



The International Health Links Manual

Maia Gedde

A guide to starting up and maintaining long-term international health partnerships



The Tropical Health and Education Trust

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Second Edition

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ISBN: 978-0-9560942-1-6

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Printed and bound in Great Britain by:
CPI Antony Rowe,
Chippenham and Eastbourne

Acknowledgements:

I am grateful to all those who contributed with case studies and examples, acknowledged for their individual contributions throughout the Manual. The comments from various reviewers were invaluable in shaping this resource and special thanks go to: Dave Baillie; Collette Dean (British Council); Susana Edjang; Hilary Fenton-Harris; Penny Humphris; Francis Gondwe (CHAM, Malawi); Biku Gosh; Ian Holtby; David Hope-Jones (Scotland Malawi Partnership); Richard Kennedy; Chris Lavy; Douglas Lungu, Nick Maurice (BUILD); Themba Mhango; Agatha Nambuya; Elizabeth Ollier; Eldryd Parry; David Percy; Raúl Pardíñaz-Solís (Skillshare); Linda Turner; Jude Rawley; Morag Reynolds; Tessa Richards (BMJ); Sally Venn; Myles Wickstead; Jerome Wright; Marcia Zondervan (Vision 2020) in addition to all of THET staff, advisors (Jean Bailey, Bob Lane, Tom Lissauer, Pam Walter), and in particular Andrew Purkis for editing numerous drafts. I am also indebted to Rosa and Mike Lewis for providing Candelario tranquillity.

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Please note: This list only includes the principal text boxes of the Manual

Abbreviations

A&E	Accident and Emergency
BIBA	British Insurance Brokers Association
CIA	Central Intelligence Agency
CPD	Continuing Professional Development
DC	Developing Country
DFID	Department for International Development (UK)
DH	District Hospital
DoH	Department of Health (UK)
EU	European Union
FCO	Foreign and Commonwealth Office (UK)
GAVI	Global Alliance for Vaccines and Immunisation
GDP	Gross Domestic Product
GMC	General Medical Council
GTZ	German Technical Cooperation
GP	General Practitioner (UK)
HIFA2015	Healthcare Information for All by 2015
HSSP	Health Sector Strategic Plan
IMF	International Monetary Fund
ITLS	International Trauma Life Support (course)
JICA	Japan International Cooperation Agency
KCMC	Kilimanjaro Christian Medical Centre
M&E	Monitoring and Evaluation
MoH	Ministry of Health
MoU	Memorandum of Understanding
NGO	Non Governmental Organisation
NHS	National Health Service (UK)
NMC	Nurses and Midwives Council
ODA	Official Development Assistance
PCT	Primary Care Trust (UK)
PHI	Partnerships in Health Information
PEPFAR	President's Emergency Plan for AIDS Relief (US)
RTAs	Road Traffic Accidents
SAPs	Structural Adjustment Policies
SHA	Strategic Health Authority (UK)
SMART	Specific, Measurable, Achievable, Relevant and Time-Bound
SWAp	Health Sector Wide Approach
THET	Tropical Health and Education Trust
UK	United Kingdom (formed of England, Scotland, Wales and Northern Ireland)
VSO	Voluntary Services Overseas
WHO	World Health Organisation

Foreword

This Links Manual is a fundamental resource for a Links movement that has grown markedly and been developed carefully over the last three years.

Links are long term partnerships between UK health sector organisations and counterparts in the developing world.

THET produced the first Links Manual in 2005, and it has proved to be a useful and reliable guide for many organisations that have started or developed a Link.

THET was funded by the Department for International Development (DFID) and the Department of Health to support Links in the three years from 2005. Since then the number of organisational Links on THET's database has grown from just over 20 to 100. Links have been encouraged to share good practice and learning with the wider Links movement, so that wheels do not have to be re-invented and all Links can strive to achieve their best. Thus, strong efforts have been made to help improve quality and impact, as well as quantity. This revised Links Manual is a key product of this process.

The 2005 Manual was targeted at UK NHS organisations. This one is intended equally for the developing country partners. It better embodies one of the core values of Links: **they respond to the priorities of developing country partners and are led by them.** There is also greater recognition that although the NHS accounts for most UK Links partners, there are also UK partners drawn from university health faculties and other professional bodies and networks. There is more attention on how a small Link can develop more strategic ambitions, and to the sensible risk and security precautions that Links should consider. More generally, the new version embodies three more years of widening and deepening experience.

This is not a static product. Learning by Links continues, and the format of the Manual allows it to be updated and amended in the light of experience. We encourage all its users to let THET know of anything that may need to be added, subtracted or amended as they learn from their Links work.

We are grateful to DFID for its funding for this Manual, to Maïa Gedde for pulling it together, and above all to all those Links participants who shared their experiences and responded to our consultations. They have thereby enabled more of their colleagues across continents to help build health care capacity in the developing world - and enrich the UK sector too.



Stephen Tomlinson, CBE

Chairman, Tropical Health and Education Trust (THET).
March, 2009.

About the Manual

In this Chapter:

- **The context**
- **Who should read this Manual?**
- **How to use this Manual**
- **Terminology**
- **Tell us what you think**

This comprehensive and detailed Links Manual is aimed at both UK and Developing Country Link partners.

It has been developed to facilitate the work of Links, encouraging them to reflect on their work and become more strategic.

Its length should not be daunting. Section 1 provides an overview of Links, while Section 2 should be used as a reference document, providing advice for Links at different stages of their development.

About the Manual

The context

Links partnerships have the capacity to make a significant contribution to health system strengthening but only if they are well planned, managed and aligned to needs. This Manual, now in its second edition, provides guidance, shares experiences and offers examples of good practice from those directly involved in Links.

Its aim is to help those engaged in a Link to think more strategically about their work.

Both partners in the UK and in developing countries share responsibility for the effectiveness of the Link. They need to jointly agree the priorities and direction of the Link within a framework and recognise the benefits to professionals and organisations involved at both ends of the partnerships.

Governments and Health Managers in the UK, Ghana, Uganda, Malawi, Zambia, Ethiopia, Tanzania, Somaliland and Nepal, amongst others, are now beginning to look more actively at how these types of partnerships can contribute to health system development in their countries.

In March 2005 THET launched the first Links Manual¹ at the Links Conference in Leeds. This brought together THET's experience over ten years of working through Links to improve health in Africa and drew on examples from eleven Links. Since 2005 THET has received support from the British Government (through DoH and DFID) to support the work of Links.

By September 2008 THET's *Links Search* database featured 99 Links between UK and Developing Country health organisations, and both the Welsh Assembly and the Scottish Government supported Links within their countries. This striking growth is perhaps partly due to the first Links Manual and THET's wider advocacy efforts. This comprehensive Manual represents the accumulated learning from THET's and individual Links' experience.

Who should read this Manual?



What are Health Links? How might our organisation benefit from a Health Link? What can a Link help us to achieve? How can we run a Link effectively and ensure it has an impact on health care?

If you are interested in the answers to any of these questions, this Manual is for you.

As a reference document for Link Partnerships, this Manual is aimed at those seeking to form a Link, or already involved in an established Link. Those who may be interested in reading it include:

- Health professionals, including nurses, clinicians, therapists, researchers, teachers, managers or support staff from hospitals and training organisations (medical and nursing training schools) in a Developing Country and the UK who are involved in a Link or seeking to form a Link.
- Policy makers, health advisors, NGOs and others from the UK or a Developing Country interested in finding out more about what Links are and what they can offer.

While many of the issues will be similar for both the UK and the Developing Country partners, aspects of these may be more relevant to one or the other partner. Colour coding has been used throughout the Manual to highlight those most relevant to each:

-  green for the UK and
-  yellow for the Developing Country (DC) partner.

How to use this Manual

You may wish to read this Manual from cover to cover, but equally it can form a useful resource for dipping into at any time as you come across new issues.

SECTION 1: Is a general introduction to Links for those new to the concept of Link Partnerships.

SECTION 2: Is the substance of the Manual and addresses different stages of a Link from establishing a Link through to scaling up its work and when to end it.

SECTION 3: Are the appendices referred to in other sections of the Manual.

The Manual does not profess to provide a blueprint for a successful Link. Instead it shares the experience of THET and Links to highlight key issues and stimulate ideas.

¹ Links Manual: A guide to starting up and maintaining long term health partnerships. THET 2005

Terminology

International Health Links is used interchangeably with *Links* throughout this Manual.

Links should not be confused with the other NHS usage of this term, referring to liaisons with local authorities. For a full explanation of what International Health Links are in the context of this Manual, refer to Chapter 1.1.

In the absence of better terminology we have opted to use the abbreviation **DC (developing country)** to describe countries with a low Human Development Index ranking, where the health problems are magnified by the shortage of health workers, population growth, conflict, and lack of resources and infrastructure. Many such countries are in Sub Sahara Africa and Asia. Throughout this Manual we refer to DC and UK organisations forming Link partnerships.

Symbols



CASE STUDY - real examples from other Links



EXAMPLE - hypothetical example to explain key ideas



REMEMBER - highlights important ideas



GOOD PRACTICE - sharing advice



KEY TERMS - provides a definition of the terms used in the text



DID YOU KNOW? - interesting facts and information



FIND OUT MORE - references to books, internet sites, and journals that may provide more information



UK - information which is specifically relevant to the UK partner



DC - information which is specifically relevant to the DC partner



CHAPTER CHECKLIST - these provide a summary of the main points and can be found at the end of each chapter

Tell us what you think

The context of international health is changing rapidly, and good practice in International Health Links is developing all the time. THET will therefore aim to produce updated versions of the Manual. If you have any comments you would like to share, areas that you have found particularly useful, sections you don't agree with, advice of your own, or case studies you think others may find useful, please tell us!

Please e-mail your comments to info@thet.org



This Manual provides guidance, shares experiences and offers examples of good practice from those directly involved in Links.

SECTION 1.

Overview of International Health Links.

Chapter 1.1 An introduction to Links, the philosophy on which they are based and the political context within which Links work.

Chapter 1.2 Who benefits from Links, how the work of Links contributes to Health System strengthening and what types of work Links have been engaged in.

1.1 An introduction to Links

In this Chapter:

- What is a Link?
- A short history of Links
- Underpinning principles of Links
- Different models of Links

An International Health Link (a Link) is a partnership between a UK and a Developing Country (DC) health organisation. This Chapter helps you to gain an understanding of what Links are, what their purpose is and the principles on which they are based.

What is a Link?

Links are all about **people working together to share ideas, knowledge and friendship** to improve health care. By doing this within an organisational agreement, Links have the potential to be strategic and long term, better able to inspire change. Some established Links have shown that they are able to bring about important improvements in health care.

A Link² is a formalised voluntary partnership between counterpart health organisations³ in the UK and a Developing Country (DC). The primary purpose of Links is to build the capacity of the DC organisation, but there are also important secondary benefits for the UK health sector. The activities that Links support can be very broad and range from training and capacity-building for staff, providing practical skills, continuing professional development, supporting improvements within DC organisations, facilitating research, and curriculum development etc.

Who gains? A well-managed Link can bring about important changes for both the DC and the UK organisation. DCs can build capacity and motivate their staff by drawing on the UK partner's expertise and technical assistance, according to their own priorities.

The UK organisation also has a great deal to gain; it has the opportunity to develop its staff, it gives them ideas for service improvements and exposes them to international health issues. It is also an opportunity for both organisations to engage in joint research.

In an ideal Link, both organisations will benefit greatly in different ways. The main currency of the Link is the professional expertise and human resources available within both organisations.

How does it work? After initial set-up and joint planning, the work of a Link typically involves some of the following activities:

- Reciprocal visits to deliver agreed training
- Support through mentoring, equipment and training materials
- Technical assistance on the development of services
- Monitoring and evaluating the work to plan future activities and scale up support

A short history of Links

The wider political agenda

While THET has been supporting and working with Health Links for over ten years, it is only since 2004 that Health Links have been on the wider political agenda.

The Commission for Africa (2004) and the Gleneagles G8 Summit (2005) put health and health care in Africa at the centre of their agenda. The WHO report, *Human Resources for Health* (2006) took a lead in highlighting the severe shortage of human resources for health in developing countries, bringing to the fore many of the issues that had confronted those working in the health sector in developing countries.

DC Governments are increasingly seeing Links as an opportunity to tap in to the expertise available within the UK. Many doctors from DCs have completed some part of their medical training in the UK and look to the UK for guidance and support. THET has developed codes of conduct and Memoranda of Understanding (MoU) with the MoH of Uganda and Ghana, among others. The many diaspora communities in UK also make an important contribution to supporting the development of their own countries and this can be enhanced by Health Links.

²Links may be of different scales and sizes and many develop from smaller partnerships and personal collaborations. Health Links are one of many types of organisational Links between UK and DCs. An increasing number of communities, schools, faith-based organisations, local authorities, youth groups and others in the UK have established partnerships with counterparts in DCs. Health Links may fit in within a wider community Link. Such Links often involve the diaspora in the UK from the countries with which they are linked thus adding to greater social cohesion. Different kinds of Links come together in the UK under the umbrella of the organisation BUILD. (www.build-online.org.uk)

³The partners involved at the UK end may be NHS Trusts, Foundation Trusts, Primary Care Trusts (PCTs), GP practices, Universities, professional bodies, clinical networks, etc. At the DC end, partners may be hospitals, health centres, District Health Offices, training schools, universities, professional bodies, etc. If necessary, Links may also be formed between more than two partner organisations.

1.1 An introduction to Links



DID YOU KNOW?

There is a direct relationship between the ratio of health workers to population and the survival of women during childbirth and children in infancy. As the number of health workers declines, survival declines proportionately. If donor funds are to have any impact and the Millennium Development Goals are to be achieved, the right number of health workers with the right skills need to be in place.

The 2006 WHO report stated that 57 countries, most of them in Africa and Asia, faced a severe workforce crisis, with Sub-Saharan Africa facing the greatest challenges. Africa has 11% of the world's population, 24% of the global disease burden and only 3% of the health workers to deal with it. Even within countries inequalities exist, with rural areas finding it harder to attract health workers than the urban centres.

Working together for Health, WHO report 2006

2005

THET published the first *Links Manual* which raised awareness around what health partnerships could offer. THET's role in supporting Links was further encouraged with a staff secondment from the Department of Health (2005-2007) and funding from the Department of Health and Department for International Development.

It was becoming increasingly clear that it was not possible to deliver the Millennium Development Goals - the bedrock of international development policy aims - without a significant increase in capacity, skills and training in the developing countries; all areas in which Links can play an important role.

2006

Since 2006 the devolved Governments of Scotland and Wales have also been increasingly supportive of international health. The Wales for Africa Group, which receives funding from the Welsh Assembly Government, has been supporting Links since 2006 and strongly believes that sharing skills, experiences and resources helps communities in Africa and Wales. The Scottish Government includes support for Links as part of its agreements with African Governments including Malawi and Zambia to help improve health care.

2007/2008

The UK Government responded positively to the Crisp Report (2007) which looked at how UK health expertise could be used to help improve health in developing countries. It championed the role of International Health Links and of THET. The Government agreed to support the development of Links via a new grants scheme and information centre relating to Links. It agreed to pay pension contributions to those doing health work overseas for extended periods of time. Links were also featured favourably in the Government's wider Global Health Strategy, "Health is Global" (September 2008).



FIND OUT MORE

- *About THET - Appendix 1*
- *Our Common Interest*, report published by the Commission for Africa (2005)
- *Working together for Health, WHO report 2006*, available from www.who.int
- *Global Health Partnerships*, Lord Crisp (2007) Significant reference to THET is made
- *Government response to the Crisp report* (2008)
- *Health is Global: A UK Government Strategy 2008-13*, Department of Health (2008)



KEY TERMS

Millennium Development Goals (MDGs): are a set of goals to be achieved by 2015 that respond to the world's main development challenges. The MDGs are drawn from the actions and targets contained in the Millennium Declaration that was adopted by 189 nations and signed by 147 heads of state and governments during the UN Millennium Summit in September 2000.

Underpinning principles of Links

THET advocates a set of principles to underpin the work of Links, which may differentiate them from other types of twinning arrangements or aid initiatives. The underpinning principles are:

- The primary focus of Links is on **capacity-building** and staff development through targeted training. While occasionally Links may provide additional support, such as equipment, books or direct service delivery, this is not their primary remit.
- Links specifically **respond to the requests** (explored through careful dialogue) and work towards the goals of the organisation in the DC within a partnership.
- Links are **organisationally supported**, or formalised through a network, enabling them to be interprofessional, plan for the long term, work more effectively and be less vulnerable to staff turnover. While individuals play an important role, a Link is a collective effort.
- Links are **interprofessional** and usually interdisciplinary, and able to draw on a range of expertise from the UK partner organisations. This allows the Link to be flexible and respond to changing priorities of the DC Link partner.
- Links are **long term**. 'Strengthening health systems' is a long term goal and change is often slow. Links take time to develop, are based on trust and understanding and should be an

enduring collaboration between partners, not limited to short term gains.

- The work of Links is **aligned** with national strategies and organisational priorities and does not aim to create parallel systems or services.
- Links are a **means to an end** (strengthening already established health systems), rather than an end in themselves. The added value of a Link should regularly be reviewed through evaluation.



REMEMBER

The UK partner must start with the question: *What are your priorities and what do you want us to do?* And, having explored this in a careful dialogue, draw on expertise from across their organisation to be able to respond to this need.

Different models of Links

There is no pre-defined model for a Link, as each one may differ slightly. What they are trying to achieve and who is engaged may also vary from Link to Link.

A simple Link will be a **partner-to-partner relationship**. These usually work best if they are between similar organisations. The partners may be health care providers such as hospitals, primary health care providers, health training schools or networks of professionals.

In some cases the Link may be more complex: a core Link drawing on support from other

organisations or a recognised **tripartite relationship**. Whether the partners are a single organisation or a more complex coalition, Links should arise through a specific need or request from the DC, and be matched to a UK organisation with a similar outlook.



CHAPTER CHECKLIST

- ✓ Links are partnerships between UK and DC organisations with the primary aims of sharing knowledge and information to improve health services.
- ✓ Links have recently gained momentum and increasing government support.
- ✓ To be effective a Link must be well planned and be underpinned by a number of key principles including a focus on building capacity, being responsive and multidisciplinary.



DID YOU KNOW?

Partnerships and International Development

Health Links are one element of international development partnerships; others include school twinning arrangements, higher education and science/technology partnerships. They are generally set up in recognition that there are mutual benefits to both sides of the Link or partnership.

The history of international development has not always been characterised by such balance. Indeed, many of the terms traditionally used to describe relations between two parties reinforce the imbalance - 'donors' and 'recipients', for example. 'Aid' suggests a one-way relationship, and is now normally used only in the context of humanitarian or emergency assistance. 'Official development assistance' is standard terminology; 'economic co-operation' is also used.

International development as we understand it really began in the late 1950s, as the colonial powers provided financial and technical support to their former colonies as they gained independence. Much of this was used to maintain the organisations set up during the colonial period - schools, hospitals and roads. This 'capital aid' was part of a package which included technical assistance, and in the 1960s and 1970s favoured the provision of personnel from the UK (judges, doctors, teachers etc.) as local capacity was being developed.

While there was some effort made in the 1970s and 1980s to ensure that ODA supported the development of livelihoods and a better quality of life for ordinary people (see, for example, the 1973 Government White Paper 'More Help for the Poorest'), international relations - including aid and trade - were largely driven by the dynamics of the Cold War. The over-riding consideration for donors was not about recipient Government efforts to reduce poverty, but on which side of the ideological divide they stood.

This largely changed with the fall of the Berlin Wall. European countries in the former Eastern Bloc were told that they would be welcome in the European Union, but only on condition that they carried out political and economic reforms which would lead to them becoming more open and pluralistic societies. In the early 1990s, these considerations were increasingly applied also to relationships with developing countries, with support increasingly dependent on their record on issues like governance, human rights and social inclusion.

At the same time, there was an increasing recognition that development assistance should support policies and programmes developed in-country, rather than seek to drive them. The late 1990s saw the development of 'Poverty Reduction Strategy Papers' produced (in theory, and increasingly in practice) in developing countries. The willingness of the international community to support country-driven programmes has been accompanied - at least for those developing countries judged to have sound policies - by a continuing shift away from project assistance towards sector-wide approaches and general budget support.

In September 2000, 147 Heads of Government signed up to the Millennium Development Goals in New York. They were aspirational and non-ideological, with a strong focus on basic health and primary education outcomes. But it has become increasingly clear, as highlighted in the 2005 Commission for Africa Report, 'Our Common Interest', that it will not be possible to deliver those outcomes by 2015 without a significant increase in capacity, skills and training.

Links can play an important role in the development of organisational capacity and the building of health and education systems in developing countries; and at the same time, as everyone involved in a Link will attest, the learning is very much of mutual benefit. Health Links are a manifestation of true partnership - a partnership from which everyone gains and in the process makes the world, in however small a way, a better place.

Photograph (right): Hannah Maule-ffin, Uganda



Links can play an important role in the development of organisational capacity and the building of health and education systems in developing countries.

1.2 Why Link?

In this Chapter:

- Who benefits?
- What can Links do?
- Examples of how Links can work

This Chapter looks at who benefits from Links, what support Links have given and asks whether Links really have an impact.

The primary objective of the Link should be to improve health services for the poorest people in developing countries, but both UK and DC organisations involved in Links often report significant benefits.

Who benefits?

“You are making an apparent difference in our health care delivery at the referral hospital. Thank you all members of the Southern Ethiopia Gwent Health Link”

Dr Yifru, Hawassa
University, Health Sciences
College, Ethiopia

If a Link is well planned and managed, it can bring about important changes for the individuals involved in the Link, the organisations within which they work, and ultimately the patients that they serve. Many Links report significant benefits and improvements in services. At the moment much of this is based on anecdotal reports, but as Links start to integrate more rigorous evaluation into their work, the evidence base will become stronger and more clearly documented.

The following table is based on one piece of research carried out by King's College Hospital which looked at the benefits to the UK organisation of being involved in a Link.

Personal, professional and organisational rationale for Links (UK perspective)

Main benefits for the NHS	Disadvantages for the NHS
<p>Personal</p> <ul style="list-style-type: none"> • Personal satisfaction/ inspiration • Learning about different cultures • Appreciation of NHS/sense of perspective 	<ul style="list-style-type: none"> • Risk of exhaustion, stress, from overseas Link activity • Neglect of family while engaged in Link work on top of normal demands • Some annual leave used up if no study leave allowed. Higher risk of accident or security problem in some cases
<p>Professional</p> <ul style="list-style-type: none"> • Understanding of patients from relevant part of the world • Hones clinical skills, and refreshes basic skills without dependence on high-tech machinery • Familiarisation with pathologies that are less common in UK (but may grow there) 	<ul style="list-style-type: none"> • Problems of arranging cover and imposing on others when absent on Link business
<p>Non-Clinical professional skills</p> <ul style="list-style-type: none"> • Improved teaching skills • Development of resourcefulness • Greater awareness of how to avoid waste and work with few resources • Team skills enhanced by interdisciplinary team effort 	
<p>Organisational</p> <ul style="list-style-type: none"> • Link can enhance reputation • Good for job satisfaction, retention and motivation of committed staff • Good for recruitment of committed NHS staff 	<ul style="list-style-type: none"> • Finding alternative cover when people are away on Link business • Opportunity costs; time and resources expended on Links are not available at the same time for other expressions of Corporate Responsibility or organisational improvement • Need to manage security risks
<p>Universities</p> <ul style="list-style-type: none"> • Can assist global cachet • Good framework for student electives • Helps recruit committed students 	<ul style="list-style-type: none"> • Distraction from financial imperatives of the Research Assessment Exercise

1.2 Why Link?

What can Links do?

Can Links contribute to health system strengthening in DCs?

The effectiveness of any health system is determined by the interaction of many influencing factors and Links can contribute to some of these influential factors. If the Link is well planned and responds to specific needs,

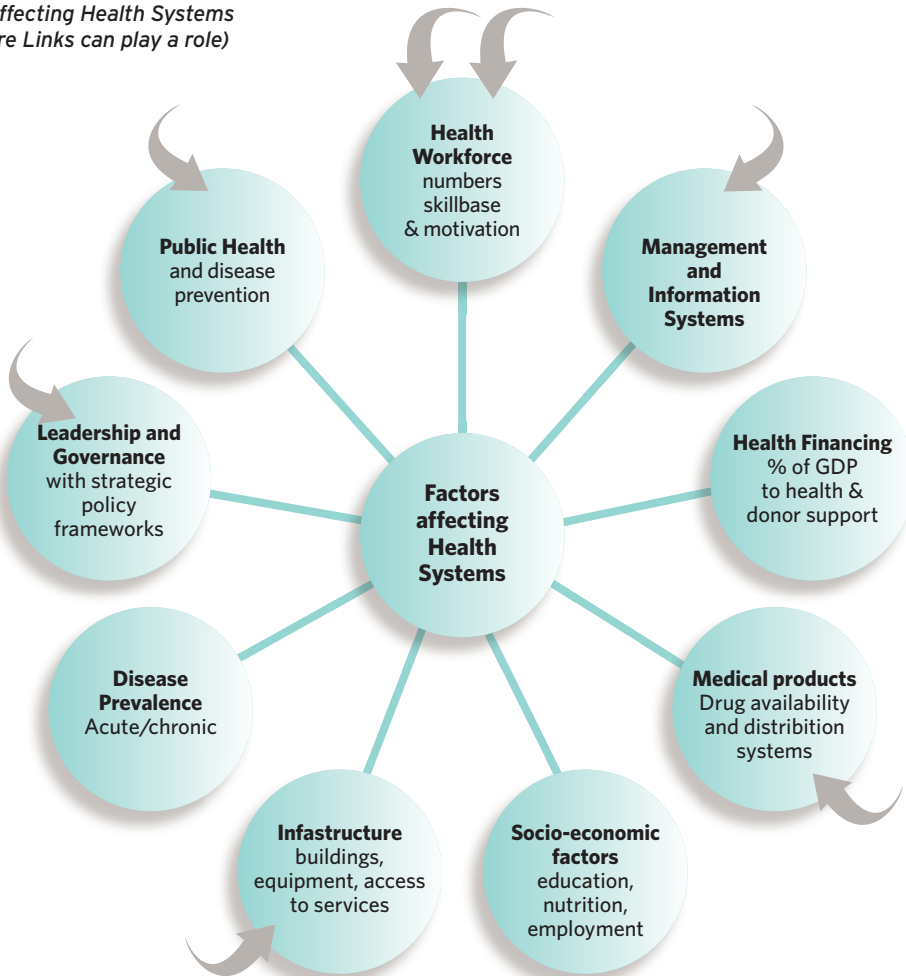
this contribution will be important but is likely to be modest.

The resources available to most Links are very small when compared to the large budgets available to other global initiatives and international partnerships such as GAVI, PEPFAR and UNICEF. The range of expertise available in a UK organisation will be wide, but

the time available to contribute will be limited for most people.

The following diagram illustrates some of the factors which are at play in determining how well a health system functions; the arrows illustrate some of the areas where Links have shown they can play a role.

*Factors affecting Health Systems
(and where Links can play a role)*



1.2 Why Link?

UK Link partners need to be aware of the many different factors at play. There is sometimes an idealistic notion among those new to international work that there is a quick and easy solution and the Link alone will be able to turn things around.

This is unlikely to happen and may result in a loss of enthusiasm when change is slow to happen. The Link can provide an important contribution but this will most often be the case when the other factors at play are also conducive to this change. On the other hand, persistence and sound development of the Link can pay off to the point that, in some cases, the Link eventually becomes a vehicle for more extensive programmes of work backed by funding agencies.



REMEMBER!

Change is about evolution not revolution. There is sometimes an unrealistic notion amongst those new to international work that there is a quick and easy solution. In reality change is slow to happen. See the case study on p30.

