesarean sections as part of their medical training.

There are approximately ten Midwives working in Hoima. They are supported by a variety of Nursing assistants and Student Nurses / Midwives. There is now a school of nursing in Hoima.

**The challenges**

Despite the challenges that Hoima faces, our volunteers have praised the clinical skill, competence, dedication and hard work of many of those they have worked with. Given the staff shortages, financial constraints and the many difficulties they work under this is highly commendable.

The Medical Superintendent writes, ‘The health care system in this region is weak and functioning sub-optimally due to a number of challenges. All health units are understaffed to handle the heavy patient load. **However we can do better with the available resources.** This partnership is one of the best things happening to the region and can help improve our services. This has already started.’
There are encouraging signs. The hospital is much cleaner than it used to be, new staff houses are being built which will make Hoima a more attractive destination for resident doctors. The new school of nursing means that in time there will be a pool of qualified nurses looking for work locally. A new maternity unit with its own theatre has been built and is functioning. There is a real desire to improve patient safety

**Azur Christian Clinic**
This is a private not-for-profit hospital in Hoima Town run by the ‘Help Hoima’ charity. It has outpatient facilities, a medical and a maternity ward. A maternity theatre was commissioned in July 2010 and a new paediatric ward opened in May 2011. BPH has close links with ‘Help Hoima’ and there are growing links between HRRH and the Azur Clinic as well.

**The Gulu-Man Link**
Gulu in Northern Uganda is emerging from over 20 years of internal conflict. During that time the people and their communities were devasted. Over 50,000 children have been abducted by the Lord’s Resistance Army (LRA), some brain washed into becoming child soldiers, committing atrocities against their families and each other, the young girls were taken as sex slaves for the soldiers of the army, many were murdered by other child soldiers. The acts of violence these children were forced to witness and participate in committing are inconceivable to imagine, yet the Acholi tribe and the people of Northern Uganda are on their way to recovery.

In 2006, UHSM began exploring the opportunity to have a global health link somewhere in Sub Sahara Africa, with the assistance of the Tropical Health Education Trust the Gulu-Man link was conceived and after two years of very active input from Marian Surgenor and Steve Hawes the link was born. The link is primarily a medical educational which encompasses service delivery and HR management within a health service which has had its infrastructure destroyed.

Gulu University was established in 2002 while the conflict was still active; the faculty of medicine was opened in 2004. The first medical students graduated in 2010, they were truly pioneers. The Gulu medical students have been listed first in the country for clinical ability and exam results. The depute vice chancellor of Gulu University has stated that UHSM’s input to the medical students education and clinical preparation plays a significant part in this accolade. The University motto is “for community transformation” which is very apt as here at UHSM we are also in the business of community transformation.

Over 100 colleagues have participated in both short and long term programmes and 15 medical students have been on their elective placement at Gulu Regional Referral Hospital.

**Mbarara**
Mbarara is the 6th largest town in Uganda, located in the South West, 5 hours drive from Entebbe/Kampala. It is a Government Hospital, a regional referral hospital for the area built in 1950s. There is also a university where local medical/nursing and midwifery students are trained. There are 7 obs/gyn specialists, 20 midwives, 4 intern doctors (first year out of medical school) and 11 residents (undertaking a post graduate masters program in order to become obs/gyn specialists.) There are 3 anaesthesiologists, 6 anaesthetic officers and 2 residents.

There are 7-8,000 deliveries annually. There are 3 delivery beds in one labour suite (separated by curtains), an antenatal ward for all prenatal admissions (all conditions including 1st stage of labour), a small gynae ward for all pre and post op patients and all other gyn conditions. There are 2 operating tables. There are also outpatient clinics. 97% of C/Section are under spinal anaesthesia.
Drugs such as anaesthetics, antibiotic are available but the supply can be erratic. Blood products are obtained from the haematology lab which is close. Basic investigations are also available depending on stocks of reagents. Electricity supply is not always reliable.

The RCOG has so far supported one U.K obs/gyn trainee to spend a year in Mbarara, since 2011. The next fellow should liaise with the current fellow and continue her work. This hand over will be essential.

The Mbarara links programme has been running for several years between University Hospital Bristol and several departments of Mbarara Hospital. Recently it has also included the obstetrics and gynaecology department links. The project aims to send at least one group of obs/gyn and anaesthetic doctors to Mbarara on short term visits each year to help the fellow to implement teaching/other projects etc where needed.

**Mbale Regional Referral Hospital**

The hospital is located in Mbale city in Eastern Uganda approximately 150 miles from Kampala and at the gateway to Mount Elgon National Park. Latest estimates put the city’s population at 92,000 but the hospital also serves the 14 surrounding districts which make up the whole of the Mbale region. Thus this busy hospital, with a bed capacity of just over 400, frequently cares for a potential patient population of almost 3.5 million. 92% of the area is rural and the principal economic activity is agriculture. It is a public institution administered by the Uganda Ministry of Health and general care in the hospital is free. Designated a Public Clinical Paramedical Teaching Hospital and an Internship Hospital, Ugandan medical graduates can serve a year’s internship under supervision. The hospital’s Director is Dr Benon Wanume. In common with many public hospitals, MRRH suffers from a severe shortage of medical workers, largely as a result of government under-funding over many years, and low wages which compare ill-favourably with the private sector. It is often difficult to recruit and retain staff.

In 2005 Mbale was officially twinned with Pontypridd, Wales through the Welsh charity PONT (www.pont-mbale-org.uk). Since then volunteer teams of medics from Royal Glamorgan Hospital have made annual visits to MRRH, hosted visits by them to Wales, and continue to work in partnership with their Ugandan colleagues addressing areas of identified need. Relationships between the two hospitals are sound and have the full backing of the authorities in both countries. In addition to successful projects in Endoscopy, A&E, and Obstetrics, PONT’s support has enabled the introduction of a pilot motor cycle ambulance service currently serving 5 sub-counties in Mbale region providing timely transfer of pregnant mothers to health facilities including MRRH. Rotary Club has committed to funding a further 20 vehicles by the end of 2012. Transport to hospital from outlying villages is a challenge. With many “roads” impassable except by bicycle or on foot, journeys can take hours. PONT’s workshop in Mbale is now working on producing stretcher bicycles designed by a final-year Glamorgan University engineering student. These projects will inevitably increase the pressure on maternity services in MRRH.