Examples of what Links can support

Links have been involved in an extremely broad range of issues. Much of the work of Links falls under the category of capacity-building: developing the skills of health workers, organisational structures, resources and enthusiasm of overseas colleagues to improve health services. This section gives some examples of some of the things that Links have been asked to support.



FIND OUT MORE

For examples of what Links have supported refer to the examples on THET's website.



CHAPTER CHECKLIST

- ✓ If well planned, Links are able to bring about important benefits to both UK and DC partners. It is important for Links to thoroughly document these impacts.
- ✓ While the contribution that Links can make to improving health services is only modest, the partnership nature of the work makes it valuable.
- ✓ Links are able to support a variety of different areas, many of which come under the broad heading of capacity-building. Links should always respond to the expressed needs of the DC partner.

1.2 Why Link?

Potential areas that Links can support



Photograph (right): Lihee Avidan, Malawi



**Change is about evolution
not revolution. Links are
long-term partnerships.**

SECTION 2.

Practicalities of a Link

– from start to finish

This section looks at the details of working in a Link. It takes you through all the stages from finding a partner, to planning visits, developing your work and when to end a Link.

Chapter 2.1 Thinking about a Link helps you think about whether a Link is right for your organisation and takes you through the initial steps of establishing a Link.

Chapter 2.2 Jointly planning the Link suggests how this can be done, who should be involved and what the main issues are.

Chapter 2.3 Coordinating the Link considers the important elements of having an effective Link Committee in each partner organisation to establish good coordination, charity registration and fund management.

Chapter 2.4 Visits to the DC organisation talks you through some of the logistical issues when planning visits from the UK to the Developing Country (DC) organisation.

Chapter 2.5 Visits to the UK

organisation addresses issues for those planning and undertaking visits to the UK and covers issues relevant to both the UK and DC organisation.

Chapter 2.6 Building on the work of visits provides guidance on the issues of mentoring, equipment provision and support to keep the momentum going.

Chapter 2.7 Managing change highlights issues to be aware of when promoting change as part of the Link.

Chapter 2.8 Scaling up the work of the Link helps you to think about broadening your work to increase its impact.

Chapter 2.9 Funding a Link gives ideas and information about developing a funding strategy and targeting funders.

Chapter 2.10 Ending a Link looks at some of the reasons why a Link may become defunct and how these situations can be avoided.

Chapter 2.11 Limiting and avoiding risk introduces the subject of risk and due diligence.

2.1 Thinking about a Link?

In this Chapter:

- Initiating a Link
- Is a Link right for your organisation?
- A step by step guide:

Step 1: Establish a group of interested people

Step 2: Understand the implications of your commitment

Step 3: Is a Link right for your organisation?



Step 4: Determining the aims of the Link

Step 5: Find a suitable Link partner

Step 6: Get agreement and support from your management

- What's next?

Colour coding has been used throughout the Manual to highlight the sections which are most relevant to each:

 green for the UK
 and yellow for the Developing Country (DC) partner.

Links have the potential to make a valuable long-term impact on health care; but to do so they have to be based on a genuine need, have long-term commitment from their organisations and be built on solid foundations. This Chapter helps you think about whether a Link is right for your organisation and takes you through the initial steps of establishing a Link.

2.1 Thinking about a Link?

Initiating a Link

The initial drive to get involved in a Link may come from any individual or group of people within an organisation. Perhaps you have read about Links in an article or heard about them at a conference, from a colleague or perhaps you have been approached by a potential partner organisation. You may think a Link sounds like an interesting concept but how can you take the idea forward?

If a Link is to be effective it should not be entered into lightly. While the enthusiasm of key individuals is very important, remember that a Link is an organisational partnership and needs to be embedded in the structure and function of the organisation. You need to gather interest from within your organisation, including senior management, to ensure that the partnership can be sustained and bring about change in the long-term. Equally a Link cannot just be a top-down decision from senior management without support from other staff.

Six matters need to be considered before establishing a Link. There is no set order for these to happen and the sequence will depend on the individual circumstances of your organisation. This Chapter addresses each of these steps individually:

Step 1: Establish a group of interested people

Step 2: Understand the implications of your commitment

Step 3: Ask: Is a Link right for your organisation?

Step 4: Define the aims

Step 5: Find a suitable Link partner

Step 6: Get agreement and support from your management

In the case of a UK Foundation Trust, agreement from managers as well as the Board of Governors is very important.

Step 1: Establish a group of interested people

There needs to be a group of committed people who have the skills and time to make the Link a reality. From the DC partners' perspective this may mean people who have the motivation and drive to lead the Link, communicate with partners, and think strategically about where a Link can have an input. For UK partners it may mean having the people with the professional skills, time, contacts and experience of working in a DC. Arrange to have an initial meeting to explore the idea of having a Link and establish who within your organisation is really keen and willing to become part of the Link Committee. If a Board member or chairman is enthusiastic and part of the Committee this usually makes things easier later on.

2.1 Thinking about a Link?



CASE STUDY: Enthusiasm and reality in Links projects

I have been involved with health projects in Africa for more than 25 years now and still remember the excitement of my first time helping to set up a teaching programme. Since then there have been great encouragements. Probably the greatest for me has been seeing orthopaedic clinical officer students learn basic fracture treatment and then seeing them practising it in rural areas. There have also been great disappointments; probably the greatest have been when gifted students decide to leave their poor country in search of greener pastures. When one starts working together with health care colleagues in less developed countries it is tempting to think that the road ahead is one of continued improvement in services, sometimes slow, sometimes fast, sometimes hard, sometimes easy. The sad reality is that it is also sometimes downhill, and in many places where I have worked the quality of health care is lower now than it was 25 years ago. There are many reasons for this, some related to personnel, some to equipment, some to inappropriate management, some to general economic collapse, and the widening of the global rich / poor divide. I mention this, because at the outset of a Link it is easy to be over enthusiastic and it is important to temper this with realistic expectations. Over optimistic hopes or promises can be detrimental to a project and can lead to personal disappointment and destructive cynicism. I have seen colleagues who started off keen, gave much of their time and energy to a Link, then threw in the towel when problems occurred. If we are in this for the long haul we will rejoice with our DC colleagues at successes and share with them in disappointments. That is partnership.

Professor Chris Lavy, Orthopaedic Surgeon

Step 2: Understand the implications of your commitment

Before committing to a Link, you and your colleagues need to be sure that a Link is right for your organisation. How might a Link be able to help your organisation? Why do you want to get involved? Can you make a long term commitment? Are you able to invest the necessary human and financial resources to running a Link?

DC

REMEMBER!

When planning a Link it is tempting to ask your UK partner “What can you offer us?” But when Linking with an organisation you should be able to draw on expertise from across their staff. You need to choose your partner carefully and ensure that they have all the skills necessary to support you. The Link need not concentrate on just one disease, one area of health care, one objective, but can help to develop different areas across your organisation. You should tell your UK Link partner “**This is what we need, let’s discuss how you can help us**”.

If you are a developing country (DC) organisation and you already have several collaborations with organisations in other countries, it may be better to strengthen these than to start another one with a UK organisation.

UK

REMEMBER!

The Link is about supporting and responding to the requests of partners in DCs. This does not mean that you need to say yes to providing the requested x-ray machine or renal unit if you do not see any evidence for these being top priorities. Neither does it mean making bold suggestions or focusing on issues that may be priorities in the UK without fully understanding the context. Instead it is about joint dialogue; what are your problems and priorities? How can these be addressed? What might we be able to offer? Might a Link with us be able to help address some of these issues?

2.1 Thinking about a Link?

Step 3: Is a Link right for your organisation?

The following decision tree will help you to think through some key issues when deciding whether or not to get involved with a Link.

Decision tree for Link involvement

DECISION TREE	DC ISSUES TO CONSIDER - Developing Country organisation	UK ISSUES TO CONSIDER - UK organisation	UNDER-PINNING PRINCIPLES
<p>Explore what the possible benefits of the Link will be to your organisation.</p>	<ul style="list-style-type: none"> • What is the vision of your organisation? Might a Link be able to help you to achieve this? • If you don't already have a vision, might the Link help you develop one? • Are staff in need of continuing professional development and on-the-job training? • How will the Link improve services to patients? 	<ul style="list-style-type: none"> • Are many staff interested in getting involved in international work? • Does your organisation serve a large diaspora community? The Link may help staff understand and address their needs better. • Is there little cross-departmental interaction? Multidisciplinary teams involved in Links may improve working across your organisation. 	<p>Clear rationale</p> <p>Responding to requests</p> <p>Multidisciplinary</p>
<p>Be clear about what your organisation has to offer.</p>	<ul style="list-style-type: none"> • Will your organisation be committed to leading the Link and prioritising its aims and objectives? • Have you considered what structures will be needed to manage the Link? • How will people be chosen to take responsibility and how will responsibilities be divided up? • Will you be able to communicate regularly with your UK partner? • Will your organisation be able to arrange training sessions that your UK partners can feed into? • Will you be able to provide your UK partner with transport and accommodation when they are visiting your organisation? • Is your management willing to support the changes that will be encouraged by the Link? This may involve supporting trained staff with resources, personnel, equipment, etc. in order to bring about the desired changes. • Will the Link be a catalyst for change? 	<ul style="list-style-type: none"> • Is your organisation able to release staff (e.g. 4 to 8) for at least two weeks a year to work with DC partners? • Have you considered what structures will be needed to manage the Link? • How will people be chosen to take responsibility and how will responsibilities be divided up? • Are staff from across your organisation willing to get involved with the Link, maybe giving some of their free time to support the Link? • Is your organisation willing to arrange placements for staff from your DC partner? • Are enough staff in your organisation willing to dedicate time to managing the Link: planning, arranging meetings, fundraising, constantly communicating with DC partners? 	<p>Flexibility</p> <p>Equal Commitment</p> <p>Organisationally owned</p>

Continued on following page...

2.1 Thinking about a Link?

Decision tree for Link involvement

DECISION TREE	DC ISSUES TO CONSIDER - Developing Country organisation	UK ISSUES TO CONSIDER - UK organisation	UNDER-PINNING PRINCIPLES
<p>Understand where the motivation for the Link is coming from. Who will be involved? What support and buy-in is there for the Link?</p>	<ul style="list-style-type: none"> • Is the Link something that your organisation has requested, will it respond to your needs? Or is it something that has been offered to you? • Does the Link fit in to any organisational plans or national strategic frameworks? • Do management and staff alike feel that the Link would be beneficial? Are they willing to support it and get involved? 	<ul style="list-style-type: none"> • Is the Link something that staff feel they should be involved in purely from a philanthropic perspective, or is there a real demand from overseas for the expertise that you possess? • Will you have the capacity to think and work strategically with partners? • Is there a genuine drive to work with and support partners rather than 'medical tourism'? • Are those involved in a Link willing to respond to partners' needs rather than imposing their own ideas and replicating what is done in the UK? Are they ready to be stretched, challenged and to learn? • Do management and staff alike feel that the Link would be beneficial in terms of their own personal and professional development? Are they willing to support it and get involved? 	<p>Demand Driven</p> <p>Capacity Building</p> <p>Long-term sustainable Link</p>
<p>Consider the scope for harmonisation with national and organisational initiatives.</p>	<ul style="list-style-type: none"> • Will the Link be able to advance national and district initiatives or objectives? Can it help national and local strategic plans? 	<ul style="list-style-type: none"> • Can you show how a Link can advance the objectives of your organisation e.g. staff development and training, Corporate Social Responsibility, staff retention and morale, better cohesion amongst staff (particularly if there are staff from the potential partner country)? 	<p>Harmonisation</p> <p>Alignment⁴</p>
<p>What other Links does your organisation already have?</p>	<ul style="list-style-type: none"> • Does your organisation already have ties with other organisations? If so can these be strengthened rather than initiating new partnerships? • Can you explain why a proposed extra Link is needed? • Are other local organisations or NGOs better able to help you to address the needs you have identified? 	<ul style="list-style-type: none"> • Find out if any other Health Links or partnerships with DC organisations already exist? Is there scope to strengthen these rather than initiating a new partnership? • If you proceed, is there a clear mutual understanding about how different Links can complement and support each other? 	<p>Avoiding duplication</p>

Continued on following page...

2.1 Thinking about a Link?

Decision tree for Link involvement

DECISION TREE	DC ISSUES TO CONSIDER - Developing Country organisation	UK ISSUES TO CONSIDER - UK organisation	UNDER-PINNING PRINCIPLES
Carry out an organisational analysis - what is the capacity for long-term involvement?	<ul style="list-style-type: none"> • Is your organisation interested in long-term collaboration? • Will your organisation be able to help monitor and evaluate the outcomes of the work to ensure it is meeting the agreed objectives? • Are there people who are willing and able to create a Link Committee with a designated coordinator who has the time and commitment to sustain the Link's momentum? • Will you be coordinating the work with other partnerships/Links that already exist within your organisation? 	<ul style="list-style-type: none"> • Does your organisation have the capacity to see the Link through over a long period of time? Are there any uncertainties or questions in the future which may jeopardise the Link? • Will you be able to set up a Link Committee to mirror and work with the committee in your Link organisation? • Will staff be supported and given time to engage in Link activities? • Can you get the management to support those with significant Link responsibilities by having these written into their job description? • Is your organisation able to assess and manage any additional risks incurred by being involved in a Link? 	Long-term engagement

⁴ **The Paris Declaration on Aid Effectiveness** - endorsed on 2 March 2005, is an international agreement to which over 100 Ministers, Heads of Agencies and other Senior Officials adhered, committing their countries and organisations to continue to increase efforts in harmonisation, alignment and managing aid within a set of monitorable actions and indicators. Links need to be aware of the principles of harmonisation and alignment to ensure that their work is in line, wherever possible, with government plans (alignment) and that it avoids duplication of other initiatives (harmonisation).



DID YOU KNOW?

The resources needed to run a Link

The resources needed to run a Link successfully will depend on the objectives and activities that you agree with your partners. When determining these, it is important to be realistic about the resources available to both of you, taking care not to raise expectations beyond what you will be able to deliver. A modest start, strengthening the foundations of the Link while you build up your fundraising capacity and Link team will allow you to deliver more effectively further down the line.

There are generally five types of resources needed to run a Link. These are:

- **Funding** (money) - to enable exchange visits, training courses and pay for other inputs such as books, journals and so on. A new Link may require about £5,000 a year to start its activities and an established one £30,000. In addition, administration time may also need to be funded. Usually the UK organisation takes a lead on fundraising with some input from the DC organisation
- **Time** - to plan, manage, undertake, and evaluate the activities of the Link
- **Expertise** - to help achieve the objectives of the Link through support and training
- **Hospitality** - to support overseas partners on training visits
- **Non-financial donations** - such as books or equipment that you secure free through donations or from old hospital stores. These come, however, with a strong warning and risk. Refer to Chapter 2.6

Step 4: Determining the aims of the Link

Before you find a UK partner, or while in discussions with a potential partner, you will need to assess whether a Link is the right way to respond to the needs of your organisation and, if so, what the broad aim of the Link should be. While the topic of identifying aims and objectives is covered in more depth in Chapter 2.2 *Jointly Planning the Link*, it is useful for the DC organisation to have an idea about the purpose of the Link and its priorities at this stage. It will help you find a more suitable partner and ensure the relationship is demand driven. If you have carried out organisational needs assessments in the past, you can tie the work of the Link into these.

Ask yourself:

- *Why do we need a Link?*
- *What other existing collaborations do we have with overseas organisations?*
- *What can a Link with a UK organisation help us achieve?*

If you are the Director/Manager or Dean of the organisation, you might already have a clear idea of what the purpose of the Link should be. Review your organisation's 5-year plans (if you have them) as these will help identify areas where support is needed. Involve other staff members in this process as you will gain a broader understanding of the possible areas where a Link could help. This will also encourage organisational buy-in and ownership of the Link.

At this stage you will only be defining the broad aims of the Link. Specific aims and objectives **must** be developed through discussions with your UK partner. However, if you do have a clear idea of outcomes for the Link this will speed up the process of creating a Link and potential partners are more likely to take your request seriously.

When determining the aims of the Link it is worth remembering that:

- Your UK partners will not have access to large amounts of funding for this work. The main thing they can offer is **professional expertise** for training and supporting your staff. How can you best use this?

- The principal focus of the Link should be to **strengthen the capacity of staff so they can address the problems that have been identified.** Activities such as training trainers will help promote sustainability. You may want to prioritise such activities as they are forward thinking, long-term and realistic.
- There will need to be **commitment from staff and managers in your organisation to ensure that visits are followed up with action plans and changes are implemented.** The training involved in the Link will typically be limited to an average of six exchange visits per year so these need to be incorporated into a work plan to be taken forward by your organisation.

Step 5: Finding a partner

One of the first questions people involved in Links are often asked is, how did it all start? Each Link will have a different answer. Perhaps it was through a brokering organisation which helped them to match the partners, or through personal contacts such as a returning volunteer, a health worker who has emigrated to the UK but has been asked to support his/her home organisation, a chance meeting at a conference or an existing school or community Link.

When looking for a partner organisation:

- Investigate existing contacts in your organisation. Do any colleagues have ties in relevant countries? You may be surprised at the number of

DC

EXAMPLE

Carrying out a consultative needs assessment with your DC organisation

A consultative needs assessment involves a broad range of people. If you have not carried out an organisational-level needs assessment before and want to carry it out for the specific purpose of the Link, here are some suggestions:

- Bring together key people from within your organisation (if you are large this may include heads of department, managers, matrons, doctors, lecturers or support staff).
- Encourage people to identify gaps between current and desirable practice. Get them to specifically refer back to previous organisational or national plans. The areas selected should be those that prioritise improvements in patient outcomes rather than individual health workers. You could ask each participant to write three ideas out individually.
- Ask participants to then think about the solutions, focusing on learning/training needs.
- Each participant should then share their ideas verbally with the group, highlighting the problems they have identified and the possible solutions. Write these down.
- As a group discuss each idea and rank them in terms of priority. You may be able to group them into broad themes for example: improving neonatal services; improving management processes. Include the specific training needs you have identified in each area.
- Write these down and include the rationale for your decisions.
- Now is the time to find a Link partner!

Remember, during the next stage of planning (described in 2.2) your UK partner may ask lots of questions. You need to justify why you have chosen the areas you have chosen, while being willing to learn from the dialogue (as they should be). Through discussions with potential partners, you may decide to adjust your aims and objectives.

individual or departmental partnerships that already exist in your organisation. Share this Manual with them and assess their interest in expanding it into a wider Link.

- Consider if other organisations in your area have connections or twinnings with a particular

country. For example a School Link, Community Link or a Church Link may create a good synergy with a new Health Link in the same region.

- Speak to colleagues in other organisations who are already involved in a Link. See if they can suggest any potential Link partners for you.

2.1 Thinking about a Link?

- While this Manual refers to Links with UK organisations, the same principles apply to other countries. You may wish to develop a wider Link with another country. Refer to Appendix 3 for a list of other Linking organisations outside the UK.
- If you are a UK organisation you may have a preference to work with one particular country, for example, if you serve a large diaspora community from that country. Investigate existing contacts with staff and see if anyone has the contacts to 'broker' a Link. Speak to other UK Link partners already working with this country.

It is important to ensure that the relationship is demand driven (by DC organisations) rather than supply driven (by UK organisations) and that it responds to need.

If, as a UK organisation, you are suggesting the Link to a DC partner, ensure that they are given a copy of this Links Manual and encourage them to go through an internal process of assessing whether a Link is right for them (as described in Step 3). Give them an opportunity to say no if they do not show much interest.

Remember the Link will only be able to address specific issues around capacity-building and support. The DC partner may have other pressing concerns which the Link will not be able to address.



EXAMPLE

Criteria for selecting a Link partner

Experience suggests that the following points can be important when finding a Link partner.

- **Match like with like.** Aim to Link with an organisation of a similar type to yours e.g. teaching hospital with teaching hospital.
- **Explore existing partnerships.** If your partner organisation already has an existing partnership, it might be better for them to strengthen this rather than start another. When resources are slender, concentrate them. However if it does seem appropriate to start a new Link make sure you are aware of what the other partners are doing.
- **Ensure there is organisational support.** Is there evidence for wide support for the Link including from senior management or are only one or two individuals engaged? An enthusiastic advocate can be useful at the beginning, but it is important to ensure that the Link doesn't become an individual project as it will not be sustainable.

UK

And when selecting a DC partner, take into account:

- **Clear evidence of need.** Is there genuine demand from the DC partner? If the Link is to create change, the drive for it must come from those who will implement the change in the DC organisation.
- **Ethos of the organisation and rationale for Link.** Is the organisation not-for-profit and engaged in work that is for the public good? Does the organisation make provision for those on low income to access its services?
- **Geographical location.** It is sometimes tempting to think that the most useful Links are those that involve hospitals or universities in the major cities in a DC. However, these may already have a number of existing partnerships. It is often the smaller rural hospitals that have the least outside assistance and may gain the most from a Link.

As a DC organisation you need to be sure that a Link will be an appropriate response to an identified problem, providing a greater benefit than the time and resources required to run it. For example, when staff are on training courses there is an opportunity cost.



FIND OUT MORE

Read Appendix 5. It has some key terms and health sector context information which you need to be aware of.

DC

GOOD PRACTICE

Avoiding supply-driven Links

Saying no is often difficult, especially when someone offers you something that sounds like a good idea. But it is irresponsible to enter into a Link without carefully assessing whether this is right for your organisation. It could be a waste of time and resources both for you and your UK partner. Staff, who could otherwise be at the frontline treating patients, may be tied up hosting visitors or involved in training that may have little impact on practice.

Before agreeing to the Link, make sure your organisation thinks about all the issues covered in this chapter. Assess whether it is right for your organisation and what your priorities are. Will the Link be able to address these and be a catalyst for change? If you don't think it will be of significant benefit, say no.

Step 6: Get agreement and support from your management

"The UK should see itself as having a responsibility as the employer of a global workforce and seize the opportunity to help developing countries educate, train and employ their own staff."

UK Government response to the Crisp Report, pg 47

For the UK Link partner, gaining Board support may be more difficult to achieve than for the DC organisation. They will need to justify why they are releasing staff for overseas work, given organisational obligations and targets.

A Link with high level support from the Management Committee, Board or Deanery is much more likely to be successful and sustainable. Such endorsement will make the Link engagement easier, as it may allow staff to take time off for visits overseas or attending meetings. In some cases, the management may be willing to go even further and support the Link financially - this might mean writing Link responsibilities into people's job descriptions or supporting visits overseas, e.g. via paid study leave.

To allocate NHS resources, such as staff time, **you will need to convince your non-executives or governors of the case for a Link**. The table on the following page sets out some of the arguments commonly used.

Unless a member of the management team has been involved in setting up the Link, you will need to make an effort to get management support. Here are some ways you might approach this:

- Communicate with them right from the beginning to get initial endorsement for the Link.
- Arrange a meeting to do a presentation on Links.
- Be clear what you are asking for. Organisational endorsement and paid time when undertaking visits may be all you need at the beginning. You will be in a better position to ask for more once you can demonstrate what the Link has been able to achieve and the benefits to staff in the UK.

The UK Board will also need to consider any legal or professional practice implications that may arise from having their staff involved in the Link (see Chapter 2.11). You may want to invite a senior person from a neighbouring organisation involved in a Link, so they can help convince your Board about the benefits of being involved in a Link and how they have dealt with any practical issues.

UK

EXAMPLE

Making a case for a Link to your Board

Some Trust Boards may be reluctant to get involved in a Link, and may find it hard to justify involvement with overseas work. You need to produce a convincing argument, based on the experience of Links and the regional/national Government policies. Some of the key points you may want to make are:

- Establishing an international Link will provide personal, professional and leadership development opportunities (regarded by some as better than attending traditional training courses) for their staff.
- A Link will allow the staff to acquire skills in managing conditions and presentations rarely seen in the native UK population but potentially increasing in the diverse communities Trusts serve. It will also allow staff to develop greater cultural awareness as the NHS workforce and populations they serve become more diverse.
- Exchange visits give staff a new perspective on their UK work having worked in a resource-poor environment, and provide a tool for recruitment and retention, motivation and reinvigoration of staff.
- Opportunities will arise for joint research, teaching and learning.
- People from different parts of the Trust will work together in support of the Link - it is very good for interdisciplinary communications and broader team spirit.
- A Link can enhance the national and international reputation of the Trust and demonstrate Corporate Social Responsibility in an attractive way, especially given the NHS history of recruiting health professionals from overseas. Links impart a sense of contributing to sustainable development in a situation where it is possible to make a real difference.
- Political support for Linking schemes is increasing all over the UK.

UK

FIND OUT MORE

- Refer to Appendix 4 for a sample letter to your Trust Board (UK)

What's next?

When you have found a potential Link partner it is time to start discussing the remit of the Link in more depth. You will need to assess whether you are the right partners for each other and explore areas for support. This will need to involve a joint planning process (as described in Chapter 2.2). It is also a good idea to set up a Link Committee at each organisation to take a lead on the Link issues. Communication is a key element of any Link so establish good communication channels. These and other logistical issues are described in Chapter 2.3.



DID YOU KNOW?

Culture shock

The phases of culture shock when travelling to a foreign country have been well documented. These are also similar to the phases that those involved in the development of a new Link also go through. There is:

- A honeymoon phase, where everyone is a bit starry eyed.
- A negotiation phase, where there is some anxiety and disappointment (sometimes accompanied by depression).
- An adjustment phase, where people are a bit more realistic and meaningful long term work can get done.



CHAPTER CHECKLIST



- ✓ Think carefully about whether a Link is right for your organisation.
- ✓ Work through the issues raised in the decision tree.
- ✓ DC: Establish the broad purpose of the Link through a consultative process and communicate this to potential Link partners.
- ✓ Approach your Board or management team to ask for their support.
- ✓ Find an appropriate partner.
- ✓ Now begin discussing the next steps - planning the objectives and activities of your Link.

2.2 Jointly planning the Link

In this Chapter:

- The basics of planning
- Stage 1. Preparing for a joint planning process
- Stage 2. Identifying priority areas
- Stage 3. Setting (SMART) objectives
- Stage 4. Planning activities
- Stage 5. Monitoring objectives and activities

Colour coding has been used throughout the Manual to highlight the sections which are most relevant to each:

 green for the UK
 and yellow for the Developing Country (DC) partner.

Investing in a joint planning phase will ensure that both partners have a coherent vision and equal expectations of the Link. One of the main challenges for Links is defining realistic objectives that are forward-thinking and will have a long-term impact.

Robust planning is an important process for new and established Links. Planning should be an ongoing process rather than a one-off exercise and it should allow the Link to respond to changing priorities and incorporate learning.

This Chapter takes you through the planning stages and suggests how this can be done, who should be involved and what the main issues are.

2.2 Jointly planning the Link

The basics of planning

Planning a Link needs to be a joint process. The Developing Country (DC) partner will be the one to identify the problems the Link can help address. They will identify aims and suggest priorities, ensuring they are aligned to national priorities.

The UK partner also needs to be involved in the planning process to ensure they can deliver what is asked of them. The UK partner can also play an important facilitation role; asking questions about the needs identified and stimulating ideas about how they can be addressed.

Once a Link is established, the UK partner may be able to start making relevant suggestions, but at the start of the relationship this is unlikely to be appropriate. Remember to be forward-thinking and consider the sustainability of what you are doing.

This five stage process for jointly planning a Link is the logical route. In practice, it may not be carried out in this order. N.B. This process presupposes that the DC organisation has already determined the broad aims and priorities of the Link (see Chapter 2.1).

Stage 1. Preparing for a joint planning process. Who should be involved?

Stage 2. Identifying priority areas

Stage 3. Setting objectives (which may be SMART)

Stage 4. Planning activities

Stage 5. Review of outcomes and emerging objectives



KEY TERMS

Aims, objectives, outcomes, outputs and activities

Aims are the changes you hope to achieve as a result of your Link. There might be a broad aim for the Link (e.g. *To improve quality of care through the training of health workers*) as well as specific aims which may vary over time (for example: *improve infection control within the hospital; improve triage systems; develop CPD for nurses*).

Objectives are more detailed and specific statements about what those involved in the Link will be able to do as a result of its establishment. A Link is likely to have several objectives, which contribute toward the aims. An objective is a description of an intended outcome. One objective of the Link might be, for example, *to reduce rates of infection in the burns unit by 70% in six months*.

Outcomes and **outputs** should not be confused. An output refers to what was done (*20 nurses from the burns unit trained in infection control*) whereas an outcome is the end product, the direct result of the project. In a well planned project, the outputs should lead to the achievement of outcomes (*50% reduction in infection rates in the burns unit six months after the training*). Both outputs and outcomes need to be measurable and should be monitored.

The Link will need to decide what **activities** it needs to undertake in order to bring about the intended outcomes.

Objectives and expectations may change after an initial visit and as the Link develops. **A flexible approach is needed to take account of changing issues**, especially in the DC. Make sure these can be revised and updated when necessary.

Stage 1. Preparing for a joint planning process.

Who should be involved?

In order to take the planning stage forward, the Link needs to **bring key stakeholders from both organisations together**. This usually involves some members of the UK team travelling to the DC organisation. But this should later evolve in to a reciprocal training visit arrangement.

2.2 Jointly planning the Link

DC

REMEMBER!

Your aims will determine the structure of the UK team

You need to share the aims of the Link that you have identified (see p34-35) with your UK partner in order to help them decide who are the most appropriate team members to be involved in the initial planning process. You should try to:

- Share the key areas (aims) that you have suggested the Link can engage with.
- Share any strategy or policy documents i.e. your organisation's work plans, MoH/MoE/district strategy plans or policy documents.
- Suggest a good time for the first visit from your UK partner (remember to allow 3-6 months to plan this visit). Avoid national holidays and busy periods. If the visit takes place before the start of the financial/ planning year it will allow you to incorporate the work of the Link into your organisation's plans.
- Inform your UK partner of the names of the key people involved in leading the Link and contact details of the people they should liaise with to prepare for the visit.

It is important to select the right team to take part in the planning visit. Representatives from both organisations should involve staff with a combination of decision-making powers and specialist knowledge relating to the specific aims of the Link.

For the UK planning team it is desirable that at least one member of the party is a senior member of staff who can authorise decisions and show commitment to the partnership. Ideally another should have experience of working in a developing country. If the Link involves a teaching component (and the partner is an NHS Trust) invite someone from the relevant faculty from your local medical or nursing school to accompany you. Refer also to Chapter 2.4 for further practical tips about visits.

UK

GOOD PRACTICE

Size of planning team

The initial planning team should be small, between 2 and 3 people, and need not visit for more than a week unless they are going to start activities. Involving more people will incur considerable cost which could be better used at a later stage when the Link is actually starting to implement activities.

Be prepared for last minute changes to the programme in the DC due to local priorities, and use opportunities as and when they arise to meet key personnel.

The core group from the DC should involve senior members of staff and those involved in the priority areas which you have identified. Make sure you involve a wide spectrum of people, as your UK partners will benefit from meeting staff at all levels within your organisation. Think also about whether you should involve other officials such as District Directors of Health, members of the Ministry of Health, or people from associated organisations. Try to inform them about the new collaboration you are engaging in and get their support from the beginning.

If the aims for the Link, as established by the DC partner, are clear before a first visit takes place, it may be appropriate to combine the planning visit with some teaching / system development work. While this will only be delivered on a small scale and is unlikely to be the primary aim of the visit, it will help both partners to understand what is possible in a given time, what the constraints are, and give a taste of what the Link can offer.



REMEMBER!

The initial planning visit is a time to build relationships, establish whether you are the right partners for each other and assess the feasibility of forming a Link.

UK

GOOD PRACTICE**Preparing for the planning visit**

Before the visit, read as much as you can about the health system and the socio-political context in your partner's country. The more you know before a planning visit, the better able you will be to understand the context and ask the right questions. In addition to any information your partners send, you might want to read:

- Any policy/strategy documents produced by the Ministry of Health (occasionally available on their websites). Remember the importance of alignment principles in the Links work you are undertaking (see p33).
- Find out about what other development agencies are doing in the area (in relation to the priorities your partner has identified). This might include the WHO, UNICEF, PEPFAR, GAVI Alliance, DFID, JICA and other bi-lateral donors. This will give you an idea of the areas that are already being supported, and that may have special funding streams. It will also help you get an initial understanding of where the gaps are.
- Try to understand the context in which your Developing Country partner works. For example; where are the main health training organisations? What are the doctor and nurse to population ratios? Who are the key players in the health sector? What is the role of traditional healers? What are the main specialisms of health workers?
- Understand and gather information about other Links in that particular country or similar circumstances e.g. isolated areas or post-conflict environments.

UK

FIND OUT MORE!

Refer to Appendix 5 for further information on issues to consider.

UK

CASE STUDY**The importance of making more than one contact**

Many countries are characterised by a shortage of health workers so you may find that your in-country contacts are restricted to just one or two people. This is what the Scotland Malawi Mental Health Education Project found. "Our Link was initially established under the guidance of the only local psychiatrist, who proved a great source of local knowledge and encouragement and advised us on what was needed locally and where to target our efforts", says Leonie Boeing, one of the founding members. But it is important to involve a wider range of stakeholders to ensure continuity, sustainability and local ownership. "As we had such an authoritative contact we neglected this but later realised that it was important we have now made close contacts with the leaders of the other organisations that we were working with, for example the Dean of the College of Medicine. We have come to realise that getting wide ownership for the Link is key. We now have a wide and very supported Link with the key local leaders involved; we are hopeful that the Link will be truly sustainable."

2.2 Jointly planning the Link

Stage 2. Identifying priority areas

You have now shared the aims of the Link and mobilised teams from both organisations to come together to plan the Link. The challenge now is to review the broad aims of the Link (if you have them), work with them to turn them into realistic objectives and determine the activities the Link needs to carry out to achieve them.

If there is a long 'shopping list' of needs, how will the Link prioritise the most important ones to focus on? This first section helps you think about some of these issues.



FIND OUT MORE

Managing change

Refer to Chapter 2.7 to understand and overcome some of the barriers which may prevent change from happening.

DC

EXAMPLE

Whose needs?

Identifying the needs of your organisation and the objectives of the Link will be a consultative process involving different people who are familiar with the main departments in the organisation. Every person is likely to highlight different problems that they are facing. You may end up with a long list of requests, with each person identifying their own priorities. For example, in the case of a hospital, you may find:

- The lab technicians want to be able to carry out a wider range of diagnostic tests rather than sending samples away, as this would allow them to produce results more efficiently and potentially save more lives.
- The Director is keen to improve infection control within the hospital and reduce maternal mortality rates due to infection after caesarean section on the ward.
- The tutor of the nurse training college affiliated to the hospital wants to support the development of a preceptorship programme for the student nurses as this would improve their learning and care of patients.
- The Ministry of Health has just released a strategy paper saying that non-communicable diseases will be increasing and appropriate services need to be developed. You are seeing increasing number of diabetes patients but are unable to adequately respond to their needs.
- Some patient groups have formed and are starting to demand a say in the improvement of services. You have heard that patient participation is a significant feature of the NHS. Perhaps your Link with the UK could help feed their views into planning better services for patients.

You know the Link can only address a few of the issues in the first year, but which ones should you focus on? It is important to review these in order of priority once a year, and include a plan for monitoring and evaluation of their development. The next section should be able to help you think through some of these issues.

2.2 Jointly planning the Link

When prioritising the objectives that you want the Link to focus on, think about the following issues:

ISSUE	RATIONALE
Ability of UK partner to deliver	Does the UK partner have the expertise to support the required areas? Is the UK partner able to bring another organisation on board to help provide specific expertise?
Numbers of beneficiaries	How many people (staff, students, patients) will benefit? What are their health outcomes they are likely to experience?
Types of beneficiaries	Who are the beneficiaries? Are they the poorest patients or those with the least access to alternative health services?
Length of time to achieve desired outcome	How long will it take to achieve the desired outcome? Sometimes there are 'quick wins' that deliver effective results over a short period of time during the initial stages of a Link. This will help raise people's enthusiasm for the Link both in the DC and in the UK.
Systems and organisational support	How will the management support those who have received training through the Link? Will resources (staff, training materials, equipment) be made available so that people can put learning into practice? Is lobbying and support specifically required to meet the objectives? Can the Link help with this?
Aligned to priorities	Are the objectives an established priority within your hospital/ district/ country?
Sustainability	Will the training and support delivered through the Link have a long term impact?
Funding opportunities	Donors' funding criteria will determine whether the work is eligible for funding. While the objectives of the Link should not be driven by access to funding, it may be an important consideration.

UK REMEMBER!

UK remember your needs too

As a UK organisation involved in a Link you will also have your own reasons for wanting to be involved in the Link and, for the purpose of sustainability, it is important to ensure that these are being met. For example, some UK organisations frame their involvement in Links around Continuing Professional Development for staff. Others may be interested in joint research opportunities. There are also opportunities for learning and teaching global health education. Some Links have also managed to get joint accreditation for work within the Link. It is essential to bring up these issues and discuss them with your DC partner during the planning.

2.2 Jointly planning the Link

Stage 3: Setting (SMART) objectives

Once you have established the Link's priorities it is time to write these up as specific objectives. Remember that a Link may have several objectives that contribute towards an overall aim. It is good practice to make them as SMART as you can during the planning stage, as this will stimulate discussion and clarify exactly what you are trying to achieve. The acronym SMART refers to objectives that are:

S - Specific

M - Measurable

A - Achievable

R - Relevant

T - Time-bound

At the early stages of the Link it is legitimate to decide that you don't have all the information to make them as SMART as you would like. Alternatively, if you do create SMART objectives from the beginning, you may well later discover that they are not appropriate and need to re-write them. Flexibility is important.



REMEMBER!

The Link should address a particular problem and help contribute towards a solution. The best solutions are simple changes in practice which may improve efficiency and quality. Managing this change requires careful thought and it is worth considering what factors will help promote and bring about change. This is dealt with in further detail in Chapter 2.7 on managing change. When planning objectives cross-refer to this Chapter.



FIND OUT MORE

Read Appendix 5. It has some key terms and health sector context information which you need to be aware of.



EXAMPLE

Defining SMART objectives for your Link

SMART objectives help you to add precision to your stated intentions so that those involved in implementation have a clearer idea of what they need to do. The task of monitoring and evaluation is also made easier with SMART objectives. This section provides a worked example of how to make objectives SMART.

A NON-SMART objective: To provide training to midwives at Kiguri District Hospital (DC) to reduce the numbers of caesarean sections performed.

SPECIFIC: To provide training to midwives at Kiguri DC **on how to safely use forceps to manage delayed second stage labour using WHO protocols** to reduce the numbers of caesarean sections performed.

MEASURABLE: To provide training to **all (8) midwives** at Kiguri District Hospital **through theoretical sessions with audited attendance and hands-on training with log book-recorded cases** to reduce **the incidence of caesarean sections due to delay in second stage labour by 50%**. This will be recorded for a period after the training and compared to a similar period prior to the training.

ACHIEVABLE: *This depends on the time scale of the support and the number of deliveries. To train all 8 midwives with hands-on expertise in six weeks is unrealistic - it would be more reasonable to train 1 or 2 and build from there. It is also not appropriate to set a specific target (50%) for reduction in Caesarean Section. It is better to measure the result and then hopefully demonstrate improvement.*

RELEVANT: *Local data shows that caesarean delivery rates at Kiguri DH are 30% which is higher than expected for this population. The increased CS rate increases maternal morbidity and mortality in this patient group by increasing the risk of abdominal sepsis (with 2 in 5 experiencing wound infection post abdominal delivery) and uterine scar rupture in subsequent pregnancy delivering in rural setting. Therefore reduction of CS by any auditable intervention presents a possible health gain. Especially if this can be delivered in a cost-effective way.*

TIME-BOUND: To provide training **between March and December 2009** to midwives at Kiguri District Hospital.

A SMART objective:

To provide training to midwives at Kiguri District Hospital on how to safely use forceps to manage delayed second stage labour using WHO protocols. Training will be carried out between March and December 2009. At least 2 midwives will receive in-depth training and the remaining ones will receive an introductory session. This will be done through theoretical sessions with audited attendance and hands-on training with log book-recorded cases. This will be recorded for a period after the training and compared to a similar period prior to the training. The aim is to reduce the incidence of caesarean sections due to delay in second stage labour.

For more information on SMART objectives and their importance in monitoring and evaluation refer to THET's *M&E Toolkit* (see p89 for details).

2.2 Jointly planning the Link

Stage 4. Planning activities

What activities need to be carried out to achieve the desired outcomes or objectives? This may include a combination of the following:

- Training or support visits from the UK partner to the DC organisation. Think about the purpose of these visits, expertise required and duration. This will help you begin to identify suitable people. Refer to Chapter 2.4 for more information on this.
- Training visits from the DC partner to the UK to the organisation. Think about the purpose of these visits, the exposure required, duration, etc. Chapter 2.5 has further information on this.
- Mentoring and support by the UK partner for specific activities.
- Training material, books, and so on need to be provided.
- Equipment needs to be provided. See Chapter 2.6 for more information.

- Steering groups in each of the partner organisations will help to monitor and share feedback with one another in relation to the activity plan once it has been agreed.



REMEMBER!

Links sometimes place too much emphasis on visits. Although visits are important, what happens between visits is probably as important in determining the outcome of a Link. Ongoing communication, monitoring of activities, completing agreed actions, follow-up after visits and exchanging information are also key components. This should not be forgotten when planning activities.

Some activities will involve both Link partners working together while other responsibilities may fall individually to the UK or the DC partner. You may want to set these out clearly within specific time scales so that everyone is aware of their responsibilities.



REMEMBER!

After you have determined the objectives and activities for the Link, think about how you will monitor and evaluate them. Determine SMART indicators as detailed in THET's *M&E Toolkit* (see p89).

After you have defined the activities that the Link will carry out, check that the sum of these will result in the intended outcomes and aims of the Link.

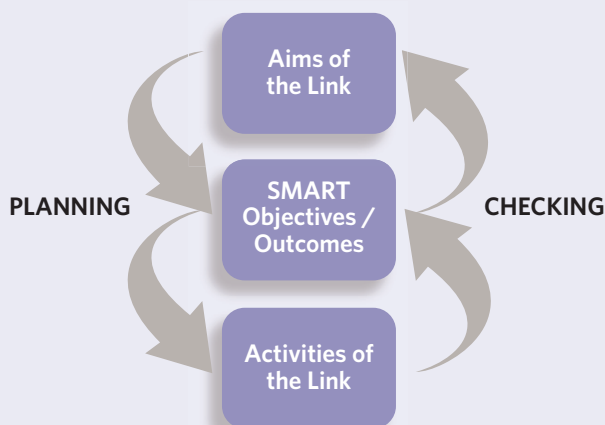
Sample activity plan

WHAT? (List activities)	WHO? (Who is responsible)	WHEN? (To be completed by...)	RESOURCES NEEDED? (Funds, skills or materials)
1.			
2.			



DID YOU KNOW?

The sum of activities and their outputs should result in the intended outcomes of each Link objective. Once you have a detailed list of activities you plan to carry out, work backwards to check what the sum of activities will result in. Is this what you are expecting? Are there any missing phases?



Stage 5. Monitoring objectives and activities

Stages 1-4 of this Chapter have addressed the initial planning of a Link. But sometimes you may find that things change rapidly within the DC partner organisation. Issues that you included in a two-year activity plan for the Link in 2008 may be out of date by 2009 when the DC organisation has a set of new strategies.

Regular review is therefore very important: assess whether the original plans are still priorities and make any necessary modifications. Your Link should do this in two ways. The Link Committee responsible for planning the Link should regularly review the overall direction and plans for the Link. In addition, those engaged in individual Link

visits, both to the UK and the DC, can take a lead on planning the future work of their own workstreams and feeding back to the Link Committees. Remember the important role of monitoring and evaluation and ensure it is incorporated into your work.



DID YOU KNOW?

The Weakest Link

Reasons why a Link may not be successful:

- Objectives are unrealistic or not properly defined and agreed.
- Poorly informed interventions or simplistic project planning.
- Inadequate resources.
- Lack of ongoing communication.
- Weak leadership.
- Weak control of processes or feedback mechanisms.



CHAPTER CHECKLIST

- ✓ Invest in robust planning.
- ✓ The DC country partner needs to do preliminary work to set the broad aims of the Link.
- ✓ Define objectives and activities in a joint planning process involving UK and DC partners and agree them in writing.
- ✓ Activities need to be aligned to strategy papers.
- ✓ Review the objectives of a Link on a regular basis. This may be done after each Link visit or once every year.

2.3 Coordinating the Link



In this Chapter:

- Establishing a Link Committee
- Communication
- Record keeping
- The Link Induction Pack
- Developing a Memorandum of Understanding
- Registering as a charity
- Managing and transferring funds

If a Link is to make an impact and create change it needs to be well coordinated and managed. Getting the right systems in place at the beginning is a good investment. This Chapter considers these important elements:

- Having an effective Link Committee in each partner organisation
- Working in partnership to establish good methods of communication
- Building up the work of Links to create an organisational memory
- Having effective and transparent systems for managing funds

Colour coding has been used throughout the Manual to highlight the sections which are most relevant to each:

-  green for the UK
-  and yellow for the Developing Country (DC) partner.

2.3 Coordinating the Link

Establishing a Link Committee

Formation: Link committees tend to form more easily in the UK organisation as the UK partner often takes a lead on fundraising, without which the Link would have difficulty operating. But if the Link is to be demand driven, then it is vital that the DC organisation has a Link Committee or an effective co-ordinator who communicates regularly with the UK team. The Link should have a core group of people (ideally more than 4) in both the UK and the Developing Country (DC) organisation who oversee and drive the work of the Link forward.

Communication: Regular communication between the two Link Committees - either through the designated Link coordinators or the group via e-mail - is vital to ensure a healthy Link. Link coordinators/ committees should aim to talk regularly to update each other on progress against agreed plans.

Involvement: Some Links choose to have a small committee drawing on volunteers from outside the committee to carry out specific activities (e.g. visits overseas, fundraising and publicity). Other Links have larger committees, ensuring that all individuals who take part in overseas visits become active members of the committee. The latter model ensures the Link management is inclusive and those involved in visits can continue to contribute to other activities. It also helps the Link to become organisationally owned and less susceptible to staff turnover. The Link Committee should feedback to the wider organisation at least once a year to show progress and encourage

ownership of the Link among colleagues and patients (the community).



EXAMPLE

Members of a UK hospital Link Committee

It is important that the **senior management** of the hospital are involved as well as **medical, nursing, academic and administrative staff.**

Enthusiastic individuals can be recruited to supervise particular activities such as fundraising, publicity and finance. Possible composition of the steering group:

- Links Coordinator
- Medical Director/Board member
- Clinician
- Nurse
- Fundraisers
- Treasurer
- Post-graduate Dean (if it involves a medical school)
- Influential lay person / community leader

As the Link grows it might be useful to divide the team up into different sub-committees with separate responsibilities, for example:

- **Work stream leads** - taking forward each of the identified objectives of the Link
- **A secretary or knowledge - management group** - who ensures that records are kept up to date, people have clear terms of reference and give feedback after visits; who produce a briefing pack, etc.

- A fundraising team who take the lead on raising funds (see Chapter 2.9 for further information)
- Monitoring and Evaluation group
- Equipment team - if books and equipment are an important element of your Link
- A communications committee - maybe from the communications department within your trust who can be in charge of publishing articles, producing posters and generally raising awareness of the Link (may only be relevant to UK)



GOOD PRACTICE

Raise awareness and get people involved

- Have a public meeting and talk about the Link. You might want to ask for a short time slot at a meeting which has already gathered people together for another purpose.
- When people are involved in overseas visits, invite them to become part of the Link team as their knowledge will be very valuable.
- Find an opportunity to talk about the Link at a postgraduate weekly meeting and invite people to get involved or donate.
- Invite people to take part: maybe advertise for particular roles and responsibilities within the Link team.
- Use staff newsletters and other information outlets to keep the wider community informed.

2.3 Coordinating the Link

Communication

The importance of good communication between Link partners cannot be overemphasised. Communicating between visits is very important, whether this is to provide feedback on a previous visit, plan for the future, discuss issues, or

provide support through mentoring. If communication breaks down, it can cause one or both partners to become disillusioned, perhaps suspecting that the other partner has lost enthusiasm for the work. A lack of communication can also be an excuse for inactivity for those who

let other priorities take precedence. Both the UK and DC partners need to make an effort to regularly communicate with each other. The following table provides examples of methods you can use to communicate.

MEANS OF COMMUNICATION	THINK ABOUT	TIPS
Telephone	<p>In the UK most people use a fixed telephone line in their office but in many DCs mobile technology is more effective. Exchange the numbers that are the easiest to use.</p> <p>Agree in advance with your organisation if they will allow you to make long distance calls as part of the Link, otherwise opt for a different method. As long distance phone calls can be expensive, you may decide to use other methods of communication.</p> <p>If there are important issues to discuss involving several people and if your phones have a loud speaker, you could think about arranging a teleconference.</p>	<p>UK When calling from the UK you can get cheaper phone calls by using an access code company. Check out the best rates for the country you are calling by putting cheap international calls into a search engine. Alternatively you can buy a calling card offering cheap calls, or even better, use Skype.</p> <p>To make an international call dial '00' or '+' followed by the country code. Sometimes you need to drop the first '0' of the number.</p> <p>DC DC making calls from a DC to the UK can often be more costly than vice versa. If you need to discuss something urgently with your partner, ask them if they might be willing to call you back. Agree a time and day convenient to you both. If you are unable to make international calls let your partner know and agree on a better method of communication.</p>
Skype or instant messaging	<p>If you and your Link partner have a good internet service, you may be able to use systems like Skype which allow you to talk to each other over the internet free of charge.</p>	<p>See www.skype.com to download the programme and see the necessary requirements.</p>
SMS/text message	<p>Mobile technology is proliferating throughout the world and text messages (SMS) via mobile phones can be a cheap, easy and quick way of relaying a brief message to your partner.</p>	<p>If you have sent an important e-mail or are about to courier a document to your Link partner and need to confirm the address, send an SMS to make the recipient aware of this.</p>

Continued on following page...

MEANS OF COMMUNICATION	THINK ABOUT	TIPS
Email	<p>Email is often the communication method of choice in the UK. You may even find people working in the same office communicating via email.</p> <p>If it is checked regularly, email can be useful for sending quick messages and longer documents with attachments.</p> <p>However regular access to a computer and the internet may not be easy in some environments, so before relying on it as a method of communication check that your partner has regular access to it.</p> <p>In DCs, broadband is not usually available. Connections may be slow or unreliable.</p>	<p>UK If you are sending attachments make sure they are compatible with your partners' computer. For example if you are sending a word document and using Microsoft Office 2007, save it in an .doc version so that it can be opened with older software.</p> <p>Be aware that attachments can take a long time to download. Where possible, minimise the size of attachments or avoid sending them by including information in the body of the email instead.</p> <p>DC Viruses can also be a problem when receiving emails. Make sure your computer has an updated anti-virus programme.</p>
Fax	<p>Fax can be useful to send documents if there is a well functioning phone line. You may want to send a printed copy of an email by fax as well to ensure that it reaches the designated person.</p>	<p>Ensure that you get a delivery report to confirm that it has reached the fax machine it was intended for. Fax numbers are dialled in the same configuration as telephone numbers.</p>
Postal letter	<p>You may wish to use 'snail mail' when sending important documents, if a signature is needed (e.g. MOUs), photographs, or just to double check that your partners have a physical copy of any document you have sent using another method.</p>	<p>Remember that postal services can take some time to reach their destination, and allow three to four weeks if you are using a normal service.</p> <p>If it is urgent you may want to use a courier such as DHL who will be able to guarantee when it gets there by. Note that these services can be expensive.</p>



GOOD PRACTICE: Teleconferences

Regular communication between Link organisations is very important, especially if the Link has received project funding. Teleconferences can be an effective way to do this.

After securing funding from DFID's DELPHE scheme administered by the British Council, the Oxford-Dar Link needed to find an effective way to communicate regularly with each other. "We have made weekly teleconferences a key activity for keeping the project going", says Petronella Joy Mwasandube from Ferndown. Project leads from the UK and Tanzania dial in to a set number.

"Our teleconference usually last for an hour. This gives all project leads equal opportunities to discuss, participate and update others on key activities as well as question and agree the way forward. Teleconferencing has proved to be an excellent way to enhance learning and exchanging of ideas and keeping the momentum going."

2.3 Coordinating the Link

Record keeping

Keeping good records is important for organisational memory (remembering what has happened in the past). This in turn is important to avoid duplication and to ensure that new members of the Link know what has happened before their involvement.

Both the UK and DC Link partner should have a folder that is dedicated to the Link and holds the same documents. If you have a meeting and produce minutes make sure to share these with your Link partner. Equally, visit reports should also be shared. The items that your Link folder might contain are:

- Initial correspondence about the Link
- What you have agreed the Link will do. The aims, objectives and activities of the Link
- Any changes or additions to original plans
- Minutes of meetings from both the UK and DC partners
- Visit reports: focusing on activities, outcomes and follow-up from both the UK and DC partner
- Minutes of any Board meetings or presentation about the Link
- Any policy documents / preparation packs for staff travelling with the Link
- Name and contact details of the key people who are involved
- The signed MoU of the Link



REMEMBER!

When corresponding by letter or email send a copy to more than one person from your partner organisation (and copying in your own colleagues too) so that everyone has a record of the communication and it does not end up in an information bottle-neck.

The Link Induction Pack

A Link Induction Pack which provides practical planning information when visiting partners is a vital briefing document. Ideally both UK and DC partners should have their own Induction Packs which are built up over time. This will ensure that Link participants are fully prepared for their visit.

The information in Chapter 2.4 and 2.5 provides specific suggestions of areas which should be addressed in the Induction Pack so cross-refer to these Chapters when developing Link Induction packs. The broad areas you may want to include are:

- The purpose of the Link, what it is trying to achieve and a copy of the latest plans.
- Information about the health sector in the partner country.
- Reports from previous visits, what was done and what was agreed (this will help people to avoid duplicating what has already been done or contradicting what has already been agreed).
- Background of the country - information on the history, geography, politics of the country or local area.

- Advice on planning before you go, including tips on what to pack, booking your flights, immunisations and prophylaxis etc.
- What to expect - helpful tips and advice on facilities, climate, costs of local items and services, cultural differences etc. Photo albums and video-clips are very useful.
- Who pays for what. What expenditures are covered by the Link and how claims should be made.
- What to do in case of emergency.
- Who's who in the partner organisation, including management and all those who have been involved in Link work. Include their contact details.
- Other useful contacts. You could include contact details of other hospitals or doctors in the area, embassies, international NGO's, UN and WHO representatives.
- Key phrases in the local language - perhaps ask one of the Link partners or a member of staff who has already been on a visit to put together a list of useful phrases to learn.
- Risk assessment policy documents and health and safety guidelines. (See Chapter 2).

But don't reinvent the wheel - ask if you can see the Induction Pack of another UK Link partnered with the same country, and adapt this as necessary.

2.3 Coordinating the Link



REMEMBER!

Give those involved in Link visits a chance to contribute towards and update the Induction Pack after each visit.

Developing a Memorandum of Understanding (MoU)

It is good practice to devise an MoU between Link partners which defines some of the broad principles within which you agree to work together.

A clear MoU sets out the parameters of the relationship and makes it clear who is responsible for what. It will aid those involved in managing and implementing the Link. The MoU should be a living document which is regularly reviewed and updated by both parties. An MoU could be drafted during the initial planning visit but it may be better to refine it and sign it when the partnership is better established.



FIND OUT MORE

Refer to Appendix 6 for a sample MoU.

Registering as a UK Charity

Some Links choose to register as a charity in the UK. Some of the main advantages of being registered as a charity are:

- Tax relief on donations
- Being eligible to receive funds from a wider range of grant-making trusts
- Increased legitimacy

However, registering as a charity can be a complicated and bureaucratic process which doesn't end here. Once you have registered, there are strict guidelines around governance and management which need to be adhered to. Every charity has to have a governing document that sets out its objects and how it is to be administered. A charity which is set up as a Trust will also need to have a Board of Trustees.

UK

FIND OUT MORE

A charity is a not-for-profit organisation that undertakes activities which contribute to society and is registered by the Charity Commission, which acts as a regulator. Once registered, all charities have to obey a number of rules, which include regulations covering trustees, accounts, finances and management. The Commission now offers an on-line application service, introduced to make the whole process quicker and easier. Further information can be obtained from:

www.charityfacts.org
www.charitycommission.gov.uk

Making the decision whether to register your Link as a charity will be a case of weighing the financial advantages associated with charity status against the administrative disadvantages. The benefits of charity status are mostly financial (i.e. claiming tax back on donations) and this will depend on the size and budget of the Link.

"I would advise Links to register as a Charity as soon as it is apparent that the Link is feasible and sustainable"

Dr Cath Taylor,
Pont-Mbale Link.

Some NHS and university organisations however, may be opposed to staff members becoming involved in work-related charities. Charity status could result in the Link being perceived as something separate and not embedded in the organisation. Your organisation may already have charity status and support as well as a number of individual projects which the Link could also become part of, without the need to register as a separate charity. You will need to make the decision according to the individual circumstances.

Managing and transferring funds

Any funds raised for Link activities need to be kept in a bank account. If you are applying for grants from larger donors they will want to see evidence of your banking and accountability procedures so it is good practice to establish effective systems from the start, even when the amounts you are managing may seem small.

Most Links find that it is the UK partner who manages the bulk of the finances (as this tends to be where money is raised). The UK partner makes transfers overseas when needed. Some Links have their own designated charity bank

2.3 Coordinating the Link

account for the Link and others ask the finance department of their organisation to manage the funds. If you manage funds through the NHS, fundraising and financial management should be carried out in accordance with both national and local NHS policy and local Standing Financial Instructions and Standing Orders. If you set up a charity account, the

Charity Commission sets national rules (www.charity-commission.gov.uk) and the National Council for Voluntary Organisations can also provide advice. Whichever approach you choose, ensure that you have transparent systems and provide a regular summary of accounts to both Link Committees. Be aware of the financial risks of fluctuations in foreign exchange rates when holding cash in foreign currencies.

UK

GOOD PRACTICE

Transferring funds to the DC partner

- Before making a transfer, agree a budget that shows how the money will be spent. This should be split into budget lines relating to individual activities.
- Money should be sent according to the agreed budget.
- Transfers can be made to the DC organisation bank account (although some accountants don't like this as it looks like there is more money coming in to the organisation which may displace other government funds). Find out if there are other bank accounts for donations that can be used and ensure that it will be easy to withdraw the money before making the transfer. Avoid transferring funds to an individual's bank account as both parties will be criticized for this and it may raise suspicion.
- If the Link needs to open its own bank account, ensure there are two signatories on the account. Ideally one of whom will be directly responsible for the day-to-day running of the project and the other person will be overseeing the work. Both persons should be affiliated with your partner organisations. Banks may make charges, so ensure you are notified of these in advance.
- Remember to keep statements, transaction sheets and all receipts so that you can compile accurate financial records and account for funds you have been given.



CHAPTER CHECKLIST

- ✓ Establish an effective Link Committee to manage the Link within each partner organisation.
- ✓ Find appropriate methods and lines of communication.
- ✓ Keep good records for your Link and make them accessible to all those involved.
- ✓ Create an Induction Pack for visits to your overseas partner which is updated regularly.
- ✓ Develop an MoU between your two organisations to formalise the Link.
- ✓ Ensure effective and transparent management of funds.

Photograph (right): John MacDermot, Somaliland



**Health leaders of tomorrow
- trained with the help of
repeated Link visits.**

2.4 Visits to the Developing Country organisation



In this Chapter:

- Who should be involved?
- Visit duration and time off
- Preparation for the visit
- Practical information for visits and Link Induction Pack
- Dos and Don'ts overseas
- Follow-up after visits

Training visits are likely to be a key part of your Link which will help you to achieve the Link objectives.

Working face to face, sharing ideas and collaborating with others can be a very enriching experience for all those involved. This Chapter talks you through some of the logistical issues when planning visits from the UK to the Developing Country (DC) organisation. While this Chapter is mostly aimed at UK partners, issues around planning are also relevant to the DC. Chapter 2.5 looks at visits from DC partners to the UK.

Colour coding has been used throughout the Manual to highlight the sections which are most relevant to each:

-  green for the UK
-  and yellow for the Developing Country (DC) partner.

2.4 Visits to the Developing Country organisation

Who should be involved?

“There are so many [within the hospice movement] who still feel that coming to a Developing Country to lecture is sufficient. However their lectures are frequently not suitable to our conditions here. Also, the attitude of “we know it all and are giving it to you” is not accepted too well.”

Dr Anne Merriman,
founder of Hospice Africa.

During the initial planning visit (as described in Chapter 2.2), objectives and activities for the Link will have been agreed. These will give the UK partner an indication of the areas of expertise needed by the Developing Country (DC) organisation. But how do you go about selecting the appropriate people to support the plans?

Recruiting the right people will primarily be the responsibility of the UK partner, but it is important to share their CVs with the DC partner, who can ensure their expertise is what is required.

In some cases the appropriate person to go will be obvious. In other cases the objectives or work-streams of the Link may be broader than the expertise of those on the UK Link Committee itself. In this case, one option is to openly recruit

interested people from within the organisation, creating an opportunity for those with the appropriate expertise to apply. This is also a good way to get new members of staff involved and promote your Link. Candidates should be interviewed and selected according to their suitability for the work and environment.

In addition to expertise, some personal qualities to look out for in potential candidates are:

- Flexibility to adjust working arrangements and plans according to demand
- Personable, sensitive and open-minded
- Happy to work in a difficult environment
- Accepting of different cultural practices.

UK

CASE STUDY

Recruiting for overseas visit participants

“We wanted to make the recruitment process open, to allow new people to be involved with the Link. An email was sent to everyone in the Trust, advertising the Link and the expertise required at the time. Those who were interested were asked to fill in an application form which detailed their experience in key areas: training, teaching experience and overseas work. We got an overwhelming response: over 75 people expressed an interest and 45 submitted an application form.

The main advantages of recruiting this way was that we became aware of people who had the skills, experience and passion for this sort of work. Shortlisting and selection was difficult but we recruited both junior and senior staff from various disciplines. We also found that a significant number of applicants were willing to pay for all or part of their visit costs in order to be involved.

Of the eight involved in the first year, seven of them have remained very involved in the ongoing development of the Link as Committee members.

The one mistake that we made was not engaging the unsuccessful applicants in the work of the Link. Maybe we should have been clearer that applicants who were not successful at this stage would potentially have the opportunity to go later on, or could be involved in other aspects of the Link Committee.”

Dr Dave Baillie, East London Foundation Trust – Butabika Link

2.4 Visits to the Developing Country organisation

When you are recruiting, remember that:

- The visit will not just be a case of turning up and giving lectures about how things could or should be done. It is about **working closely with colleagues**, understanding their environment, their constraints and supporting them to make the changes they want to make.
- It is not always necessary for only the most senior staff to be involved. Those at the beginning of their careers may have a lot to contribute as well.
- The work of the Link is likely to involve the whole health team (from lab technicians to hospital managers), so **get the most appropriate expertise** to respond to the demands of the partners.
- Visits should usually be undertaken in teams of 2 to 4 people. On the initial visits it is recommended that at least one member of the team was involved in the initial planning visit (Chapter 2.2) or has experience of working in a developing country. After the Link is established, at least **one member of the team should already be familiar with the DC partner** to brief the others.
- Each member of the team should have their own **individual objectives**.

- **Longer visits often have the most significant impact.** If individuals with the appropriate expertise are interested in taking time out (e.g. 3 months to a year), this should be encouraged.
- Change happens slowly and those that are prepared to be **involved in the Link in the long term** (not just through visits) are most likely to make an important contribution.

UK

REMEMBER!

Once your Link has selected people with the skills required by the DC partner, share their CVs and application forms with your DC partner to get their approval.

UK

CASE STUDY

The benefits of including younger doctors in a visit

Alexander Finlayson and Simon Little, a house officer and a senior house officer from King's College Hospital, took part in a visit to Link partners in Somaliland. Part of the remit of the Link was to work with junior doctors.

"During early years as a doctor it is very difficult to pursue any interest in international health without disrupting training. This trip gave just that opportunity", says Simon.

Alexander agrees, "As house officers we worked closely with interns, something which was particularly useful as we could share our cross-cultural experiences of being a junior doctor. To be surrounded by such an inspirational selection of colleagues and students was a real privilege for someone at my age and stage in a medical career. I have always wanted to pursue a career in academic medicine in developing countries. This trip has served as a significant boost along that trajectory. I have learned about the application of western medicine in a minimal resource environment and the role of innovative idea conception and execution in contributing to medicine in that context. As if this was not enough we also had a tremendous opportunity to learn about tropical medicine."

Their work has led to the launch of an e-learning resource for interns in Somaliland.

2.4 Visits to the Developing Country organisation

Visit duration and time off

Duration:

For new visitors it takes at least a week to become familiar with the environment and understand what their contribution can be. Many find that a lot of their work takes place in the second week. Remember you need to factor in time to debrief with partners and plan for future work. A visit of less than 2 weeks may not always be appropriate. The exception might be when the person or team who are going are:

- Very familiar with the partner organisation
- Going with very specific objectives and the partner has agreed the work can be delivered in a shorter time

Time off:

Some NHS Trusts and universities allow staff to use study or special leave for Link visits. If so, you should have an agreed policy with the management on staff entitlements to take paid time off. Organisations that do not make any special leave arrangements for their time overseas will jeopardise the sustainability of the Link. If an agreement on leave arrangements is made, bear in mind that different ranks of staff may have different leave entitlements. This may affect their ability to get involved with the Link. If those involved have clinical responsibilities, locums may need to be found, so visits need to be planned well in advance.

UK

DID YOU KNOW?

The Wales Assembly Government instructs all NHS organisations to demonstrate their commitment to overseas Links and Millennium Development Goals by allowing visits, secondments and exchanges to be options available to all the NHS employees.

See:

[www.wales.nhs.uk/documents/WHC\(2006\)070.pdf](http://www.wales.nhs.uk/documents/WHC(2006)070.pdf)

Longer visits:

DC partners often report that longer visits are the most useful, but it is often difficult for UK partners in full time jobs to get more time off. Some Links combine short, targeted visits with longer-term placements, where volunteers may go out for 3 months or more. Individuals may choose to do this through a career break or after retirement.

UK

CASE STUDY

Study leave processes, the Sefton/Chiro Health Link

Undertaking a 'health needs assessment' to assess the viability of developing a partnership between NHS Sefton and Chiro Hospital, West Hararge, Ethiopia required an overseas visit of two weeks. Such an organisation-to-organisation partnership required NHS Sefton to follow internal human resources processes.

The project was funded by NHS Sefton with support from THET's seed corn funding. It fulfilled the organisation's external training and development policy, particularly in relation to general career development and fulfilment of personal goals.

2.4 Visits to the Developing Country organisation

UK

CASE STUDY

What can be achieved in just two weeks?

"Sometimes people are sceptical about what can be achieved of real benefit in a two week visit, particularly if it is your first visit. If the visit is properly planned the answer is an awful lot. You have to remember that the people working in skilled positions in your partner organisation may be carrying out multiple roles single-handedly; roles which would be carried out by a team of people in the UK. They may, for example, be well capable of carrying out specific periods of training for their own staff, but because of their workload, just do not have the time.

People from the UK can provide short periods of very necessary training in a variety of subject areas, as long as they are ready to undertake such tasks immediately following arrival and are able to complete the task prior to their departure. All this takes planning and the establishment of regular communication between the UK and the overseas hospitals.

The resources necessary to transfer a small team to your partner organisation can be considerable, so it is important to make it worthwhile! Talk, plan and prepare. "

Dr Ian Holtby, involved in the Middlesbrough-Lilongwe Link

Preparation for the visit

It is important to plan well in advance of a visit, ideally at least 3 months. Objectives will have been set for the visit but you will need to agree on activities and plan them. Here are some tips on planning:

Planning checklist for visits to the DC organisation

	DC DEVELOPING COUNTRY PARTNER	UK UK PARTNER
Planning for the visit	<ul style="list-style-type: none"> Build on the work of the previous planning visits (see Chapter 2.2). Review objectives and agree activities to be carried out during the visit. Put these down in writing and share them. Agree on an appropriate time for the visit to take place that suits both your timetables and does not coincide with a busy time when everyone is tied up in other work. Avoid religious festivals, public holidays and exam times. 	
Before arrival	<ul style="list-style-type: none"> Share details of the planned visit with colleagues throughout your organisation including the Director's office. Discuss the best use of the visitors' time. Ensure that staff who will be involved in training from the Link partners are informed at least two weeks before the visit takes place and take measures to ensure that people can attend. 	<ul style="list-style-type: none"> Spend time talking to some of the people you will be working with overseas. Exchange emails or talk on the phone. Share objectives and the activities of your visit, along with your dates of travel with the UK Link Committee and colleagues overseas. Your visit will form part of a previously agreed objective or workstream of the Link. Make sure you are familiar with why these areas have been prioritised, what visits (if any) have taken place in the past and speak to those who have been involved previously.

2.4 Visits to the Developing Country organisation

Planning checklist for visits to the DC organisation

	DC DEVELOPING COUNTRY PARTNER	UK UK PARTNER
Before arrival	<ul style="list-style-type: none"> • Communicate with your partners and let them know what exactly you will expect them to do - ideally with a timetable that they can feed into - so they can prepare adequately. • Arrange accommodation for the visitors - ideally in a guest house close to your organisation. Inform colleagues when you have done this. 	<ul style="list-style-type: none"> • If your Link has a pre-departure induction meeting make sure you take part in this. • Ensure that all participants sign any documents that are a requirement for undertaking visits as part of the Link.
On arrival	<ul style="list-style-type: none"> • If colleagues are arriving at an airport close to your organisation, arrange to have a vehicle meet them on arrival. But if the airport is some distance away inform them of the best way to reach you (e.g. taxi and bus) with directions and ideal times of travel. • Once they arrive, arrange for them to meet key people and become familiarised with the organisation. • Review the objectives of the visit, the timetable of activities and ensure that you agree and that they are realistic. 	<ul style="list-style-type: none"> • If you are being collected, make sure you have the person's contact details in case you can't find them on arrival. • Appoint one member of the team as the visit leader. They can act as the main point of contact and should keep note of any general issues about the Link raised during the visit. • Have the address of your partner organisation to make your own way there in case of emergency.
Planning workshops and training	<ul style="list-style-type: none"> • Remind people about any activities they will be involved in and the times of any formal trainings to ensure that they attend. • Help visitors prepare any handout notes or any stationery they need. • Work with partners to discuss what teaching methods will be the most appropriate. • Discuss feedback forms and other monitoring methods you are going to use. 	<ul style="list-style-type: none"> • Prepare to be flexible and adapt along the way. Things do not always go to plan. • Be ready to listen to your host, acknowledge what inputs they make and how the prepared objectives/ activities will be best carried out. • Conditions on the ground may be very different to the scenarios constructed from previous correspondence. Be prepared to be flexible. • Support rather than direct.
Feedback on visit and future planning	<ul style="list-style-type: none"> • At the end of each week make time to review what has been done so far, what has been successful and what has not worked so well • Use the planned outcomes as a basis for evaluating the visit and learning for the future (jointly with your partners) • Discuss how to take work forward • Agree and plan future activities 	

2.4 Visits to the Developing Country Organisation

Practical information for visits and Link Induction Pack

Each Link should have its own Induction Pack which is updated on a regular basis and provides specific information to visitors. Once the Link is established, the Induction Packs should provide all the information necessary to plan a visit. For new Links and those developing Induction Packs, the following table has some useful advice:

UK	INFORMATION	TIPS	TO INCLUDE IN THE INDUCTION PACK
Context assessment	You will need to have an understanding of the context in which your partner or potential Link partner works in order to have an understanding of the operating environment. This is to minimise risk as well as to see how you are best able to engage with your partner.	<ul style="list-style-type: none"> • Check with local partners and international NGOs for contextual information. • Websites such as FCO, CIA factbook, Reliefweb, Reuters Alertnet and other news sites are good sources of up-to-date contextual information. • Ensure that partners will give a contextual briefing on arrival. 	<ul style="list-style-type: none"> • Give a summary of contextual information in the Induction Pack, to include geopolitical, historical and economic information, as well as background to any conflict dynamics. • Complement this written information with a pre-departure and arrival contextual briefing.
Risk assessment	The risks in an environment are a function of both the context and the role you and your partners are perceived to play in it. Accurate risk assessment allows you to prepare for and mitigate against risks. This both reduces the likelihood of being exposed to a particular threat, as well as helping you to deal with it should the risk occur.	<ul style="list-style-type: none"> • THET's <i>Risk and Security Guidelines for THET staff</i> and Links give details of how to conduct a risk assessment. • Inform your insurance provider of risk assessment procedures. This can sometimes reduce your insurance premium. • Ensure staff are aware of the risk environment they are entering, and know what measures to adopt. 	<ul style="list-style-type: none"> • Give an overview of risk assessment within the Induction Pack. • The Induction Pack should list the most prevalent threats identified by the risk assessment along with measures to mitigate. • Include a security overview/advice pack.
Passports	You will need to check well in advance that you have a full, valid passport with at least three months validity. If a visa is required you will need at least one blank page remaining.	<ul style="list-style-type: none"> • You can check the entry requirements of the country that you are travelling to on the FCO website www.fco.gov.uk. • The FCO website also provides useful information for what to do if your passport is lost or stolen during your visit. • Scan or photocopy your passport and either email it to yourself or give it to a colleague. If your passport goes missing this will make it easier. 	<ul style="list-style-type: none"> • Tell staff if the country they are travelling to requires their passport to be valid for a certain period of time after the trip or have a certain number of blank pages in it. • Include information in the Induction Pack about what staff should do if their passport goes missing. Include contact numbers for the British Embassy in the country.

Continued on following page...

UK	INFORMATION	TIPS	TO INCLUDE IN THE INDUCTION PACK
Passports		<ul style="list-style-type: none"> If you are going to a potentially dangerous area, it might be worth registering your trip with the British Embassy in country (or relevant embassy for non-UK nationals). Where a British Embassy is not present, all EU countries have reciprocal arrangements with each other, so registration at another EU embassy would be possible. 	
Visas	<p>To enter most countries outside the EU you will require a visa. Notable exceptions are: Malawi, South Africa, Gambia and Botswana, but check before travelling. You may be able to get a visa on arrival, usually payable in US\$, or you may be required to get it in advance from the embassy. UK nationals are rarely rejected in response to a visa application, but the process could take several weeks (and require you to submit your passport) so plan in advance. Some travel agencies can arrange this for a fee. If you have the choice of getting the visa on arrival (e.g. Uganda, Ethiopia) this is usually easier and sometimes cheaper.</p>	<ul style="list-style-type: none"> You will often be given a tick-box option to choose tourist or business visa. A business visa is for any individual undertaking business or any work (this usually includes voluntary work). If your Link travels overseas many times a year you may want to develop a relationship with the embassy of your partner's country. Inform them of your work, share MoUs and they may grant you free visas. Some countries, such as Malawi, have an exit fee. Ensure you have enough money set aside for this. Consult the embassy website for details on obtaining visas and costs. The Foreign and Commonwealth Office (FCO) website provides contact details for all foreign embassies in the UK, both in London and outside: www.fco.gov.uk/en/about-the-fco/what-we-do/building-strong-relationships-ol/foreign-embassy-uk 	<ul style="list-style-type: none"> Provide information on whether a visa is needed, the best way to get it and how much it costs. Have copies of the visa application form accessible. If you have a special arrangement with the embassy, let people know what they need to do to get the visa. Provide embassy information and contact details.

Continued on following page...

2.4 Visits to the Developing Country organisation

UK	INFORMATION	TIPS	TO INCLUDE IN THE INDUCTION PACK
<p>Booking flights</p>	<p>As money for flights will generally come from fundraising activities using public funds, it is important to get the best deals. Book in advance, and search around for the cheapest flights. Avoid peak seasons, such as the end of December and July and August which tend to be more expensive.</p>	<ul style="list-style-type: none"> • Check out travel comparison websites such as www.travelsupermarket.com for the best prices. • When booking flights check if it is a flexible fare, allowing you to change the dates if necessary, or if you can get a refund if the visit can't go ahead. • Some specialist travel agencies can occasionally offer discounted tickets and extra baggage allowance. See www.keytravel.co.uk. 	<ul style="list-style-type: none"> • Give a guide on how much flights should normally cost. • Provide details on the booking arrangements - should the individual travelling do it or will the Link coordinator arrange travel? • Ensure that different members of the team all travel on the same flights. • Include specific advice on where to check for flights and who should be responsible for purchasing the ticket.
<p>Injections and prophylaxis</p>	<p>Ensure that your immunisations are up to date and appropriate for the country you are visiting. The nurse at your GPs office will be able to tell you what you need. The full range of injections can be a significant expense so ensure that you are clear who is paying for this. Has your Link agreed to cover this or will you pick up the cost?</p> <p>In a malarial area, prophylaxis is recommended. There are many different drug types to choose from - get advice from your GP. Barrier prophylaxis such as mosquito nets and repellent should be used in conjunction with antimalarial drugs.</p>	<ul style="list-style-type: none"> • Visit your GP for your injections -they can provide some injections free of charge while a travel clinic will not. • Many injections may need to be given up to 2 months in advance to be effective so don't leave it to the last minute! • Injections such as rabies are optional. If you are working in a hospital setting you may not need this. • Some countries may require you to show your yellow fever certificate on entry. It is valid for 10 years so ensure you keep it safely. If you have lost it you may be able to get your practice to re-issue a certificate. • Some antimalarial drugs require you to start treatment a few weeks before departure, so plan in advance. This will also allow you to see if you suffer from any adverse side effects. 	<ul style="list-style-type: none"> • Ensure you have a policy on who pays for injections - is it the individual, the Link or a shared cost? Bear in mind that many injections last for several years and those who are well travelled are likely to already have the full range of injections needed. • Have a Link policy about whether optional injections such as rabies are necessary. It is expensive and is only recommended for those travelling to endemic areas or those who will be based in remote areas.

Continued on following page...

2.4 Visits to the Developing Country organisation

UK	INFORMATION	TIPS	TO INCLUDE IN THE INDUCTION PACK
<p>Health and Safety</p>	<p>Most trips run smoothly and your partner organisation is likely to do everything possible to make your stay an unforgettable experience. However it is important to take some precautions just in case and ensure not to put yourself at unnecessary risk.</p>	<ul style="list-style-type: none"> • Be sensible but not neurotic about the food you consume. Try to drink only bottled water and do not eat reheated food. • Take the necessary precautions in hot climates. Drink lots of water. • Consider the risks you may encounter and how to reduce these, see Chapter 2.1. 	<ul style="list-style-type: none"> • Have HIV PEP packs/ 1st aid kits for staff to take if they are likely to be at risk. • Ensure that the Link Coordinator is signed up to FCO updates for your partner's country to be up to date with security issues. • Ensure that your Link has considered risk and due diligence issues (see Chapter 2.10) • Where possible provide information on recommended local bus, car hire, taxis and in-country flight information.
<p>Money</p>	<p>Carry a mixture of cash (£ and US\$) and credit card with you - but if you are based in a rural area do not rely on your credit card. Travellers cheques may be an option if you are taking large amounts of money, but they are often more complicated to change and have a less favourable exchange rate than cash.</p> <p>For an average 2 week visit it is unlikely that you will need more than £400 spending money. You are likely to be staying in cheap accommodation, or be put up by the partner hospital, and be eating in local restaurants.</p>	<ul style="list-style-type: none"> • In most countries £s are as easy to change as any other currency, although you may need some US\$ for on-arrival or departure visas. • Depending on the country, reasonable expenses may be around £20-£25 a day plus additional visa and travel costs, such as internal flights. • Some countries have official and unofficial exchange rates; find out where to get the best deals. • If expenses are going to be claimed back, it is essential for travellers to keep receipts. 	<ul style="list-style-type: none"> • Have a policy on what costs are covered by the Link and which ones aren't: expensive hotels/ first class travel/ alcohol? • Tell visitors how visit expenses should be accounted for. Do staff need to record and keep receipts for all expenditures? • You may have different policies for different staff members e.g. higher paid staff members cover own costs, while lower paid ones have costs subsidised. • Information on best places to change money while in country. • Precautions to take when carrying money.

Continued on following page...

2.4 Visits to the Developing Country organisation

UK	INFORMATION	TIPS	TO INCLUDE IN THE INDUCTION PACK
<p>Baggage and what to take</p>	<p>Find out from Link partners and previous visitors what is appropriate clothing and what you need to take.</p> <p>You will usually be able to purchase any personal items you need overseas and the lighter you travel the better. Remember to leave room for books, teaching equipment and resource material for your partners.</p>	<ul style="list-style-type: none"> • Find out what the airline baggage allowance is. The standard allowance is 25kg although some airlines e.g. Ethiopian Airlines give around 45kg - this will allow you to take additional books or equipment with you. • You may want to take a laptop to write up your work while there and prepare teaching and handouts. 	<ul style="list-style-type: none"> • Give guidelines on appropriate clothing, equipment to take and any necessary items that cannot be bought locally. • Provide information on limits to baggage allowance and excess charges that may apply. • Provide information on any import restrictions on particular goods.
<p>Insurance</p>	<p>Differing types of insurance will be required when conducting visits overseas. For nurses registered with the RW, indemnity and liability insurance gives worldwide coverage.</p> <p>Doctors are advised to contact their own professional insurance company (MDU or MPS).</p> <p>Appropriate travel and medical insurance that will cover the visit is required. See Chapter 2.11.</p>	<ul style="list-style-type: none"> • Contact your current provider of indemnity insurance prior to the trip. • Consider taking out a Worldwide group travel insurance policy to cover your Link for visits and placements overseas. • Take out a group medical insurance policy that will cover your Link for visits and placements overseas. • Having appropriate risk assessment procedures in place can reduce your insurance premium (see risk assessment section above). • Some countries are excluded from most worldwide insurance packages. These are usually linked to FCO advice. Check with your insurance provider and FCO website for potential exclusion areas. 	<ul style="list-style-type: none"> • Have a policy on insurance and a trusted supplier. If visitors have their own yearly insurance policy check that it provides the appropriate cover. Refer to Chapter 2.11 for further information. • Induction Packs should remind participants of the need to contact their current provider of indemnity insurance. • Give details of travel and medical insurance cover and conditions • Give details of main risks associated with country/region of visits, along with mitigation measures. • Prepare quick reference cards as part of the Induction Pack, to include insurance details and key contact numbers and procedures.

Continued on following page...

2.4 Visits to the Developing Country organisation

UK	INFORMATION	TIPS	TO INCLUDE IN THE INDUCTION PACK
<p>Communication</p>	<p>Any sizeable town is likely to have an internet cafe and you may be able to access it at your host organisation. But power shortages and slow internet speeds may interrupt you.</p> <p>It is a good idea to have a local mobile phone. All your partners will have one and it will allow them to communicate easily with you.</p>	<ul style="list-style-type: none"> • Get a mobile phone that is not locked to a network and buy a local sim card. In most countries they are cheap and easily available and you will have a variety of networks to choose from. • Pass the sim card on to the next set of Link visitors. Bear in mind the cards often only stay active for between 1-6 months when not in use so consider lending it to a local friend to keep it active in between visits. • Much of the anglophone world has the same electrical plugs as the UK so you may not need an adaptor plug. Load shedding may mean that there is not always electricity though! • Constantly back up information on laptops and computers on flash drives. • Leave-in country contact details with friends and family at home. 	<ul style="list-style-type: none"> • Have a policy on how and when visitors should make contact. Who will be the contact person? Have an all-hours number in case of emergency. • Have a mobile phone and sim card for the Link so that visitors can be contacted when needed. • Copy of contact numbers in UK as well as contacts in DC should be left with the family/friends before the visit by the Link visitors.
<p>Accommodation</p>	<p>Get your DC partners to arrange this for you or make a recommendation.</p>	<ul style="list-style-type: none"> • Remember that your Link is using public funds and you cannot justify staying in the most expensive accommodation. 	<ul style="list-style-type: none"> • Include tips on recommended hotels/ guest houses, price guides, etc.
<p>In case of emergency</p>	<p>Most trips run completely smoothly but it is better to take some precautions in case of an emergency.</p> <p>If you lose your passport the process of getting a new one will be made a lot easier if you know the passport number. Report it lost or stolen immediately and the Embassy or High Commission will be able to help you to get a replacement.</p> <p>If an accident or emergency occurs, it is important to know who to contact and the steps to take.</p>	<ul style="list-style-type: none"> • Give a copy of your passport to your Link coordinator and keep a photocopy yourself. You can even scan it in and email it to yourself. • Have an established emergency procedure to cover potential scenarios. • Ensure you know your blood type and that someone on your team is also aware. 	<ul style="list-style-type: none"> • Have an agreed emergency procedure which your Link staff should adhere to. • Include a list of in-country emergency contact numbers such as the High Commission, local hospitals covered by insurance, other local contacts, etc.

Continued on following page...

2.4 Visits to the Developing Country Organisation

UK	INFORMATION	TIPS	TO INCLUDE IN THE INDUCTION PACK
Professional registration	<p>If you are going to be doing hands-on work check whether you will need to register with the professional registration authority and whether your insurance covers you.</p> <p>Most countries have their own professional registration authorities and you may be required to obtain registration in the host country before being able to engage in any form of clinical practice. Where there is no registration system it is usual for UK professional registration to be valid.</p> <p>You will need to practise in accordance with the laws of the country to which you are going.</p>	<ul style="list-style-type: none"> • Contact the Ministry of Health about this, your regulator in the UK or the Professional Bodies. Alternatively speak to other Links who have been involved in similar work in your partner country. • Inform your current provider of professional indemnity insurance prior to departure. • Verification of registration may be needed. Your professional registration authority can provide this. You should contact them well in advance to obtain this and they may charge a fee. 	<ul style="list-style-type: none"> • Consult with your overseas partner as to whether in-country registration with the professional registration authority is required, and if so include information on how this can be done. • Include information about whether verification of this is needed. • For non-English speaking countries it may be necessary to have professional registration documents translated in advance. • Include information about any codes of practice that apply and any limits to practice.

Dos and Don'ts overseas in the DC

Remember that when you are overseas you are an ambassador for your Link and the UK. Ensure that you conduct yourself in a respectful way. Most of this is obvious but....

DO...	DON'T...
<p>Be aware that English is likely to be a second language for many colleagues overseas. So if you are giving a talk or lecture remember to:</p> <ul style="list-style-type: none"> • Speak slowly and clearly • Produce handouts or visual aids to accompany any classes you teach. (Consider taking CD-ROMs with you rather than allowing others to download files from your computer to a memory stick as computer viruses are a major problem). • Do not use jargon as this may not be understood. • Where possible choose to work in smaller groups as it will be easier for people to follow. • Teach any classes in conjunction with a local counterpart, and they can help you understand the best ways to engage students. Local input also provides valuable insight into local contexts both in terms of presentation and management of disease. • Make an effort with the language and learn basic greetings. 	<p>Be critical of cultural differences in the treatment of patients, even if they are difficult or unfamiliar to you. For example in the UK, illness is a private affair and so confidentiality is of utmost importance. A visitor overseas may be surprised that this is not maintained to the same degree and want to encourage it. In some cultures privacy may not be held in such high regard and people do not mind sharing their problems more widely, or even expect to share things in a group. There may also be logistics to consider; if staff are short, a group consultation may be the only option.</p>

2.4 Visits to the Developing Country organisation

Dos and Don'ts overseas (Continued)

DO...	DON'T...
<p>Make an effort to build friendships with colleagues overseas, and spend time getting to know them and the local environment. Exchange contact details and continue to communicate in between visits. Taking photographs of your family with you can be a useful icebreaker and identify your personal role as well as your professional one.</p>	<p>Criticise your partner organisation or the work of colleagues overseas. They often do a commendable job within the available resources. This does not mean that you should not advocate change and change is not possible. See Chapter 2.7 for more on identifying and overcoming barriers to change.</p>
<p>Get a briefing from your local partner and other key contacts on arrival. Do some research on where you are going. Use resources such as</p> <ul style="list-style-type: none"> • www.fco.gov.uk/en/internet resources • www.cia.gov/library/publications/the-World-factbook • www.reliefweb.int/rw/dbc.nsf/doc100? OpenForm • www.alertnet.org <p>You may also wish to contact local diaspora groups.</p>	<p>Get disheartened. It is sometimes easy to feel that you and the Link are not making any difference at all. In truth the Link is unlikely to be able to turn your partner's difficulties round even in a few years. The Link is only a small factor in a complex web, but your encouragement and motivation is important. Ensure that monitoring and evaluation are undertaken as part of the Link work as this will help you to understand the differences you are making.</p>
<p>Provide certificates for any training or new skills. In many countries, certificates are very important and it will help with morale. If your training doesn't fit in to any other formal arrangements you can produce certificates yourself with the Link logo on it.</p>	<p>Emphasise your holiday. If you are planning to prolong your stay after your visit be careful not to overemphasise this, as it could be seen as the only reason why you are visiting.</p>
<p>Be aware of cultural differences and norms. For example in a Muslim country it may not be appropriate for men and women to shake hands, and women may be required to wear head scarves. People tend to be formal in work contexts. Hierarchy is often also very important, so find out who you need to pay courtesy visits to at the beginning.</p>	<p>Make promises you will not be able to keep. This will raise expectations and cause disappointment when you have not been able to achieve these.</p>
<p>Ask colleagues to provide feedback on your work, what aspects have been particularly useful, and what has not been so good. This will help you to plan better for the future. Student and trainee feedback is as important as senior colleagues'.</p>	

2.4 Visits to the Developing Country organisation



FIND OUT MORE

THET has produced guidelines for ethical considerations when taking photographs as part of your Link. You can find these on THET's website www.thet.org.uk

Follow-up after visits

A single Link visit, on its own, is not likely to produce long-term and important changes. It will need to be integrated into a series of activities agreed by both partners which will contribute towards the achievement of a Link objective.

At the end of the visit you will need to jointly reflect on what has been achieved and what further activities the Link needs to deliver. This may include further exchange visits, mentoring, support or equipment provisions.

The follow-up report

It will be important to compile a visit report, both for the purpose of sharing information within your Link and for monitoring purposes. If possible, this should be jointly owned by UK and DC partners. You might want to develop a standard report format for all your Link participants to use. All visitors will need to produce a report.

It will also be important to share visit reports with overseas colleagues and other members of your Link Committee. Encourage those who have been involved in visits to give verbal feedback to the Link Committee and be involved in future planning of the Link. The end of a visit should not be seen as the end of the work. Indeed it confers particular

responsibilities on you to sustain the work that has been generated by the visit.



REMEMBER!

Draft the report very soon after, or, even better, during the visit and journey back - otherwise it can so easily get grossly delayed as normal life pressures reassert themselves!

Refer to Appendix 7 for a sample report templates

Useful headings for your report might include:

- Brief description of the Link
- Overall objectives
- Background to visit
- Visit objectives
- Activities undertaken (factual summary with dates)
- Results (data including number and names of people trained; analysis of pre and post test results) see *M&E Toolkit* for further information (p89)
- Were objectives achieved?
- Barriers or problems encountered
- Lessons learned
- Future objectives, planning and responsibilities.

Think about what follow up is needed: it may be appropriate for a colleague from your Link partner to come for training in the UK, or perhaps another visit is needed to follow up on the work in 6 months or 1 year's time.

Mentoring and communication should take place between visits and colleagues will appreciate continuing communication with you so that they can feel supported. If you do not follow-up with colleagues overseas it will cause disillusionment and undo any good work that was done during the visit.

UK

CASE STUDY

Health Link Malawi's debriefing process

"When staff return from visits to Malawi we offer each team member a post-placement health check and debrief.

During the debrief we encourage people to talk about their experience of the visit, both negative and positive. The feedback is used to inform and improve preparation for future groups. In addition, if any emotional support is needed we can refer them to the appropriate person.

This need arose from one of the first groups to go out in 2006/7 which comprised two midwives who had not previously encountered such high levels of maternal death. This identified that psychological preparation is vital to ensure that staff get the most from their placements as they will encounter significant cultural and health-related differences. Our experience has shown that when some group members do not know each other before spending 3 weeks in close proximity, having a chance to meet socially prior to travel can make a real difference to team bonding.

The debrief process also involves identifying any health issues that occurred whilst on placement, e.g. illnesses, use of HIV PEP pack, and ensuring any health surveillance is carried out where risks have been identified, e.g. schistosomiasis."

Jude Rowley, UHCW for Health Link Malawi

UK

CASE STUDY

Keeping up the momentum after visits

"The return journey from a visit to a Link hospital can be an exhilarating experience, particularly if this has been a first visit. Working for a short while in a different environment, meeting new people and taking in a new perspective on health care can help stimulate the creation of a list of good intentions, things to do on return to UK to help our African Link partners.

Then comes the return to work, the backlog of things to get through. The visit to the partner hospital becomes a distant memory and the need to carry out those promises becomes less than pressing.

You should try to avoid this situation; it will slow progress of the work and let partners down. When the next visit to the Link hospital finally comes round, little will have been done, which will demoralise you and your partners.

It is important to **establish a realistic timetable of actions needed on return to UK.**

Communication, support and mentoring in between your visits will be as important to colleagues overseas as the visit itself. Before you leave agree with colleagues what the best way to communicate with them is. Make sure you send them a copy of your visit report, your agreed actions, and continue to communicate and see how the work is going."

Dr Ian Holtby, involved in the Middlesbrough-Lilongwe Link

2.4 Visits to the Developing Country Organisation



CHAPTER CHECKLIST

- ✓ Start planning the visit well in advance - at the very least 3 months ahead.
- ✓ Discuss with your DC partner the objectives of the visit and whether they would benefit from senior or junior staff, new visitors or continuity of Link members.
- ✓ Have agreed and a written down set of aims and intended outcomes for the visit.
- ✓ Decide who will be going on the visit - consider carrying out an open recruitment process.
- ✓ Take out appropriate medical & travel insurance, or ensure that individuals have adequate cover. Ensure that staff inform their current provider of indemnity insurance of the trip.
- ✓ Create an Induction Pack for staff going on the visit including:
 - Practical advice for planning the trip.
 - Terms of Reference and Link Policies.
 - Contextual & Risk Assessment.
- ✓ Discuss cultural dos and don'ts with staff before they leave.
- ✓ Create a post-visit report template for returning staff to fill in and hold a debriefing session to collect feedback and updates. Write visit reports during visits and on the way home so they don't get delayed.
- ✓ Evaluate the outcomes of the visit and learn the lessons.

Photograph (right): Hannah Maule-ffinck, Uganda



The main currency of a Link is not money, but SKILLS. And each shared skill is a long-term asset for development.

2.5 Visits to the UK organisation

In this Chapter...



- **When are visits to the UK a good idea**
- **Who should be involved**
- **Visit duration and time off**
- **Preparation for the visit**
- **Practical information and Link Induction Pack**
- **Dos and Don'ts in the UK**
- **Follow-up after visits**

Targeted training visits for select staff from the Developing Country (DC) organisation to the UK can help provide new ideas, develop the partnership and motivate people.

In order for the visits to have a wider impact they need to be carefully planned and involve those who can adapt the ideas and systems they see in the UK to the local context in which they work.

This Chapter addresses issues for those planning and undertaking visits to the UK and covers issues relevant to both the UK and DC organisation.

Colour coding has been used throughout the Manual to highlight the sections which are most relevant to each:

-  green for the UK
-  and yellow for the Developing Country (DC) partner.

2.5 Visits to the UK organisation

When are visits to the UK a good idea?

“One of the most important things I learnt from my visit was that we could do better. The Link allowed us to see ourselves in a mirror, and gave us the opportunity to pick and adopt the structures, skills and procedures that are relevant to us.”

Hamidu Abdulai,
pharmacist, Tamale Hospital in Ghana.

Visits to the UK inevitably cost more due to higher living costs. Fewer individuals from the DC organisation benefit directly from training and therefore some Links question if this is the best use of resources.

Those individuals involved in exchange visits to the UK will only have a wider impact on their organisation if they are able to draw on the knowledge and experiences in the UK and adapt this to their work. If the right people are selected to be involved in the visits with well defined objectives they can have a significant impact and also strengthen the understanding and commitment between partners in the UK and the DC. It can also have a significant impact on morale and motivation of DC organisation staff, where there they may feel valued and supported in their work.

Visits to the UK are most appropriate when the Link is trying to develop new services which are not available locally or strengthen existing ones. Exposure to a UK health care environment can provide new ideas which can be adapted to the local context.

Visits to the UK should be signed off by the head of the DC partner organisation. Bear in mind the risk of losing staff to the brain drain if visits are not carefully justified and well planned.

DC REMINDER!

While in the UK it is useful to try and find any relevant conferences, professional bodies, etc which you may be interested in attending.



CASE STUDY

Training in the UK

Two senior mental health nurses from Zomba Mental Hospital in Malawi participated in a Link training visit to gain skills in non-pharmacological interventions in the UK. The active partnership between the Department of Health Sciences at University of York and the Zomba Mental Health Link enabled the nurses to enrol as guest students and attend a module on psychosocial interventions for patients with psychosis.

The nurses were able to access the taught component of the course, as well as the library, IT resources and tutorial support. The focus was on patient-centred and family approaches. The two Malawian nurses found that it was readily applicable to their work in Zomba. They also made a significant contribution to providing UK students with a wider cross-cultural perspective on their clinical work and environments.

2.5 Visits to the UK organisation

Who should be involved?

The initial planning stages of the Link (Chapter 2.2) will have identified priority areas which will be the focus of the Link. Visits to the UK might be the most appropriate way of addressing some of these areas. Sometimes the people involved in the visit to the UK will be obvious: there may be a limited number of people who do a particular job or are enthusiastic or motivated to take the work forward. When there are several potential candidates there will need to be an open recruitment process which will primarily be the responsibility of the DC organisation.

Some personal characteristics you may want to look out for are:

- Committed individuals - they have shown strong commitment to the organisation, the department and the patients/ students, have a life in the country and no strong aspirations to work/ live in the UK
- Problem solvers - they are able to see solutions to problems and overcome them rather than becoming disillusioned
- Enthusiastic and adaptable individuals

DC REMEMBER!

Those involved in training visits to the UK should be selected on the basis of what they will be able to contribute on return to the organisation, not on personal ties or benefits. The head of the DC organisation should approve such visits personally.

Visit duration and time off

While visits from UK partners tend to be of around 2 weeks, many visits from DC partners to the UK tend to be for slightly longer periods (an average of 4 weeks but some have been up to 6 months). This is because those involved will need to adapt and absorb as much as possible from the learning opportunities available to them.

The visit duration will be determined by the activities to be carried out in the UK and the ability of DC staff to continue the work of the health workers who are away on training visits.



REMEMBER!

There is often an opportunity cost of external training for health workers. Will their gain in knowledge and subsequent improvements in practice be sufficient to justify the time spent away from the clinical setting?



CASE STUDY

Training in the UK

Sometimes the relevance of training in the UK is questioned. Only a few people can be involved from the DC organisation and they will be unlikely to be able to do any hands-on work. The context is also very different. Will there be any lasting impact back at the DC organisation? If the right people are chosen and receive the right type of exposure in the UK and support upon their return, the impact of the visit may be significant. This impact may not always be related to the direct objectives of the visit.

Elias Byaruhanga, a Psychiatric Clinical Officer from Uganda, says “What I noticed in the UK was how health care was centred on the patient. Everything about their condition, the treatment and their options was explained to them. Because of this they understood better and left feeling happier. I realised we didn’t do that in the same way, but it would be easy to change our practice. I now take time to explain things better to my patients and their carers as well as encouraging colleagues and students working with me to do the same. They get a better service now because of it.”

Dr Margaret Mungherera, Consultant Psychiatrist, Uganda, says “At the time I went to the UK with the Link through THET, I had just finished my training in Psychiatry. As there were no Forensic Psychiatrists in Uganda at the time, I was selected to go to the UK to do an eight week forensics placement. What I learned in the UK has helped me in my career and to improve the health services for mental health patients in Uganda. On my return I was given sole responsibility for designing the new forensic unit of Butabika Hospital in Kampala, for which I drew on my experiences from the UK. Butabika Hospital had no clinical psychologists or psychiatric social workers at the time I left for UK. I had heard and read about the multi-disciplinary care but I had never seen it practiced; I therefore only knew it in theory. In the UK I saw how this worked and was able to integrate it into our work. I saw the need to involve nurses in the Link to train them in modern skills of psychiatric nursing, and this is what we did. And later I worked with THET to develop a project for in-service training of nursing and other staff. I was also able to make a useful contribution to the Ministry of Health concept paper justifying the need for a Mental Health Act based on knowledge from the UK. My short experience in the UK helped me to bring about many changes in forensic psychiatric services in Uganda.”

2.5 Visits to the UK organisation

Preparation for the visit

Planning checklist for visits to the UK organisation

	DC DEVELOPING COUNTRY PARTNER	UK UK PARTNER
Planning for the visit	<ul style="list-style-type: none"> Establish exact objectives for the visit. Discuss these with your partner. The UK organisation should develop a visit timetable. Inform all the relevant people, especially managers and directors, of the training visit. Get written agreement from the head of your organisation. Look into any relevant conferences or relevant short courses which could also be combined with the visit. 	
Before arrival	<ul style="list-style-type: none"> Ensure that you have all the required papers for release from your organisation, have arranged your visa and have a valid passport. Liaise with your UK partner for travel arrangements and who will meet you on arrival. 	<ul style="list-style-type: none"> Find suitable accommodation for the visitors. This may be in staff/ student accommodation or some Links have invited visitors to stay in staff homes. Hotels often tend to be too costly. Inform all relevant people.
On arrival	<ul style="list-style-type: none"> Ensure you have enough money and at least two contact numbers and an address in case you can't find the person to meet you at the airport. Be aware of what arrangements have been made to collect you from the airport. If you need to use public transport get precise instructions. 	<ul style="list-style-type: none"> Arriving in the UK for the first time can be very daunting, especially at busy airports. Make sure that someone is there to meet your visitors, take them to their accommodation and make sure that they settle in. If the Link is providing visitors with per diem allowances, make sure that they are aware of this on arrival. Most Links have provided around £100 a week to cover food and other expenses, in addition to accommodation. Ensure that visitors receive an induction to your organisation, meet all the relevant people and have some social activities planned.
Learning and training	<ul style="list-style-type: none"> Take notes. These will be invaluable to jog your memory back at your place of work and for sharing your learning with colleagues. Ask as many questions as possible. Don't be shy, this is what the visit is for and it will also show your enthusiasm. Always be on time for meetings and other arrangements! Be ready to support your UK partners by meeting their colleagues and managers - you are an important advocate for the value of the Link! 	<ul style="list-style-type: none"> Review training with partners on a regular basis to ensure that it meets their expectations and make any amendments to plans if necessary.
Feedback on visit and future planning	<ul style="list-style-type: none"> At end of visit the UK partner should, if possible, accompany the DC visitors to the airport and see them safely through to the departure lounge. Jointly plan the future and set your future targets. Take copies of any learning or training materials back with you. 	

Practical Information and Link induction Pack

Each Link should have its own Induction Pack which is updated on a regular basis and provides specific information to visitors. Once the Link is established the Induction Packs should provide all the information necessary to plan a visit. But for new Links and those developing Induction Packs, the following table has some useful advice:

DC	GENERAL INFORMATION	TIPS AND ADVICE FOR INDUCTION PACK
Context assessment	<ul style="list-style-type: none"> You will need to have an understanding of the context in which your UK partner works in order to have an understanding of the operating environment at the organisation. Ask your UK partner for information. The BBC website is a good source of information on UK events www.bbc.co.uk Ask your UK partner to give you a contextual briefing on arrival. 	<ul style="list-style-type: none"> Give a summary of contextual information in the Induction pack, this should include a guide to the local area i.e. What are the demographics like, is it an urban or rural area? Are there any parts of the local area that have a high crime rate? Although the UK is a stable country, certain areas, in particular inner cities can have areas that are unsafe at night.
Risk assessment	<ul style="list-style-type: none"> In order to minimise risk ask your UK partner to provide an overview of security issues. THET's <i>Risk and Security Guidelines for THET staff and Links</i> give details of how to conduct a risk assessment. Ensure staff are aware of any risks in the environment they are entering, and know what measures to adopt. 	<ul style="list-style-type: none"> Give an overview of risk assessment within the Induction Pack. Induction pack should list the most prevalent threats identified by the risk assessment along with measures to mitigate. Accurate risk assessment allows you to prepare for and mitigate against risks. This both reduces the likelihood of being exposed to a particular threat, as well as helping you to deal with it should the risk occur.
Passports	<ul style="list-style-type: none"> You need a valid passport with at least six months validity remaining to travel. If you do not already have one you will need to arrange this well in advance. You will also need a visa. 	<ul style="list-style-type: none"> If you are planning to travel apply for a passport as soon as possible.

Continued on following page...

2.5 Visits to the UK organisation

	GENERAL INFORMATION	TIPS AND ADVICE FOR INDUCTION PACK
Visas	<ul style="list-style-type: none"> You will need a visa to enter the UK. Apply for this from your nearest British High Commission/ Embassy. Do this several months in advance of your visit as it can take a long time to process. Your flight will not be booked until your visa has been approved. Ask your UK partners and the Director of your hospital to write support letters. Securing a visitor's visa to the UK has become increasingly difficult. Make sure you submit all the required documents. 	<p>Ask your UK partners to write you a letter of invitation in order to support your visa application. In it they will need to state:</p> <ul style="list-style-type: none"> Reasons for the visit Who is funding it What the visit duration is State that this is part of an organisational Link <p>They should write it on headed paper from their organisation and send a copy to you and another copy directly to the High Commission/Embassy.</p>
Booking flights	<ul style="list-style-type: none"> Agree with your UK partners who will book and pay for the tickets. As many airlines now offer electronic tickets it is possible for the UK partner to book the flights. Try and avoid visits during the most expensive peak times. Find the cheapest airfares. Don't book the flight until the visa has been secured as if the visitor doesn't get this you may have wasted a flight. 	<p>If possible try to arrange your time of travel outside the popular holidays of Christmas and Easter. This will often mean cheaper flights and more people around. Prioritise also the warmer summer months as this will make the visit more enjoyable.</p> <p>Charity travel agent KeyTravel occasionally offers competitive flexible flights for charities with extra baggage allowance and date changes. Check with them to see how the rates compare.</p>
Health and safety	<p>Working with children will automatically need a Criminal Records Bureau (CRB) check first which often takes a long time.</p> <p>You may also require a hepatitis screen and occupational health check by the receiving hospital.</p>	<ul style="list-style-type: none"> Ask your UK partner to inform people of any relevant checks they will need to undertake. Ensure that you have some money with you (at least £100) on arrival in case of an emergency.
Money	<p>The cost of Living in the UK will be substantially higher than in your home country. Be clear on who will provide the subsistence costs and make sure that visitors are clear how much they will receive in advance. The subsistence money provided should cover essentials while in the UK. Make it clear to participants that they will not be returning home with any additional money. This will be around £80-£150 a week in addition to accommodation costs.</p>	<ul style="list-style-type: none"> Eating out in the UK is expensive. Ask your Link partners to show you where the local supermarkets are. Often staff canteens provide subsidised food. Provide visitors with an initial amount before travelling in case of emergency.

Continued on following page...

2.5 Visits to the UK organisation

	GENERAL INFORMATION	TIPS AND ADVICE FOR INDUCTION PACK
Baggage and what to take	<p>It is best to travel as lightly as possible as this will give you space to bring any equipment or books back with you. Most airlines only give 20 or 25kg baggage allowance plus 7-10kgs carry-on luggage and they will charge a lot of money if you go over the allowance. The UK may be much colder than your country, depending on the time of year. Make sure you take appropriate clothing. October to March tend to be the coldest months and expect it to rain at any time of year. Get advice from your UK partners on suitable clothing.</p> <p>Let people know what airline baggage allowances are for checked in and hand luggage.</p>	<ul style="list-style-type: none"> • Ask your UK partners if they are able to provide visitors with some warm clothing (e.g. coats/ jackets, gloves, boots) to avoid purchasing new items. • Travel light on the way out. • Do not exceed the airline baggage allowance on your return as excess baggage is charged at very high rates. • Weigh your bags before travelling. • If you have some spare room ask your UK Link partners if there are any books/ equipment that needs to be taken back to your home organisation.
Insurance	<p>The NHS will only cover the health care needs of non-EU patients in medical emergencies. Repatriation costs will not be covered. It is advisable to take out appropriate travel insurance which will cover you in case of a medical emergency.</p>	<ul style="list-style-type: none"> • Find out about relevant travel insurance.
Communication	<p>If you have a mobile phone which is not tied to a particular network, it should be able to accept a UK SIM card. <i>Pay as You Go</i> sim cards are cheap, although calls overseas can be very expensive. See Chapter 2.3 which gives details of communication.</p>	<ul style="list-style-type: none"> • Ask your UK Link partners where you can get a UK sim card from. • Share your number with both UK and colleagues and family back home. • Stay in email contact with staff at your home organisations to let them know how you are getting on.
Accommodation	<p>Check with your UK partner that they are arranging accommodation for you and what facilities you have access to.</p>	<ul style="list-style-type: none"> • Find out the address and telephone number of your accommodation before arriving so that you can find it in case of emergency.
In case of emergency	<p>Establish who you should contact in case of an emergency. Have the telephone numbers of at least two contacts with you at all times.</p>	<ul style="list-style-type: none"> • The UK emergency services (ambulances/ police/ firemen) can be contacted by dialling 999 on any phone.
Professional registration	<p>It is unlikely that you will be able to do any 'hands-on' work whilst in the UK as you need to go through a process of accreditation. Therefore much of your work will be limited to observation.</p>	<ul style="list-style-type: none"> • You will probably need to go through an occupational health check at the UK partner organisation. Ask them what this involves.

2.5 Visits to the UK organisation

Dos and Don'ts in the UK

WHILE IN THE UK DO...	WHILE IN THE UK DON'T...
Ask as many questions as you need to and gather as much information as possible. Remember this is a learning opportunity for you and the more enthusiastic you are, the more you will get out of it.	Don't forget your time-keeping - people in the UK tend to be very punctual. If you have a meeting try to arrive at least 5 minutes early for it. If you are half an hour late the meeting may be over and it won't reflect well on you.
Find out what relevant conferences or workshops are happening and see if you might be able to attend.	Don't travel without letting your UK partners know where you are going and give them the contact details .
Praise the Link and explain why it matters to you and your DC colleagues. You are an important ambassador for the Link.	

Follow-up after visits

Before the end of your visit to the UK, sit down with the colleagues you have been working with and review your visit. Reflect on some of the things that you have learnt and which you may want to do differently on return home. Develop a plan of action for your return to your home organisation, do this jointly with your partners. This will give you a joint vision, and give your UK partners an indication of how they can help to support you further. Your UK partners will learn from your insight.

The next steps are to:

- **Write a visit report** focussing on the key things you learnt during your time in the UK, think about how these are relevant and can be adapted to your home context. Share that report with your UK partners. Relate how your visit contributes towards the ongoing aims and objectives of the Link.
- **Meet with your managers to share what you learnt.** Are there any changes you think are worth implementing and why. How can these changes be managed?
- **Run a session** for colleagues to share your learning and get them involved in any changes you are planning.
- **Set objectives for change** which can be followed up with your UK partner on their next visit.
- **Suggest any further training** you think you or your colleagues may benefit from. Some of this may involve further training in your own country or neighbouring countries rather than further visits to the UK.
- **Update the Induction pack** for future colleagues who will be travelling to the UK.
- **Keep in regular contact** with your UK partners, ask them for advice and support when you are implementing changes.

DC

CASE STUDY

“I went on a Link visit to England to get exposure to community mental health care in the UK in order to improve mental health care delivery in Mbarara, Uganda. I was able to learn a lot as the services are well developed with good resources, adequate staffing levels and care is provided within a standardised delivery system. Most things are well organised, people are serious with time-keeping and very committed to work.

I would advise those undertaking a similar visit, to be aware that the working environment and delivery of services in the UK is quite different but one should be open minded, ready to learn and pick what is relevant and apply this to develop and improve services at home. While on the surface there is a higher standard of living and pay in the UK, one should endeavour to return and work to improve the situation at home.”

Elias Byaruhanga,
Psychiatric Clinical officer,
Mbarara, Uganda



CHAPTER CHECKLIST

- ✓ Decide whether the objectives of the Link can be met with visits to the UK.
- ✓ Develop specific objectives for each visit that can only be met by visiting the UK.
- ✓ Ensure that the best people are involved in the visits. Ensure each one is signed off personally by the head of DC organisation, bearing in mind the risk of adding to the brain drain.
- ✓ Develop a visit schedule and tie this in with any conferences or other training opportunities.
- ✓ Use the visit to further strengthen relations between your two organisations, review how the partnership is developing and whether the MoU requires review.
- ✓ Plan and make travel arrangements well in advance.

2.6 Building on the work of exchange visits



In this Chapter:

- Mentoring and support
- Equipment and book donations
- Monitoring and evaluation
- Joint Research; disseminating and publishing your work

The strength of Links is in their continuity and sustained support over time. This will involve direct training visits but of equal importance is the support, encouragement and mentoring that takes place between the direct visits and contact sessions.

In addition, monitoring and evaluating the progress of your Link is important to determine whether the agreed objectives are being achieved. You should also consider sharing information about your work and any lessons learned. This Chapter gives you ideas and guidance about these issues.

Colour coding has been used throughout the Manual to highlight the sections which are most relevant to each:

-  green for the UK
-  and yellow for the Developing Country (DC) partner.

2.6 Building on the work of exchange visits

Mentoring and support

Mentoring is an arrangement whereby one person supports another to develop their skills, improve their performance and maximise their potential. Mentoring is more than just giving advice. It is also about motivating and empowering the other partner to identify their own issues and goals and helping them find ways to achieve these.

Health worker shortages in DCs often mean that many professionals find themselves working in relative isolation. Their UK counterparts tend to work in a much larger team receiving support from many colleagues. Mentoring can help to provide DC partners with the professional support they need.

If you have been involved in working closely with a colleague from your partner organisation during an exchange visit, it may be helpful to continue the relationship through mentoring or seeking other support such as advice, contacts or references when needed.

DC

REMEMBER!

If you do not have colleagues who can support you professionally maybe someone from your Link partner could provide remote support.

Establish what you may want from the relationship. Perhaps they might be able to talk through some difficult cases with you, advice on how to take your work forward, or share relevant books and articles with you.

Ask around and find someone who has the time to help you, establish the best method for communication, and call on them whenever you need their help. Even if you /they have not been directly involved in exchange visits or your areas have not been identified as key focus areas for the Link, you may still be able to receive support through mentoring.

See also the Telemedicine Links on p131.

Equipment and book donations

Occasionally, it may be appropriate to send equipment, books or journals from the UK to the DC organisation. If planned correctly, this can be of enormous benefit to the DC partner and can help alleviate some of the problems associated with working in a resource-poor environment. However, before doing this, it is important to consider the following:

- **Has the DC partner requested it?** Developing countries are not a dumping ground for old equipment, books or computers.
- **Are they relevant to the agreed needs of the partner?** Ancient journals or outdated text books are likely to be of little use.
- **Is the item suitable** for the DC partner's requirements? Are spare parts and consumables available locally? Is there the technical back-up that may be required? Should surge protectors be used to protect the item against fluctuations in the local electricity grid?
- **Does the equipment comply with national guidelines?**
- **Is it possible to purchase the item locally**, is this cheaper rate than the shipping costs? Remember, purchasing locally also contributes to the local economy.

2.6 Building on the work of exchange visits



CASE STUDY

Donated equipment

Action Zambia is a UK registered Charity which supports the work of the Link between Leeds Partnerships NHS Foundation Trust and Chainama Hills College Hospital. Chainama Hospital is the only mental health hospital in the country serving some 12 million people.

The physical environment and general patient amenities are poor and staff requested assistance to improve both aspects. The charity is in a working partnership with the hospital management team and the Link to complement the hospital's own planned renovation work.

As this work is aimed at the fabric of the buildings, the charity has focused on providing pieces of equipment which were specifically requested. This included beds and mattresses and IT equipment to enable the Link to establish a learning lab and video conferencing facility.

The charity has also purchased an industrial-sized washing machine for the hospital laundry department which did not have one that worked. The model was selected by the hospital and purchased and shipped from the UK, as it could be bought much cheaper in the UK than in Africa.

Future plans are to support the development of therapeutic occupational activities (e.g. gardening, carpentry and chicken rearing) which will equip patients to be more independent on discharge and aid social integration.

UK

FIND OUT MORE

Equipment and book donations

- Refer to Appendix 8 for further health information resources. These are targeted at sharing up-to-date information in DC. This includes the HINARI programme, TALC, HIFA2015 knowledge network and many more.
- THET's guidance sheets on *Making Donations and Shipping Donations* are available from www.thet.org.uk.
- The WHO advocates for four underlying principles of good practice when transferring equipment:
 - 1) Health care equipment donations should benefit the recipient to the maximum extent possible.
 - 2) Donations should be given with due respect for the wishes and authority of the recipient, and in conformity with government policies and administrative arrangements of the recipient country.
 - 3) There should be no double standard in quality. If the quality of an item is unacceptable in the donor country, it is also unacceptable as a donation.
 - 4) There should be effective communication between the donor and the recipient, with all donations made according to a plan formulated by both parties.
- Refer to the WHO Guidelines for Health care Equipment Donations. www.who.int/hac/techguidance/pht/1_equipment%20donationbuletin82WHO.pdf
- Also consult the Appropriate Health Technology Group guidelines available at: www.conferences.theiet.org/aht

Monitoring and evaluation (M&E)

Monitoring and evaluating the work of the Link may seem less of a priority than the actual activities you are undertaking. Many Links, pressed for time and resources, have tended to push it aside. It can also seem hard to measure change and attribute the Link as the causal factor for this change when there are so many other variables.

But good monitoring and evaluation is vital if the Link is going to make an impact. It will help the Link improve its work and show others it is worth investing in. Getting it right from the start is important: if you stated your outcomes 'SMART'-ly during the initial planning process (see p46) it will be easier to evaluate later on.

THET has developed an excellent *M&E Toolkit*⁵ especially aimed at helping Links to monitor and evaluate their work. Links are advised to consult a copy during the early planning stages of a Link, factoring evaluation in right from the beginning.



FIND OUT MORE

Monitoring and Evaluation Toolkit

What Difference are we Making? A Toolkit on Monitoring and Evaluation for Health Links, by Mya Gordon and Caroline Potts.

This Toolkit, designed especially to help Health Links evaluate their work, makes the sometimes complicated task of evaluation look easy. It is divided into six easy-to-follow chapters:

1. Monitoring and Evaluation in Context
2. Planning to Monitor a Link Project
3. Practical Tools for Collecting Data
4. Tips on Analysing Data and Writing Reports
5. Designing an Evaluation of a Link
6. Follow-up to Evaluations

The Toolkit was published in 2008 and is available for download from THET's website or hard copies can be purchased from www.cpibookdelivery.com/our-books/tropical-health-and-education-trust at a cost of £10.50 a copy.

Joint research; disseminating and publishing your work

The work you are doing is likely to be relevant to other people. You should consider how your work can be shared with others and what the best way of doing this is.

Developing countries tend not to have the same tradition of doing research or writing papers as in the UK. Many journals have a northern-centric approach and there is a bias to anglophone publications. If something of interest is emerging from your Link, discuss the possibility of developing joint research collaborations. This can be presented as another dimension of partnership.

There are two types of papers you may think about publishing. The first is a descriptive study sharing experiences from your Link: what you did, how you did it and any changes that resulted because of it. This will allow others doing similar work to learn from your experiences and promote Health Links.



FIND OUT MORE

Leather *et al.* **Working together to rebuild health care in post-conflict Somaliland**, *The Lancet* 2006, vol. 368, no9541 pp. 1119-1125

Baillie *et al.* **NHS Links: Achievements of a scheme between one London Mental Health Trust and Uganda** *Psychiatric Bulletin* Accepted 7 July 2008

⁵ *What Difference are we Making? A Toolkit on Monitoring and Evaluation for Health*, by Mya Gordon and Caroline Potts.

2.6 Building on the work of exchange visits

The second type of paper is collaborative research. This may involve working together to look at locally relevant disease patterns, treatment protocols or services.

What type of research is important? Research should be encouraged that:

- **Improves clinical treatment.**
- **Stimulates planning** e.g. by generating statistics and a better understanding of the burden of disease.
- **Measures outcome** so that you can see the effect of the intervention.
- **Develops services** through operational research.
- **Develops people** that uses and develops local skills wherever possible.



FIND OUT MORE

Walker et al. **Eosinophilic glomerulonephritis in children in South Western Uganda** *Kidney International* 2007, vol. 71, 569-573.

Alemu S , Prevett M **Treatment of Epilepsy in Rural Ethiopia: 2 Year Follow-up**, 2004, *Ethiop.J.Health Dev.* Vol 18(1):31-34

Carter E, Yifru S, Archdeacon C, Barbrook C, Gebremedhin M, **Setting Up Clinical Audit in Gondar Hospital, Ethiopia**, 2008. *Ethiop Med J, Vol. 46, No.3*

Target your paper at the most relevant journals. Each journal's website normally has instructions for authors with writing and submission guidelines. Many journals also have online versions which are more substantive than the paper versions. Most of the general medical journals are keen to draw attention to global health challenges/issues and can do so in a variety of guises - not just substantive papers. Many of these have news sections and sites where people can post blogs about their experience and views. This is also another avenue for drawing attention to your Link.

Remember that THET can also promote and share your work through our e-bulletins. So if you have a story to share please email us on info@thet.org



CHAPTER CHECKLIST

- ✓ Effective communication is one of the most important aspects of Links.
- ✓ Keep accurate records of the work of the Link and share them with partners.
- ✓ Monitoring and Evaluation should be high up the agenda. Make sure you have a copy of THET's *M&E Toolkit*.
- ✓ Where possible, try to publish your work and develop joint research programmes.

Photograph (right): John MacDermot, Somaliland

Without trained and motivated health workers, the Millenium Development Goals will never be met.



2.7 Managing change

In this Chapter:

- Barriers preventing change
- Supporting change
- Putting learning into practice

Some factors may exist which prevent desired changes from happening. Potential barriers to change need to be identified before any activities take place or are planned.

This Chapter helps you to identify some of the barriers which may prevent change and how these can be overcome.

2.7 Managing change

Barriers preventing change

On their own, short training sessions rarely result in long-term changes in practice. The Link should be forward-thinking and plan ongoing training, support and mentoring in order to enable change.

Barriers to change may need to be addressed before change happens. It is important to be aware that a Link can demotivate and disillusion people if they are not able to put the knowledge and skills they acquire into practice.

When establishing the objectives and undertaking the activities of a Link (as described in Chapter 2.2), it is vital to consider whether the environment will enable change to take place. For example, are the opportunities available for people to apply what they have learned? Are the people involved in the training actually the ones who will implement, support and oversee the change?

The following factors should be considered before carrying out any training activities:

- Are those involved motivated individuals who are efficient at getting things done and able to motivate and encourage others to generate change?
- Consider the suitability and relevance of the desired changes (covered under the R (relevance) of SMART in Chapter 2.2). Are those who identified the need for change also the ones who will be involved in implementing them? Do those who need to implement change also see the relevance?
- Is there an enabling environment where the right equipment and resources are available to implement the changes?

2.7 Managing change

The following table considers each of these factors and suggests steps the Link can take to enable the desired changes to happen:

Addressing the barriers that prevent change from happening

FACTOR	THINK ABOUT	PREPARATORY STEPS THAT MAY NEED TO BE TAKEN...
<p>Motivation of individuals and teams to create change</p>	<ul style="list-style-type: none"> • Motivation for change must come from within. Who is driving the change? Is it a top-down or bottom-up decision? • Is there a strong local champion who can implement change and motivate others to follow? • Do the people being trained believe that change is necessary? Are they motivated to do something about it? • Is there buy-in from staff? Are there incentives for those who create change, possibilities for promotion, higher salaries, or further training? 	<ul style="list-style-type: none"> • Identify pro-active people who will be able to drive forward the desired changes - these won't always be people at the top. Involve them in the decision-making processes. • Empower people to be drivers of change. Giving people responsibilities, supporting and encouraging self-belief are excellent ways to make ambitious people flourish. Link activities, especially support and training visits by DC staff to the UK have proven to be a means of encouraging this. • Is it relevant to discuss promotions and formal qualifications through the Link?
<p>Relevance of the training</p>	<ul style="list-style-type: none"> • Is the training relevant to the local context? Does it take into account constraints e.g. resource shortages? • Are participants able to understand and see the relevance of the training? • Do they see how this might bring about changes for the better? <p>Remember that the aim is not to replicate what the UK does, but to learn from this and see how it can be relevant and adapted to the local context.</p>	<ul style="list-style-type: none"> • Before planning any training the UK partners need to be aware of the local context. What challenges and constraints exist? • Remember that shortages of health workers in many DCs mean that they will not have the same time/patient ratio as in the UK. Drugs and diagnostic tests may not always be available. There may be limited access to equipment. • If you plan to deliver any teaching, ensure it is made relevant with practical examples.
<p>Systems in place to encourage change</p>	<ul style="list-style-type: none"> • Will the DC partner (or the UK partner) make the necessary arrangements to allow those being trained to put knowledge into practice? <p>For example, if the Link is training nurses in a particular skill (e.g. paediatrics) has the matron agreed that they will not be rotated to a different ward three months later, filling their places with untrained nurses?</p> <p>If the tutors of a nurses' training college are being trained to deliver more interactive and problem-based teaching, will they have access to the required resources e.g. a functional clinical skills room?</p>	<ul style="list-style-type: none"> • Factor in all the inputs needed to put the training into practice. Who will provide them? <p>If there are ongoing costs, it should be the DC who provides them, as it is not sustainable for the UK partners to do so. One-off costs (e.g. equipment) may be supported by the UK partner. If people are not able to use their newly acquired skills they may end up being more frustrated and de-motivated than before.</p>

2.7 Managing change

Supporting change

Follow-up after any Link training activity is important. At the time of the training everyone may have good intentions but these are easily forgotten after returning to a busy work schedule. Ask yourself what the training will allow you to do better than before? **Creating an action plan and a system of reminders** is important to help enable change.

An action plan may typically involve four levels:

1. Immediate changes in practice
2. Changes that will be implemented in the next three months
3. Changes you hope to see in the next year
4. Identifying further training which may be needed or who else may require training



REMEMBER!

Build an understanding across the Link of what factors have encouraged and/or prevented change and feed this understanding into your monitoring and evaluation activities. This will help you learn from these opportunities and enable you to do better in future.



FIND OUT MORE

Refer to *What Difference are we Making? A Monitoring and Evaluation Toolkit*. THET, 2008. See p89.

CASE STUDIES

	DC LINKS PARTICIPANTS	UK LINKS PARTICIPANTS
<p>Learning was put into practice</p> <p>Change happened</p>	<p>The Link between Butabika Hospital, Uganda, and East London Foundation Trust has enabled three new services to open with specialised staff, including a drug and alcohol treatment unit, post traumatic stress ward and a children's day unit. The new wards had been planned and built before the Link became involved, but there were no specialised staff to manage or run them. The Link provided placements in the UK (of three and six months duration) for four staff from Butabika Hospital. There was support and training from the UK staff in Uganda both before and after the long placement. At the children's ward training was only provided in Uganda followed by support and mentoring.</p> <p>Favourable factors:</p> <ul style="list-style-type: none"> • The new services were planned and the infrastructure was in place, yet staff still needed to develop specialist skills to work in these wards. • Those who were selected for training were motivated and the training further encouraged them to work hard to see results. • The staff have remained on these wards to use their new skills. 	<p>An evaluation at King's College Hospital London identified a UK Link participant who had changed his outpatient services following involvement with a TB programme in Zimbabwe.</p> <p>In rural Zimbabwe, TB services are nurse led, with doctors only making the initial diagnosis. TB services at King's College were, at the time, led by consultants. After working in Zimbabwe, the consultant set about changing the service at King's College. He provided training for nurses and they were able to prescribe treatment.</p> <p>This has transformed the outpatient service and has benefited everyone. The patients are happier because they do not have to wait for clinic appointments just to pick up drugs. The doctors also have more time to spend with the patients at the time of diagnosis. The patient outcomes are the same and the Trust saves money.</p> <p>Favourable factors:</p> <ul style="list-style-type: none"> • The person involved had decision-making power. He was able to implement changes in practice based on learning from the DC partner. • Exposure to work in the DC partner was directly relevant to practice in the home organisation.

Continued on following page...

CASE STUDIES



	DC LINKS PARTICIPANTS	UK LINKS PARTICIPANTS
<p>Learning was not put into practice</p> <p>Change did not happen</p>	<p>Link A, had the remit of providing on-the-job training to improve the surgical skills of medical officers. An inter-professional team from the UK travelled to their Link partner once a year for three years to provide on-the-job training while supporting service delivery.</p> <p>However, because of high staff turnover rates, on each visit they encountered new medical officers and there were no visible improvements in the quality of care.</p> <p>The Link then decided to train some of the medical officers (those who looked like they would stay in post) to become trainers, so that they could update the skills of new medical officers.</p> <p>Four medical officers were selected and given advanced training to be trainers over a one week period. There was subsequently no evidence that those trained to be trainers actually undertook this role.</p> <p>Limiting factors:</p> <ul style="list-style-type: none"> • No systems or support structures to encourage this. • No incentives to become trainers or teach others. • Did not tie in with national plans. 	<p>Participant B from the UK was involved in helping to provide mental health training to Link partners in Sudan. As it was her first time working abroad, she was fascinated by people's perspectives and ways of thinking about mental health issues. As her understanding of the cultural values and society increased, she became increasingly aware of this influence. She felt that she was learning a lot more than she was able to contribute. However, she felt concerned about some of the language and attitudes of others she travelled with, but she did not participate in exploring those issues.</p> <p>On her return to the UK she didn't feel that she could draw on any of this learning. Her patients were mostly white British nationals. Had her work been with a more ethnically diverse community from similar backgrounds to those of the Link partner, she would have been able to draw more heavily on this learning and understand her clients' needs better. Exposure did, however, allow her reflect on care given. When she later moved to an ethnically diverse area she was able to draw on her learning more directly.</p> <p>Limiting factors:</p> <ul style="list-style-type: none"> • Learning was not relevant to local context, although it did provide the participant with a better understanding of cross-cultural issues. • Language and attitude of others if not discussed openly can have a negative effect.

2.7 Managing change



CHAPTER CHECKLIST

- ✓ Ensure the Link is providing long term support to enable change, and not just one-off visits.
- ✓ Think about the factors that can enable the change. How can you maximise these?
- ✓ Think about all the factors that may prevent change from happening. How can you mitigate these?
- ✓ Involve those who are committed and have the ability to make change happen. Find champions.
- ✓ Make sure the training is relevant and appropriate for the context.
- ✓ Identify additional resources that are needed to enable learning to be put into practice.
- ✓ Agree long-term support that may be required (perhaps with an action plan and planned reminders).

Photograph (right): Lihee Avidan, Malawi



The potential is vast. It is sensible for Links to start small - but to aim high.

2.8 Scaling up the work of the Link

In this Chapter:

- What is meant by 'scaling up'?
- Why scale up?
- When is the right time?
- How can it be done?

If Links are committed to making a significant difference, then scaling up their work should be the ambition of all Links. However, not all Links will reach this stage and some won't want to.

Careful planning is needed to enable a Link to scale up effectively, ensure it delivers consistently and enable it to respond to a new range of challenges that emerge as the work grows. This Chapter helps you think through the issues involved when scaling up the work.

2.8 Scaling up the work of the Link

What is meant by 'scaling up'?

As the Link develops, you may find that there are issues that can only be addressed if the scale of the work is increased.

Scaling up refers to increasing the scope and funding of the Link in a planned and strategic way.

In some cases you may be able to fund the increasing costs of the work through local fundraising, but it may also be appropriate to apply to grant-giving organisations.

Why scale up?

There are many reasons to scale up the work of a Link when it is appropriate. Scaling up often provides:

- An opportunity to make a bigger impact
- A reason to think rigorously about the work and plan strategically
- Access to larger and more diverse funding sources
- Greater potential to respond to the needs of the DC organisation and the population they serve
- The possibility of trialling innovative pilot projects that, if successful, may later be scaled-up to or influence a national programme
- Work that can strengthen and complement the Link, extending its achievements
- An avenue for the Link to become further established and gain credibility
- A need for rigorous monitoring and evaluation, as demanded by donors



DID YOU KNOW?

Health system strengthening

The ultimate goal of all Links should be to contribute to health systems strengthening. WHO defines a health system as 'all organisations, people and actions whose primary intent is to promote, restore or maintain health.'

According to WHO, the six building blocks of a health system are:

- Good **health services** with minimum waste of resources;
- A well-performing **health workforce**;
- A well-functioning **health information** system that ensures the production, analysis, dissemination and use of reliable and timely information;
- Equitable access to essential **medical products, vaccines and technologies** of assured quality, safety, efficacy and cost-effectiveness;
- A good **health financing** system that raises adequate funds for health, in ways that ensure people can use needed services and are protected from financial catastrophe;
- Strong **leadership and governance** ensuring strategic policy frameworks exist and are combined with effective oversight, coalition building, regulation, attention to system-design and accountability.

The WHO points out, "while the building blocks provide a useful way of clarifying essential functions, the challenges facing countries rarely manifest themselves in this way. Rather, they require a more integrated response that recognizes the interdependence of each part of the health system."



FIND OUT MORE

To read more about Health systems strengthening refer to:

- WHO, 2007, 'Everybody's Business, Strengthening Health Systems to Improve Health Outcomes: WHO's Framework for Action'
- www.eldis.org - Health systems section

2.8 Scaling up the work of the Link

When is the right time?

Scaling up the work of the Link is often best done when:

- There is a clear need and a demand from the DC partner to scale up the work
- Good relationships have been developed between the Link partners
- Each partner has a good understanding of what the other can and cannot do
- You have implemented work together and have a successful track record
- You have regular communication (within and between each Link partner) and good systems in place


Most Links only find themselves in this position a few years after becoming established. It is worth introducing good systems into the work of the Link (as detailed in Chapter 2.3) right from its inception, making it easier in future to demonstrate what you have achieved.

How can it be done?

Scaling up requires careful thought and planning. Here are a few key areas that you should consider, with questions you should discuss together:

- **Plan together.** Whether you are considering expanding existing work or developing new work, there is need for joint planning. As part of the process of assessing needs and planning a response, it is important to consider the capacity of both Link partners.
- **Develop plans with clear outcomes.** A detailed plan, based on clearly identified needs, should be developed with specific aims, objectives and activities of the project (as described in Chapter 2.2). Make sure your objectives and indicators are SMART. Many projects fail because they address only one part of a problem (e.g. providing a training course) rather than addressing the problem as a whole (e.g. providing a training course, establishing support mechanisms, looking at career paths, and ensuring people have the equipment they need to utilise the skills). Make sure that the project work is sustainable and relevant. A log frame approach to planning may help to clarify your ideas. See p104.
- **Make sure there is capacity to manage the work and that the right systems are in place.** Does the DC partner organisation have the capacity (communication, reporting, financial) to manage and implement the work? Does the UK partner have the capacity to support more work? Should any other relevant individuals/organisations be involved to ensure a good outcome? Is there the capacity to embed the project within the organisation after the end of the funding period? What is the exit strategy? Does the Link have the organisational capacity and commitment to deliver a bigger programme. If not, can capacity be developed and should this be part of the programme plans?
- **Ensure work is relevant and aligned to country/district plans.** Is the work a priority? How does this project fit within the bigger picture? Do you need to involve other local players such as the Ministry of Health?
- **Consider working with others:** Find out what organisations are doing so that you avoid duplicating effort and wasting resources. See if any synergies exist between your areas of work and whether, as a group of Links, you are able to provide specific areas of strategic support. You could also think about working in a consortium with other Links or NGOs within the DC region or country. You may also find it useful to speak to THET about your ideas, there may be potential for collaboration or support.
- **Finding resources.** Where will you get the resources (e.g. people, time and money) to deliver the programme? Will the UK partner release more staff to support the Link? Do they have all the required skills or do you need to involve others? Where will you get resources? Can the developing country partner devote any resources to the programme? Will efficiency savings cover some of the costs? Can the UK partner raise more funds locally? Is there an external donor that will support the work. For more information about fundraising and funding, see Chapter 2.9.

Examples where Links scaled up their work

 CASE STUDY	
<p>Developing New Services with the DC organisations</p>	<p>EXAMPLE: Developing blood bank & laboratory services, Boroma/Hargeisa</p> <p>Hargeisa Group Hospital in Somaliland expressed their concerns about the standards of their laboratory services to their Link partners, King's College Hospital. Without the means to store blood, donors needed to be found as and when transfusions were needed. Time critical operations requiring blood transfusions could therefore be fatal.</p> <p>A one year project to address this problem was developed. The full costs of £36,500 were supported. Over the course of one year the following activities were carried out:</p> <ul style="list-style-type: none"> • Five laboratory technicians from Borama Hospital received basic microbiology/cytology training. The training took place over five weeks, the initial two weeks were delivered by an experienced haematology laboratory technician from KCH and the rest of the training was carried out at another hospital locally (£3,750). • The existing laboratory building was renovated and extended (£8,800). • Basic laboratory equipment was procured and the blood bank was established (£22,000). • External training support in pathology was given to medical undergraduates at Hargeisa and Amoud (Borama) Universities (£1,950). <p>Outcomes of the work: A well-managed and effective blood bank has been established enabling timely blood transfusions.</p>
<p>Improving access to health services in rural areas through training</p>	<p>EXAMPLE: Training the trainers to improve trauma outcomes in rural areas of Malawi</p> <p>Road traffic accidents (RTAs) are a major cause of morbidity and mortality in Malawi. In rural areas, the ability to respond to these emergencies is often inadequate, with few trained health workers, yet RTAs are increasing every year. Kamuzu Central Hospital (in Lilongwe, Malawi) asked their Link partners in Middlesbrough to focus on trauma team training.</p> <p>The Link trained staff using the International Trauma Life Support (ITLS) course. In addition they trained some staff to become ITLS trainers themselves. There was a need to train health workers from the district hospitals in ITLS, and local trainers were now available, yet there was no funding available.</p> <p>A one year project of £8,250 was funded to enable the local trainers from the central hospital to train health workers from the district hospital. Project activities included:</p> <ul style="list-style-type: none"> • Eight three-day training courses were carried out in each of the district hospitals in the central region of Malawi. Over 200 health workers received training (£4,800). • Provision of equipment (neck collars, spine boards) and ITLS handbooks to each of the district hospitals (£1,200). • Provision of books to the A&E Department of Kamuzu Central Hospital (£800). • Coordination, monitoring and evaluation of outcomes (£1,450). <p>Outcomes: Health workers throughout the district are now better able to treat emergencies. Some empirical and anecdotal evidence of this exists. Better communication occurs between the district hospitals (which have the ambulances) and the Central Hospital (which receives the patients in the A&E department).</p>

2.8 Scaling up the work of the Link



FIND OUT MORE

Log frames

A Logical Framework (log frame) is a tool that is commonly used in the development sector to capture information about the aims, objectives, activities, inputs and potential risks of project implementation.

Some donors may require you to submit a log frame with an application. But even if it is not a requirement it can be a useful tool to use when planning a project. It helps you think through and address the issues systematically and is designed to be used in a consultative way. Headings which may be included are broken down into the goal, objectives and activities of your work with inputs required and possible risks and assumptions made. If you start planning a project with a log frame it can then provide a useful basis from which to write the narrative part of the application.



CHAPTER CHECKLIST

- ✓ Identify areas where the Link is able to deliver larger scale support.
- ✓ Assess whether the Link has the capacity to deliver a larger programme of work.
- ✓ Find out what others are doing - build on synergies and avoid duplication.
- ✓ Plan the project thoroughly.
- ✓ Use logical framework analysis to bring your plans together.

Photograph (right): Hannah Maule-ffinck, Uganda



**A little money given to a Link
can go a long way.**

2.9 Funding a Link

In this Chapter:



- **Developing a fundraising strategy**
- **How much money do we need?**
- **Who will coordinate fundraising and how?**
- **What are the funding sources available?**

This Chapter is primarily directed at the UK Link partner who usually takes a lead on raising funds for the Link, although fundraising options for the DC partner are also mentioned.

The good news is that there is ever increasing local, national and international interest in the concept of Links. As such, more potential funding sources are becoming available.

However, there is no magic solution to securing funding for your Link. Raising funds will absorb a significant amount of time, so it's important to understand which fundraising activities are going to be most cost- and time-effective for your Link.

Colour coding has been used throughout the Manual to highlight the sections which are most relevant to each:

 green for the UK
 and yellow for the Developing Country (DC) partner.

2.9 Funding a Link

Developing a fundraising strategy

Links rely on their Trust to provide many of the resources needed to run a Link. This might include coordination time, meeting space and paid leave for Link training visits. But you will need to fundraise beyond what is provided for by your Trust in order to support other Link activities.

Having a strategy in which you consider your fundraising targets, sources and resources, will add clarity and structure to the sometimes difficult task of raising funds to run your Link.

Once you have an understanding of the objectives of the Link, ask yourselves four questions:

1. How much money do we need?
2. Who will coordinate fundraising and how?
3. What are the sources of funding we can tap into?
4. What fundraising resources have we already got and what additional things do we need?

UK

REMEMBER!

Benefactor versus collaborating partners

In many cases it is the UK Link partner who takes a lead on raising funds. This is often the case because they are perceived to be the ones with access to the majority of funding sources such as individual donors, grant making bodies and bursaries.

You need to be careful that fundraising does not create a power imbalance in your Link, promoting a benefactor-beneficiaries relationship instead of being a collaborative partnership. This is easily avoided if you:

- Jointly plan activities which the Link will undertake (on an ongoing basis) through discussion and dialogue.
- Are open about what funding sources are available and work together to secure these and plan how they will be spent together.
- Agree which costs the UK and the DC partner can each absorb. For example, the DC partner may be able to include some Links activities in their yearly budgets, making some funds available for planned workshops, training of staff, and necessary equipment. Not all these resources are financial.
- Explore the funding sources available to the DC partner. This may include local/international grant-making bodies, embassies and high commissions and local businesses.
- Remember that money, while necessary to oil the wheels, is not the most important currency of a Link. **The most important currency is partnership between health workers, with both sides giving and learning.**

How much money do we need?

When developing the Link plans (as described in Chapter 2.2) it is important to be realistic about the funding that might be available to you. There is no point in making ambitious plans if no thought is given to where the funding will come from. If you do, the Link risks making empty promises which it will not be able to deliver.

But without clear plans you may have difficulty convincing people that your work is worth supporting. When thinking about how much money you need, it is a good idea to:

- **Prioritise** - Break the objectives down into costed activities to be addressed in order of priority. This will provide a fundraising target and allow activities to be carried out as the funds are raised.
- **Plan your income** - This is the key to sustainable funding. The further in advance you can plan the better.
- **Allow for contingency** - Because plans and circumstances change. Often the programme work agreed by Link partners evolves through the year and unanticipated costs can emerge. Ensure your fundraising plans take account of this.



DID YOU KNOW?

Tips when costing activities

- Jointly develop budgets and agree on costs. **Break activities down into their component parts and cost these individually.**
- In some places there is a legacy of **per-diems payments** for attending external workshops. If participants have had to travel long distances it is important that either their organisation or the workshop organisers cover costs. If participants do not incur additional costs, per diems should be discouraged as this ensures that only the most committed people attend.
- Remember that donors support the Link to help deliver the outcomes and activities you promise. As such, **the Link does not own the funds itself, but is a custodian of money**, and is accountable to both donors and beneficiaries. First class travel, expensive accommodation and other lavish activities cannot be justified. Equally, badly planned work wastes money and has no impact.
- **Allow for exchange rate** fluctuations: It is standard to include a 3% inflation rise year on year. You also need to budget for the cost of transferring funds. See p55 for compliancy issues.
- If you are developing a budget for grant making organisations, remember to **recover your management costs** if they allow these. This is usually around 10% of the budget total.

2.9 Funding a Link

SAMPLE BUDGET

	£	number	Total (£)
Visitors to the UK (4 per annum)			
Visas/passports	100	4	400
Flights	800	4	3200
Travel to/from airport	40	4	160
Accommodation and living for 3 weeks	800	4	3200
Misc expenses	100	1	100
Subtotal:			7,060
Visits to the DC (6 per annum)			
Visas/passports	70	8	560
Flights	550	6	3300
Travel to/from airport	50	6	300
Insurance	40	6	240
Accommodation and living for 2 weeks	300	6	1800
Antimalarials/immunisation	100	6	600
Subtotal:			6,800
Books and equipment costs			
Journal subscription	150	1	150
Books and support training	300	1	300
Shipping container of hospital-procured equipment	1500	1	1500
Subtotal:			1,950
Link management costs			
Costs for fundraising activities	200	2	400
Evaluation costs	2000	1	2000
Conference and training attendance costs	300	1	300
Subtotal:			2,700
TOTAL COSTS year 1:			18,510

SAMPLE FUNDRAISING PLAN

Unrestricted income:	
Payroll giving	6000
Events	4500
Contribution from Trust Board	4000
Restricted income (for specified activities):	
Grant-making trusts	5500
TOTAL:	20,000

Who will coordinate fundraising and how?

Fundraising activities such as researching donors, writing applications and organising events can absorb a lot of time. It is important that you identify how fundraising tasks are going to be divided between different individuals, who is going to have responsibility for what and, critically, how much effort they can be expected to devote to it. You might want to consider:

A fundraising committee

Try to get as many people as possible involved in a fundraising committee. The types of people you want to include on a fundraising committee may not be the same type of people as those on the Link Committee.

They need to be able to have time to organise events or write grants and the more wealthy contacts they have the better!

People to include on a fundraising committee might include retired doctors or teachers, local business people such as bank managers or someone from the communications department within your organisation.

A dedicated fundraiser

Some Links have taken on a paid (usually part-time) fundraiser or an administrator who can carry out fundraising tasks. This is an option but only if you can be confident they will bring in funds far higher than the cost of their salary.

UK

EXAMPLE

Duties for a fundraiser or fundraising team



- Working with the Link team to agree a fundraising target according to the planned objectives and activities.
- Developing a 3-year fundraising strategy.
- Developing a schedule of potential grant deadlines and liaising with the Link team (UK and overseas) to submit funding applications. Provide feedback for reasons on failed applications.
- Deciding whether payroll giving is viable. If so, liaising with the payroll department to see if they are supportive (ideally an opt-out scheme for new staff), producing forms for people to sign up and promoting the scheme.
- Liaising with the Communications team to support the dissemination of good news about what the Link is achieving (through press releases, articles for local newspapers, magazines, leaflets, posters etc.). This might encourage unknown donors to come forward.
- Organising or enabling others to organise ad-hoc fundraising events.
- Networking with other Link fundraisers to share good practice and expertise.
- Keeping the project lead and the Link partners regularly updated about fundraising activities.
- Being aware of the organisation's policies on fundraising and keep within them.
- Taking forward charity registration if it is deemed the right route.
- Liaising with local groups e.g. rotary, church, diaspora, to raise funds from the community.
- Coordinating financial donations such as relevant books or equipment.
- Liaising with THET and other relevant organisations to discuss any potential workstreams that need funding, to see if other Links are doing similar work and whether THET may be able to support and advise a consortium bid to large donors such as Comic Relief or the Big Lottery Fund.

What are the funding sources available?

As a general rule, a Link should aim to have a diversity of income sources. When it comes to planning your fundraising strategy, a good place to start is a 'donor mapping' exercise (see Appendix 9 for an example).

Think of all the potential sources of funding available to you. You may want to rank them in terms of efficiency, time needed to be invested, probability of success and scale/amount of funding. However some forms of fundraising are also good advertising for the Link and your work, so you may not always want to be too rigid in assessing the financial gain. The following table highlights some of the main sources of funding available to the UK team.

There may also be some sources of funding for the DC organisation which are worth exploring. Perhaps a local business might be willing to fund some of your work. Are there any local NGOs or grant making bodies who you could apply to for funding? Some grant-making organisations prefer to provide funds directly to the country they are targeting. And remember, the more Links activities you are able to include in your organisation's mainstream plans and budgets the more the Links can achieve.

 SOURCES OF FUNDS	DID YOU KNOW?	 FIND OUT MORE
Individual events	<p>One-off fundraising activities can take a lot of time to organise for a relatively small return. This can work well if there are enough people to share the workload.</p> <p>Try getting medical/nursing students involved who can organise events through RAG weeks. You may also think about events such as sponsored walks or Valentine's balls. Remember that fundraising activities of this kind are a great opportunity to publicise the work of the Link and give it a much higher profile.</p>	<ul style="list-style-type: none"> • Type 'A to Z of fundraising ideas' into an internet search engine to get a broad range of ideas. • Institute of Fundraising www.institute-of-fundraising.org.uk • Charities Aid Foundation www.cafonline.org • Charity Commission www.charitycommission.gov.uk
Your Trust / organisation	<p>You can get staff at your organisation to support the Link through 'Payroll Giving', where staff make a regular monthly donation which is taken straight from their payroll. Setting up the scheme and getting a critical mass of people signed up can be time-intensive at the beginning, but once established, it can provide a regular income for the Link with relatively little effort. The first step is to check that your Trust supports payroll giving.</p> <p>Communicating the work of the Link to colleagues is important to get them interested and support you. Think about setting up a website for the Link, a newsletter or having a notice board.</p> <p>If you are able to demonstrate that the Link provides staff with training and development opportunities and brings benefits to the organisation and its patients, the management may be willing to support the Link more actively.</p>	<p>If you are registered as a charity (see p55), or working through one, all donations from individuals (provided they are tax payers) can be Gift-Aided, allowing you to claim the tax back.</p> <p>See p38 for information about how to make a case to your Board.</p>

Continued on following page...

SOURCES OF FUNDS	DID YOU KNOW?	FIND OUT MORE
<p>Grant giving organisations</p>	<p>Find the right donors to fund your work. There are many different donors, each with their preferred areas of engagement and geographical focus. Do not waste time applying for grants if your work does not match their criteria. If you are thinking of applying to larger donors, such as Comic Relief or the Big Lottery Fund, think about applying in a consortium with other Links if you are doing similar work.</p> <p>Some grant-giving organisations have their own format for application. If not, the fundraising application should contain:</p> <ol style="list-style-type: none"> 1. The need - what is the problem? How serious is it? Why is it worth addressing? Who are the beneficiaries? 2. The response - what is the Link proposing to do to address the problem? Why is this a good approach? Why is the Link the best one to do it? Focus on the outcomes the work will deliver. 3. The bigger picture - how does the work fit in to the bigger picture? Who else is working in the field? What is being done to avoid duplication? 4. The long-term - what will be the long-term impact of this project? What will happen after the funding comes to an end? Think about sustainability and exit strategies. 5. Measuring impact - how will you monitor and evaluate your work? 6. A detailed budget <p>Some donors also require you to submit a logframe. These can be useful planning tools. Refer to p104.</p> <p>If you receive funding from a grant making body, you then need to ensure that:</p> <ul style="list-style-type: none"> • The project delivers what it said it would do. • There is tight project management so that it is completed on time. • Any changes to plans or spending are agreed in advance with the donor. • Reports required by the donor are submitted on time. • You monitor, evaluate and disseminate learning from your Link. 	<p>Internet sources which list grant-making organisations:</p> <ul style="list-style-type: none"> • www.funderfinder.org.uk • www.guidestar.org • www.trustfunding.org.uk (annual subscription fee) <p>Some important sources of funds for Links are:</p> <ul style="list-style-type: none"> • Health Links Funding Scheme due to start in 2009 (£1.25 million a year for three years). Funded by DFID and DoH in response to the Crisp Report. • Development Partnerships in Higher Education (DELPHE): a DFID scheme which supports higher education partnerships - up to £50,000 a year for up to 7 years. • The Welsh Assembly Government funds Links where the UK partner is based in Wales. In 2008 a total of £50,000 was awarded. • The Scottish Government support Links, particularly with Malawi and Zambia. • The Commonwealth Fellowship Scheme funds professionals from commonwealth countries to come for up to 3 months to do a placement in the UK. • The BMA Humanitarian fund • Royal Colleges, Rotary, Masons, etc.

UK

CASE STUDY

Alan Jones, from Health Link Malawi, shares how they made 'payroll giving' a success:

Original set up:

- We got the approval and 'buy-in' of the Trust Board.
- The Trust's Communications Department organised publicity information on payslips, the internet, posters and local newspaper articles.
- We discussed the pros and cons of donations by payroll deduction versus Give As You Earn, but opted for the former as there are more costs involved in GAYE and we wanted to avoid these.
- The payroll system was set up to accept deductions and the finance team organised to pay over the deductions to the Link. The system was also set up to record donations, gift aid declarations and make gift aid claims.

Encouraging people to sign-up:

- We got organisation wide buy-in, starting with Trust Board.
- A few Link Committee members were committed to making it work and took a lead.
- We publicised the positive things the Link had done.
- We had tangible plans (buying a Landrover ambulance to start with).
- Our staff were directly involved in the work and participated in placements in Malawi.
- We held feedback sessions on previous placements to encourage interest.
- We made it as simple as possible to arrange and administer.

Managing the scheme:

- The Trust Finance department administers the scheme: maintaining records, paying money over to the charity, claiming Gift Aid, keeping simple accounting records
- We do pay a notional monthly administration fee payable to the Trust to contribute towards time spent on administration
- Some staff contribute their own time for meetings at lunchtime or in the evenings.
- The scheme does need reinvigorating from time to time to encourage new people to sign up and replace those who move on. But we are currently looking to expand this scheme to other local NHS bodies.

We generate around £600 per month (excluding Gift Aid reclaims).



CHAPTER CHECKLIST

- ✓ Try to develop a realistic income and expenditure forecast.
- ✓ Be realistic about what resources your Link is able to access before planning activities.
- ✓ Set up a fundraising group within the UK Link Committee to increase capacity.
- ✓ Explore a variety of different funding sources.
- ✓ DC Link partners should explore local funding sources that the Link may be eligible to apply for.

2.10 Ending a Link

In this Chapter:

- Six reasons for Link inactivity (and how these can be avoided)
- Ending a Link (but maintaining a good relationship)

The enthusiasm with which a Link starts may not last throughout its lifetime. Changes in circumstances or a long period of inactivity may lead one or both partners to consider ending the Link.

This Chapter looks at some of the reasons why a Link may become defunct and how these situations could be avoided. Perhaps the Link was established with set objectives or timeframes in mind which are then achieved. If you do decide that it is right to end your Link, this Chapter suggests some good practice for how this can be done.

2.10 Ending a Link

Six reasons for Link inactivity (and how these can be avoided)

It is easy to be enthusiastic at the start of a Link. As the DC partner, this might signify opportunities for staff development, changes at your place of work and benefits to patients. As a UK partner you may feel that this is your opportunity to make a difference and be involved in exciting work with colleagues overseas.

Sometimes this enthusiasm does not last. This does not necessarily mean that you should end the Link - in fact some of the longest running Links have had long periods of inactivity or lapses in communication. Do not become despondent too soon. However, it is useful to identify some of the reasons which may lead one or both partners to think about ending the Link and look at how these situations can be avoided in the first place:



2.10 Ending a Link



REMEMBER!

A lack of communication between partners is the main factor that can strain the Link relationship. Each partner's perceptions of the cause of the silence may be different. The DC partner may be waiting for a response on an issue from the UK partner, who may in turn be waiting for a communication from the DC partner.

While the distance between you may be large, it is very easy to get in contact if you establish the best methods of communication (see section on communication in p52). If you allow communication to stop, the Link will be in peril. It is best to make a phone call if there has been a lack of communication.

REASON FOR CHANGE IN CIRCUMSTANCES	HOW COULD THIS HAVE BEEN AVOIDED?
<p>Change in key personnel</p>	<p>Ensure that several people are involved in the Link at both ends and people with specific responsibilities work in teams rather than individually. The loss of a very active and motivated person will be felt, but this will be reduced if their work can easily be taken up by someone else.</p> <p>The more established the Link is, the more it is embedded in the work of the organisation and the less likely a change of personnel will affect it. Formal agreement of a Trust Board or Governors will help ensure a Link continues to be supported when key senior managers move on.</p> <p>Changes at a management level from someone who has been very supportive of the Link to someone who is not, will have a greater impact.</p>
<p>Achieved original objectives or priorities</p>	<p>If the Link was set up to achieve specific outcomes which have now been achieved, and little follow-up planning has taken place, the Link may find itself without a clear vision.</p> <p>It is time to carry out a review and see what has gone well and start planning afresh for the future. Alternatively, perhaps the Link has done its work and is no longer needed. If so, end it well with a celebration of achievements for both parties.</p>
<p>Competing interests</p>	<p>Maybe your organisation has another Link which is achieving more, or takes up more time. Perhaps management has decided that other priorities mean the Link cannot continue. When engaging in a Link ensure that it has a purpose and objectives of its own so that its outcomes will be equally important.</p>
<p>Loss of enthusiasm</p>	<p>Not meeting expectations or not being able to see the impact the Link is having are the most common ways for one or both parties to lose interest in the Link. Make sure objectives are SMART (see Chapter 2.2) and do not be too over-ambitious at the start of the Link. Manage the expectations of your partners (this applies both to UK and DC partners) and remember that it is always better to under-promise and over-deliver than to overpromise and lose enthusiasm.</p>
<p>Priorities no longer relevant</p>	<p>Perhaps the priorities identified during the initial planning are no longer relevant or there has been a change in the national health policy. This may require another joint planning session to update plans and priorities.</p>
<p>End of funding</p>	<p>If the Link has project funding, make plans for when this will end so that the end of this funding does not mean the end of the Link. Continue with fundraising activities even while the Link is financially secure.</p>

2.10 Ending a Link

Ending a Link (but maintaining a good relationship)

If a Link has been inactive for a long period of time, and no joint vision or action has emerged even through communication, there are two choices: to resolve it or to end it.

If one or both partners decide they want to end the relationship, what is the most responsible way of doing it?

- **Communicate** with your partners and discuss the reasons for wanting to end the Link.
- **Reflect on the achievements** of the Link and any other aims that partners had hoped to achieve but have not done so.
- If the DC partner still has needs that can be addressed by a Link, but not by the current partner, these should be discussed. The UK partner may be able to broker a new Link with a relevant UK organisation, and share documents and experience to ensure a smoother transition. Consider whether the UK partner also wants to make a new Link.
- Inform any third parties who have been involved so they are aware that the Link has come to an end.
- If you had a Memorandum of Understanding, make an addendum to it which highlights the termination of your relationship.



REMEMBER!

An inactive Link does not necessarily mean that it needs to be ended. Some of the longest running or most successful Links have had periods of inactivity. A Link should be able to respond to the needs of the DC partner, and if no joint vision exists at that time, the Link may lie dormant until the need arises. As long as the communication channels remain open between partners, this is not a problem.



CHAPTER CHECKLIST

- ✓ Consider some of the risks your Link may face and take measures to avoid them.
- ✓ Periods of inactivity do not mean that the Link needs to be ended, but make sure that the communication channels remain open.
- ✓ Communication is the key to good Link relationships. Ensure that there are no communication bottlenecks holding up your work.
- ✓ End a Link responsibly: discuss future needs with partners and inform relevant parties.
- ✓ The UK partner should discuss the needs of the DC partner and help them to broker a new Link with another organisation if appropriate.

2.11 Limiting and avoiding risk



In this Chapter:

- Why do Links need to do a risk assessment?
- How to do a risk assessment?
- Risk management documents
- Insurance as a way to mitigate risk
- Professional liability, indemnity and registration

Setting up and implementing a Link programme exposes individuals and organisations to risk. Risk is part of everyday life but it is important to understand, assess and mitigate against these risks.

This Chapter provides a brief introduction to the subject of risk and due diligence. It suggests issues and documentation which need to be considered. It is advisable to involve those within your organisation who have expertise in this area to carry out the Link risk assessment.

Colour coding has been used throughout the Manual to highlight the sections which are most relevant to each:

-  green for the UK
-  and yellow for the Developing Country (DC) partner.

2.11 Limiting and avoiding risk

Why do Links need to do a risk assessment?

As a Link is an organisational partnership, it is vital that due diligence and duty of care are demonstrated during the planning and implementation of the Link. Identifying risks and briefing participants in appropriate emergency procedures will ensure that vulnerability to these risks is reduced.

Organisational and individual risks need to be identified, assessed, and mitigated against. It is the responsibility of both the management and the Link Committee to ensure that safe working practices are agreed and adhered to during visits to the overseas partner organisation. It must be clear in advance what the organisation is responsible and liable for, and what the individual Link participant is responsible and liable for.

While issues of risk and due diligence will apply to both the UK and the DC partners, some risks will be greater in the DC and will be of greater concern to managers in the UK organisation. If concerns exist around the potential risks, it can be helpful to have someone from a successful Link, particularly at the UK end, to talk with the Board to discuss how benefits of the project can outweigh risk.



REMEMBER!

Follow the “If it has not been written down, it has not been said “rule”. Ensure you create clear risk management and duty of care documents.

All people involved in visits should be fully briefed and aware of safe working practices, with the important information recorded as being read and understood by those involved in the Link.

How to do a risk assessment?

Managing risk need not be a daunting or cumbersome process. All NHS organisations and some universities have governance departments and risk assessment policies. Working with these existing structures will help strengthen the assessment because you involve individuals that have expertise in this area. It will also serve to develop ownership for the Link by involving the organisation in the risk assessment and extending opportunities for engagement in the Link to those working in these areas. The rest of this Chapter provides a brief introduction to some of the things you may wish to consider.

2.11 Limiting and avoiding risk



DID YOU KNOW?

A beginners guide to risk

Risk is the extent to which we are vulnerable to threats or:

Risk = Threat x Vulnerability

Threats may be related to security, health and safety or legal issues. Threats cannot be influenced but vulnerability (exposure or the likelihood of encountering the threat) can be managed. Security policies and practices (addressing how Link participants conduct themselves, the processes and procedures for implementation of Link activities and personal conduct) and insurance, are all methods of reducing vulnerability to risks. By reducing vulnerability to threats, we reduce risk:

Risk ↓ = **Threat (External) x Vulnerability (Internal)** ↓

As vulnerability decreases, so does risk.

Risk assessment and analysis helps you identify the most likely threats you will face, and how to avoid them. These can also include threats to do with liability and litigation as well as threats related to security and safety. Good knowledge of the operating environment will give you the contextual knowledge you need to complete a risk assessment. Risk assessments can be carried out in five simple steps:

- 1. List existing threats**, both in terms of organisational threats and those that could affect staff while overseas. Knowledge of the threats overseas can be gained from previous visits, from your partner organisation and through research or context assessment.
- 2. Look at patterns and trends.** Where have previous incidents occurred? Are things changing over time? Are certain incidents occurring more frequently? Are certain areas becoming too dangerous?
- 3. Assess vulnerability.** Identify the priority threats; namely those that pose real risks to your staff, assets and operations. The key question to ask is: 'Where is our particular exposure, and why? What are the factors that leave us 'at risk'?''
- 4. Identify ways of reducing vulnerability.** Having identified the factors that make your Link vulnerable, you can then reduce your exposure by adopting appropriate risk management strategies, policies and procedures.
- 5. After looking at measures to take, and how to put them in place, assess whether the remaining level of risk is acceptable.** Risk is something we face all the time in our daily life, but it is important that this risk is proportional to the expected gains.



EXAMPLE

Five steps to conducting a risk assessment:

1. List existing threats, for example 'vehicle accidents'.
2. Look at patterns and trends; are certain routes, types of vehicles (e.g. local taxis/buses) more prone to be involved in an accident?
3. Assess vulnerability. Where will your staff be travelling by vehicle? Will they be using roads with high accident rates? Who could be affected?
4. Make it **less likely** that such an event will affect your staff. Ways to do this might include:
 - Driving more slowly
 - Avoiding unnecessary travel especially through 'accident black spots'
 - Using road-worthy vehicles
 - Using skilled drivers

You also need to look at reducing the potential **impact** of a threat. Ways to do this might include:

- Wear seatbelts
 - First aid training and kits
 - Take out travel and medical insurance
 - Have a charged mobile phone with emergency contact numbers to alert assistance quickly
5. If these measures to reduce likelihood and impact are taken at the organisational and individual level, has the risk been reduced to a level which the organisation and individuals are willing to accept? If not, are there other measures to take that will further reduce the level of risk to an acceptable one?

If still not, this particular risk could mean that you need to rethink the Link programme, or this aspect of the Link programme.

DC

REMEMBER!

Risk assessment is not just for the UK partner.

It is important that risk assessments, and actions to mitigate risk, are also considered for those visiting the UK. While the risks may be fewer, travelling to the UK can be bewildering for those from other locations and cultures, and there are particular threats that apply. This is particularly true for inner city environments.

Visitors should be provided with tips for living, working and adapting to the UK, and receive an appropriate briefing on arrival. Health and travel insurance needs to be considered. Overseas visitors will only be covered by the NHS in medical emergencies. (Chapter 2.5 looks at ways you might make these preparations).

2.11 Limiting and avoiding risk

Risk management documents

In addition to your organisation's risk and security guidelines, consider creating your own Link-specific guidelines which could be incorporated into your Link Induction Pack. All staff involved in the Link should read and understand the assessments and their implications, and have them to hand should an incident occur.

Good risk management policies and procedures include:

1. Key organisational principles and responsibilities for risk and security.
2. Methods for assessing the potential risks you face, including provision for regular review of risk assessments.
3. Actions to be taken at an organisational level to minimize risk. This may include training, written procedures, checklists and key areas of responsibility of individuals on the Link Committee, as well as on the Board/ Deanery.
4. Actions to be taken by each individual to minimise risk.
5. Arrangements with regard to liability insurance, including measures to take with regard to professional indemnity insurance and professional registration.
6. Appropriate travel, professional indemnity and medical insurance provision.
7. Security and conduct of staff and other stakeholders when involved in travelling overseas as part of the Link.

8. Specific measures with regard to key threats identified as high or medium in the risk assessment, that need to be enforced at a policy level.
9. Procedures for briefing staff on risk and risk management.



FIND OUT MORE

THET's *Risk and Security Guidelines for Links* can be found on THET's website: www.thet.org.uk

Insurance as a way to mitigate risk

Appropriate insurance provision is a key measure in reducing the impact of a whole host of threats. In advance of any activity and visits overseas, your Link should look at what insurance provision is appropriate.

Beware of standard travel insurance. Many individuals will have their own 'worldwide' travel insurance either directly, or through bank and credit card companies. These are unlikely to cover staff adequately on Link visits as these are designed for travel and tourism. Either take out specific insurance cover for individual trips or, if your Link is planning several trips a year, take out a Group Travel Policy which covers all travellers. Having a standard insurance policy for everyone simplifies procedures in the event of an emergency.

Areas to ensure are covered by your travel insurance, whether group or individual, include personal accident, medical expenses, war cover and political evacuation insurance.

It is also advisable to select an insurance policy which is linked to a medical evacuation service such as CEGA who provide dedicated air ambulance services, medical assistance and repatriation services.

If the Foreign and Commonwealth Office (FCO) advises against travel to a particular country, this may mean that some insurance companies will not cover travel to these countries. This does not necessarily preclude working in this country, but does mean that **specific insurance may be needed** for these locations (and the premium is likely to be more expensive). Check with your insurance broker for exclusion areas.

Specialist kidnap and hostage insurance packages do exist and are advisable if you are working in areas with a high risk of this. They can be extremely complex and costly but usually include provision of skilled advisors to assist in managing incidents of this nature.



FIND OUT MORE

Advice on insurance can be obtained from British Insurance Brokers Association (BIBA) www.biba.org.uk who can provide details of specialist insurance brokers. Many insurers also provide guides and frameworks for conducting risk assessments.

2.11 Limiting and avoiding risk

Non-European residents will only be covered by the NHS in the case of an accident or emergency. For additional coverage such as private health care, repatriation costs and loss of personal effects, it is advisable to get appropriate travel insurance. You can get information about this from local insurance brokers or travel agents.

Professional liability, indemnity and registration

As well as considering travel and medical insurance, it is important that issues related to professional practice - including liabilities - are considered and appropriate steps taken. The following table highlights some of the issues that Links should consider.

<p>Vicarious Liability</p>	<p>This is a legal concept that exists in the UK and means that the employer is vicariously liable for the acts or omissions of an employee for work undertaken during the course of that employment (since the employer has authorised the acts of the party who is at fault). This concept does not apply worldwide. Health professionals should therefore check the indemnity arrangements before they leave the UK to determine whether they need to make their own arrangements for indemnity.</p> <p>Those visiting the UK should be covered by the NHS Trust in which they are working, if registered (see below). Those that are not registered will only be able to observe. Please check this with your UK partner organisation.</p>
<p>Professional Indemnity Cover</p>	<p>It is advised to contact your usual provider of professional indemnity cover prior to departure to ensure that you have adequate cover. The provider will usually be able to provide cover but this may vary depending on location and professional grade.</p>
<p>Students</p>	<p>Students involved in Links should only be there on placement for observation purposes. Students should be supervised and working under the direction of a trained professional who is both responsible and accountable for their actions. For this reason, and if this is strictly observed, indemnity insurance should not be necessary.</p>
<p>Registration</p>	<p>Depending on the activities they will be carrying out, practitioners may be required to register with the regulatory body for the country in which they intend to work. The General Medical Council (GMC) can provide UK doctors with contact details of most overseas regulators (details on their website www.gmc-uk.org). Similarly, the GMC provides information packs for doctors from overseas who are intending to work in the UK. For nurses, most countries have their own nurse registration authorities. Where there is no system of nurse registration, Nursing and Midwifery Council (NMC) registration is valid. As nurses working for the armed forces and voluntary organisations are exempt from this, we advise Links to contact the NMC to ascertain if registration is required for their specific programme circumstances.</p> <p>For the UK, if a visiting doctor is to be practising, including prescription or invasive procedures, they must have registration with the GMC. For other professionals, the advice is to check with the relevant professional body for up to date information. This is often very difficult to obtain so most Link visits to the UK just involve observation.</p>

2.11 Limiting and avoiding risk

Briefing

It is vital that written documents on risk and security are supported by an appropriate briefing and induction. When staff travel overseas (whether this is from the Developing Country to the UK or vice-versa) they should receive a pre-departure and arrival briefing that covers risk and security issues.



FIND OUT MORE

- ECHO security review and guidelines designed for humanitarian agencies, with some relevance for Links.

http://ec.europa.eu/echo/policies/evaluation/thematic_en.htm#security

- Further resources on risk and security management from leading NGO Security Training Provider. Please note the web based resources are quite out of date. More up to date resources are available by contacting RedR.

RedR also maintain a register of risk and security consultants, with an NGO background who can be contracted to assist with risk assessment.

www.redr.org/redr/support/resources/trainersResources/index.htm

- The following companies provide specialist risk assessment services, and have some experience with the NGO/Health sector. THET provides these details for information, but is not endorsing these providers over others that may exist.
- Centurion Safety
www.centurionsafety.net
- Control Risks Group
www.crg.com
- Armor Group
www.armorgroup.com



CHAPTER CHECKLIST

- ✓ Involve those within your organisation who have expertise in this area to create a Link risk and security policy. Get this signed off by your Board and Link Committee.
- ✓ Ensure that information on managing risk is given to staff. Written documents should be supported by briefings.
- ✓ Take out appropriate medical and travel insurance.
- ✓ Ensure that staff inform their current provider of indemnity insurance before going overseas.
- ✓ For more detailed advice see THET's *Risk and Security Guidelines for Links*, available from www.thet.org.uk



**Health and well being
- worth taking a few
managed risks for this.**

SECTION 3. Appendices

This section includes extra documents which complement issues raised within the Manual.

Appendix 1: About THET

Appendix 2: The NHS

**Appendix 3: Other organisations
supporting links**

Appendix 4: Sample paper to the Board

Appendix 5: The health context

**Appendix 6: Template Memorandum of
Understanding (MoU) for a Link**

Appendix 7: Links report template

Appendix 8: Resources in health information

Appendix 9: Sample donor mapping exercise

Appendix 1. About THET

THET was established in 1988 by Professor Eldryd Parry, who spent much of his career helping to set up medical schools in Africa. After his return to the UK he was concerned with the paradigm shift in overseas aid which meant that support to health training schools was no longer a priority. But how could countries expect to deliver basic health services without adequate human resources?

THET's start was modest – putting standard text books into medical schools. But soon requests came in to help develop the skills and experience of young graduates and to support neglected subjects such as epilepsy, diabetes and mental health.

THET drew on expertise from within the UK to support these requests, running surgical skills courses for young medical officers in Ethiopia and supporting psychiatric training in Kampala, laboratory skills training in northern Ghana, and students' community work in Malawi. THET's underpinning philosophy has always been to respond to requests.

Then in 1998 the first major THET Link was started. The Chief Executive of Nottingham City Hospital visited Jimma, Ethiopia, with THET to see what more Nottingham could do. It was evident that this model of a Link would develop whole organisations and would be broader than only concentrating on one disease. The focus of the Link would be the goals of health workers and UK staff could work towards supporting colleagues at Jimma.

With funding from the Lottery in 2000 four new Links across Malawi, Ghana and Ethiopia were developed and supported. This enabled THET to pull together good practice in Links, through working closely with them and understanding their opportunities and constraints.

Since 2005 THET and Links have become more ambitious. There are now 100 Links making a wider impact than ever. THET exists to help them make a strategic difference and get the support they need to do this. This Manual is part of THET's efforts to help Links learn from the experience of others and achieve the maximum impact.

www.thet.org.uk

Appendix 2. The NHS

The NHS was established in 1948 as a free and comprehensive health care service available to all. The NHS is the largest employer in the UK and Europe, employing approximately 1.3 million staff. It provides an enormous range of services to over 57 million people and in 2008 the annual budget was over £100 billion. The NHS is undergoing constant reform to improve quality and standards of care offered and enable greater patient choice.

The structure of the NHS differs in each of the administrations within the UK (England, Wales, Scotland and Northern Ireland) so if you are linking with an organisation in one of these countries you will need to find out how the structure differs in those countries. THET can help you with this.

In England, the **Department of Health**, a Government department, is responsible for improving the health and well-being of everyone in England. It provides strategic direction for health and social care services, secures resources from Parliament funded through general taxation, develops policies, sets national standards and invests in the service.

The whole of England is split into 10 **Strategic Health Authorities** (SHAs). These organisations were set up in 2002 to develop plans for integrating national priorities into local health delivery plans, to improve health and health services in their local area and to make sure their local organisations are performing well.

Primary Care Trusts are at the centre of the NHS and receive funding from the Department of Health to assess the health needs of local people, planning and buying (commissioning) the health care that is needed. They negotiate contracts with NHS and Foundation Trusts and other non-NHS providers for the provision of care. They also contract with doctors, dentists, pharmacists and optometrists for the provision of primary care services - the services provided by people you normally see when you first have a health problem. They are responsible for getting health and social care systems working together for the benefit of patients. There are about 150 Primary Care Trusts in England managed by Boards and accountable to the SHAs.

The provision of services within the NHS is undertaken by two different types of trusts which employ a large part of the NHS workforce. **NHS Trusts and Foundation Trusts:**

- **NHS Trusts** are run by Boards of Directors and are accountable to the SHA and provide a range of NHS services. Some NHS Trusts provide acute and planned care based in hospitals and outpatient clinics, some provide mental health care and some provide ambulance services.
- **Foundation Trusts** are a relatively new type of NHS organisation run by local managers, staff and members of the public. Foundation Trusts have been given much more financial and operational freedom than other NHS Trusts and have come to represent the government's commitment to de-centralising the control of public services. These Trusts remain within the NHS and its performance inspection system but are licensed and regulated by a separate independent body called a Monitor.

Some Trusts are regional or national centres for specialised care. Others are attached to universities and help to train health professionals. Some Trusts, called Care Trusts, work in both health and social care and usually provide mental health services. All Trusts receive the majority of their income from contracts with Primary Care Trusts for the provision of health service.

Appendix 3. Other organisations supporting Links

The UK Government is about to fund a 'one-stop-shop' information centre for Health Links. This is to be based at the Liverpool School for Tropical Medicine.

There are also a number of specialist Link organisations which can support and network Links working to support particular areas. These are detailed in first table below.

In the USA, Canada and Europe other umbrella organisations exist which support health partnership and Links. These are detailed in the second table. This information is most useful for DC partners interested in linking with non-UK organisations.

THET believes that Health Links should be ready to collaborate with, and learn from, twinning bodies in subject areas such as science and technology, education, community and local government Links.

BUILD (www.build-online.org.uk) is the UK umbrella body for twinning and linking across different subject boundaries within which THET is the health sector leader. The Africa Unit at the Association of Commonwealth Universities (www.acu.ac.uk) is the key organisation providing support to higher education and further education partnerships, while UKCDS (www.ukcds.org.uk) offer support for science based research (although the establishment of Links is not its main remit).

Organisation providing specialist support to Health Links

SPECIALITY	ORGANISATION	SUPPORT PROVIDED
Palliative care	Hospice Information www.hospiceinformation.info	Supports members and other organisations as they strive to grow and improve end of life care throughout the UK and across the world. Help the Hospices international programme supports the development of hospice and palliative care worldwide, particularly in developing countries. They believe that everyone living with life-limiting illness has the right to quality, affordable care.
Ophthalmology	Vision 2020 Links Programme www.vision2020uk.org.uk	Identifies overseas partner based on priority need and matches with suitable UK organisations. Facilitates the needs assessment process - team visits to overseas organisations and return visit of teams from partner Links to the UK. Facilitates development of a detailed three year activity plan and development of the Memorandum of Understanding and development of steering group. Supports the ongoing Link; and provides advice on fundraising, monitoring and evaluation.
Urology	Urolink www.urolink.org	Urological overseas Links for the promotion of urological care and education Worldwide. UROLINK represents the British Association of Urological Surgeons in the developing world. Promotes the provision of appropriate urological expertise and education worldwide. Encourages the development of training opportunities and provides advice to overseas trainees. Coordinates the development of Links as defined by BAUS Council with both national and international urological associations in the 'developed' world, for example with Europe and North America.

Continued on following page...

Appendix 3. Other organisations supporting Links

SPECIALITY	ORGANISATION	SUPPORT PROVIDED
Medical libraries	Partnerships for Health Information (PHI) www.partnershipsinfo.org.uk	Facilitates partnerships between health libraries in the UK and those in developing countries. Builds the capacity of librarians and other health information professionals to develop innovative information services. Works collaboratively with others to increase the flow of timely, reliable and appropriate health information.
Telemedicine	Swinfen Charitable Trust www.swinfencharitabletrust.org	The Swinfen Charitable Trust was set up by Lord and Lady Swinfen in 1998, with the aim of assisting poor, sick and disabled people in the developing world. The Trust's policy is to do this by establishing telemedicine Links between hospital-based practitioners in the developing world and expert medical and surgical specialists who generously give free advice via the internet.

Organisation providing specialist support to Health Links

COUNTRY	ORGANISATION	SUPPORT PROVIDED
USA	Center for International Health www.centerforinternationalhealth.org	This is a consortium of health care organisations which contributes to health systems strengthening in developing countries through international health partnerships between members of the consortium and organisations in developing countries.
	Hope for a Healthier Humanity www.hopeforahealthierhumanity.org	Provides education and training to medical, dental, and nursing students in Latin America and the Caribbean by facilitating partnerships between their own staff as well as those from medical, dental, and nursing schools in the U.S., and counterparts in Latin America and the Caribbean.
Canada	Canadian Coalition for Global Health Research www.ccghr.ca	Its goals are to mobilise greater Canadian investment and involvement in global health research, nurture partnerships between Canadians and health researchers in low- and middle-income countries, and use research to take action in global health.
Norway	FK Norway www.fredskorpset.no/en	FK's mission is to improve the economic, social, and political situation of developing countries by fostering cooperation between individuals and organisations in Norway and their counterparts in developing countries.
Europe	Alliance ESTHER (Europe) www.esther.eu	A Europe-wide network of governments aiming to build capacity for HIV/AIDS treatment in developing countries by following the twinning methods used by the French organisation ESTHER. Each country has designated a specific organisation or agency to manage its ESTHER activities.

Appendix 4. Sample paper to the Board

(Draft Paper to an NHS Board to support an international health Link)

__*[insert name]*__ NHS Trust

A Proposal to establish/strengthen an Overseas Health Link with __*[insert name]*__

Introduction

This paper sets out a proposal to establish/strengthen an international health Link between (insert UK organisation) and (insert overseas partner). It sets out the mutual benefits of a Link and seeks Board approval to proceed with/further develop an organisational Link

Background

UK Government attention to global health has recently increased with the publication of 'Health is Global: Proposals for a UK government-wide strategy' by the Department of Health (2007) and 'Global Health Partnerships' in which Lord Crisp outlines the principles and rationale for NHS involvement in international partnerships, and emphasises the benefits for those in the UK. He emphasises that most organisations will be able to fund this activity up to the limit where they believe there is mutual benefit in learning, staff development and the exchange of skills as well as benefits to their reputation. He suggested that the Health Care Commission (HCC) should be asked to include the contribution to international development in its annual assessment process. A response to the report was published in March 2008 and includes a commitment to finance a UK Centre for international health partnerships, a grant scheme for Links worth £1.25m per year for three years and an independent evaluation of Health Links that will influence the priorities for the grants scheme.

Many NHS organisations have already set up Links and joined partnerships with projects in developing countries. The process of developing Links is supported by the Tropical Health and Education Trust (THET). THET is a UK based charity, funded by the Department of International Development and supported by the Department of Health, and aims to strengthen health services of the poorest countries, especially in sub-Saharan Africa, through developing Links between hospitals and services and UK health care organisations. The aim is to build long-term capacity through training and support for front-line health workers.

There are already over 80 Links between NHS and overseas organisations, many of which are making a real difference to the health and health services of some of the poorest countries. Links have been made between Trusts of many different varieties including mental health and partnership trusts, PCTs, Foundation Trusts and NHS Trusts in conjunction with their local Medical School/University. There are many different ways of organising and funding Links, including King's College Hospital Foundation Trust which has established an international office, Links funded to support the professional and personal development of UK health staff and many Links which are established as charities and raise funds to support their work.

Some examples are:

- Birmingham Children's Trust which is supporting training of paediatric staff in the Queen Elizabeth Hospital, Blantyre, Malawi
- East London Mental Health Trust has established a Link with Butabika Hospital in Uganda supporting training in substance misuse, child and adolescent health and the psychological consequences of trauma. Much work is focused on training clinical officers, school graduates who have basic clinical medicine training.

Establishing an International Health Link

It is proposed to establish/strengthen a Link between (*insert NHS organisation*) and (*insert overseas partner*) in (*insert country*). The population in xx is xx million and the average life expectancy is xx years with an under 5 mortality rate of xx per 1000. (*insert other, relevant detailed info*). The Ministry of Health in xxx is supportive of a Link with xxx because xxxx. Although a more formal needs assessment would be undertaken at an early stage in the development of a Link, the expressed hope by the overseas partner is for the expansion and improvement of xxxxx services and xxx. A successful Link requires long term collaboration and mutual knowledge and agreement of both what is required and what is possible to deliver.

Benefits to (NHS organisation) and its staff

Establishing an international Link will bring the following benefits for the Trust and its staff by:

- Providing personal, professional and leadership development opportunities (regarded by many as better than attending traditional training courses);

- Learning new administrative and management skills;
- Giving staff a new perspective on their UK work having worked in a resource poor environment;
- Imparting a sense of contributing to sustainable development in a situation where it is possible to make a real difference;
- Acquiring skills in managing disorders and presentations rarely seen in the native UK population but potentially increasing in the diverse community that now comprises the population served;
- Building resilience and confidence in tackling new challenges;
- Providing a tool for recruitment and retention, motivation and refreshment of staff;
- Bringing staff together to work for a common cause;
- Enhancing the national and international reputation of the Trust and fulfilling a moral and corporate social responsibility in the light of the NHS history of recruiting health professionals from overseas;
- Learning about and understanding other cultures - this knowledge is often of great value in furthering understanding of other cultures in the UK context, especially given the expansion of a global workforce in the NHS and serving the refugee or expatriate communities under the Trust's care;
- Contributing towards the achievement of the equality and diversity agenda.

Costs

Costs would include that of employees' time and supporting visits in both directions - UK staff to Link project or vice versa. Within other well-established Link projects, time has been taken as study or special leave supplemented by annual leave. THET advises that the major cost lies in supporting exchange visits, and is £15,000 - £20,000 per annum. Most Link projects support this by money raised through payroll giving, grants, local travel awards and fundraising activities.

Next Steps

The next steps in proceeding with the Link are: *(some or all of these may be relevant)*

- To identify a coordinator for the Link and form a Link Committee consisting of *_[insert who will be on the Committee and consider asking for a Board level Director or non exec director to be a member]_*
- To conduct an initial visit to xxx to meet partners, get a sense of the place, conduct a risk assessment, understand the partner's needs and agree objectives for the Link in terms of providing strategic support to build capacity for the long term;
- To establish fundraising activities to support the Link;
- To identify staff in the Trust who are interested in contributing to the development of *_[insert]_* services in *_[insert]_*
- To agree human resources policies in relation to the activities of the Link
- Agree governance and reporting procedures with the Trust

Conclusion

We believe that there is a strong case for the development of such Links and this has been accepted as part of government policy moving forward. Links should take place with the backing of organisations, rather than individual efforts, in order to ensure sustainability and accountability. The potential for mutual benefit is substantial, and we hope that our Trust will consider our proposal to investigate the possibility more fully. We would be happy to meet to discuss this further, and to present in more detail issues outlined above, as well as details of the work of other Trusts, already engaged in Links.

The Trust Board is requested to:

- Give formal recognition to the Link and staff involvement in it, on the basis that this will be of benefit to both the Trust and overseas partner and their staff;
- Develop a policy to support staff undertaking work overseas (for example special paid leave, funding immunisation costs);
- Supporting reciprocal training visits (for example by providing accommodation for overseas visitors);
- Support fundraising initiatives within the Trust
- *_[insert any other requests to the Board]_*

Names of authors

Date

Appendix 5. The health context

You will need an understanding of the health economy in the country you are linking in. How is health provision structured? What expertise and resources are available? How is health funded? Where are the main challenges? The following tables highlight some issues you will need to be aware of.

Link participants should also understand the political climate of their partners country, governmental structure, availability of resources, local culture and any specific local challenges.

UK KEY TERMS

Health Sector Wide Approach (SWAp): a coordinated donor approach whereby funding from different donors is pooled to promote increased health sector coordination, stronger national leadership and ownership, and strengthened countrywide management and delivery systems. SWAp is a government approach which provides the Ministry of Health with the leadership and only funds activities in the national health sector plan. Donor funds are pooled and earmarked for high priority activities, such as essential health packages (e.g. Uganda, Tanzania). It replaces traditional project-centred approaches to funding.

Health Systems Strengthening: any strategy for strengthening health systems needs a basic shared perception of what a health system is, what it is striving to achieve, and how to tell if it is moving in the desired direction. Source: *World Health Organisation (WHO), 2007*

International Health Architecture: the network of international organisations and internationally agreed arrangements designed to improve health and aid modalities This will include bilateral donor organisations e.g. (USAID, GTZ, DFID, JICA), multilateral organisations (UN, WHO, EU) and NGOs (Save the Children, etc).

Vertical Health Programme: a programme aimed at countering specific diseases often promoted by donor and aid agencies. These have come under scrutiny in recent years because they do little to strengthen health systems as a whole. The general move now is towards health system strengthening.

UK FIND OUT MORE

Find out the following from your DC partners:

- **What are the priorities?** Look at the key health policy documents for your partner's country. Is there an Essential Health care Package? Health Sector Strategic Plan? What are the national challenges and priorities? This will help you to better understand the needs that your partner identifies and ensure that the work is aligned to national priorities (remember the Paris Declaration on page 33). Perhaps your Link can help deliver training that has already been identified on Implementation Plans.
- **What is the health aid architecture?** Who are the main donors, what they are addressing and how? If funding is through a SWAp, local districts will have more authority to determine their needs. Can you help feed into this?
- **Is health care decentralised with authority devolved to the districts?** What powers does the Ministry of Health have and what do District Headquarters do? This will determine who the key people you need to speak to are.
- **Is health care free of charge or do people have to pay a user fee?** Are drugs free or charged? This will determine how early people present to health facilities and how busy they are.
- **What are the key cadres of health workers?** Many countries have mid-level cadres of health workers, such as Clinical Officers and Medical Assistants, which often carry out the work of doctors in rural areas. They take less time to train than doctors and, in many cases, retention levels in rural areas are better.
- **Who are the patients?** The socio-economic situation of patients will often determine the issues which are presented.

Appendix 5. The health context

Note that this section will not be an accurate representation of all countries and makes some broad generalisations

A context comparison...

	DEVELOPING COUNTRIES	UK
Doctors: Patient Ratio	1 : 48,000 (Malawi)	1:450
Nurses: Patient Ratio	1 : 4500 (Ethiopia)	1:80
Public Health Services	<p>Structural Adjustment Programmes (SAPs) imposed in the 1980s by the World Bank and International Monetary Fund meant that many countries had to cut back on public services, including health and education services, to pay off their debts.</p> <p>The consequences? Patients being charged for services, hospital cut backs, fewer health workers trained and rising ill health. With the realisation that there is a close association between health and poverty, public health services are now back on the agenda and many countries are beginning to provide free health care. Following the Gleneagles G8 summit in 2005 the writing off of debt has meant that some countries, such as Zambia, no longer charge user fees in health facilities. Many challenges still exist including severe shortages of health workers and resources.</p> <p>Many countries currently have an active NGO sector providing additional health services. For example the Christian Health Association of Malawi (CHAM) is the umbrella organisation for Christian owned health facilities and provides 37% of the health services in the country.</p>	<p>There is a publicly funded health system in the UK, referred to as the National Health Service (NHS), which was established in 1948. The NHS provides the majority of health services in the UK and is the largest employer in Europe.</p> <p>The NHS holds a vast range of expertise and providers range from GP practices to teaching hospitals and specialist Trusts providing referral services. A DC organisation linking with an NHS facility will need to think about which type of NHS institution matches their requirements most closely. Refer to Appendix 2 for an overview of the NHS.</p>
Funding of Health Services	<p>Government budgets are small and health spending is often topped up through bilateral donor (e.g. DFID, JICA, GTZ) budget support. Revenues from taxation are small due to a large informal economy. This makes it difficult for the governments to plan and budget in the long term.</p> <p>Some countries have developed Health Sector Wide Approaches (SWAp) which coordinate all donor funding for health and decentralise power within countries.</p> <p>Many countries still charge user fees for health facilities although the trend is towards free services, especially for mothers and children. Many countries are exploring different options such as health insurance and public-private partnerships.</p>	<p>The UK is a welfare state and has a publicly funded (through taxation) health care system which is free at the point of delivery, although private service providers also exist.</p>

Continued on following page...

A context comparison...

	DEVELOPING COUNTRIES	UK
Human resources for health	<p>There is a critical shortage of human resources in health. This has been caused by a combination of:</p> <ul style="list-style-type: none"> • Brain drain to developed countries, • Low output of trained health workers, • Loss from the systems due to negative work environment, low salaries, death, etc • Recruitment into NGOs and other development partners. <p>Expat doctors, primarily from Cuba, Egypt, Europe and America often fill gaps where there is a shortage of local doctors. This can create language and cultural problems and create problems for long-term sustainability.</p> <p>Emergency plans are being made to increase training output and build the capacity of the human resource base (see p16 on 2006 WHO Report). These need to be backed by international reinforcement. But retention, motivation and professional development of staff are still some of the key challenges. Links may be able to play a role in this.</p>	<p>In the past health worker output from UK training schools has not been sufficient to match demand (although now output is greater than demand). This resulted in recruitment drives for health workers from overseas and many health workers from Africa and Asia migrated to work in the UK, to the detriment of their own countries.</p> <p>In 2004 these recruitment drives were stopped. The UK has increased the training capacity of its medical and nursing schools. Tougher immigration rules are having a deterrent effect. Links are a way of putting something back.</p> <p>Global ethical recruitment code on its way www.who.int/workforcealliance/about/taskforces/migration/en/index.html</p>
Clinical training	<p>Some countries may only have one medical school with a small yearly output of doctors.</p> <p>Due to the extreme shortage of doctors and their unwillingness to stay in rural areas, many countries have been training midlevel health professionals (e.g. health officers in Ethiopia) to fill this gap. These health professionals are trained in basic medical sciences, public health and clinical medicine and are usually responsible for delivering health care in rural health centres and hospitals.</p> <p>Nurses also play a very important role in the delivery of services. However a common challenge is bridging the gap between theory and practice.</p>	<p>Training of health professionals takes place within universities that work closely with teaching hospitals.</p> <p>All health worker training schools, be it for nurses, doctors, midwives or dentists, are incorporated within universities. All matters relating to admissions, the curriculum, learning resources, teaching quality assurance, student welfare and examinations are the responsibility of the university. Some of the teaching however, particularly the clinical elements of the course, is devolved to NHS Trusts. Each university is linked with one or more large teaching hospitals, but students also receive instruction at district general hospitals, mental health trusts, and in GP practices.</p>
Health priorities	<p>High burden of chronic, communicable diseases and trauma-related deaths and disabilities. Many preventable illnesses are not being addressed due to shortages of health workers and weak systems.</p> <p>Some development approaches, such as vertical health programmes focusing solely on issues such as HIV, have inadvertently weakened health systems.</p>	<p>High burden of chronic diseases and an ageing population. Focus on patient-centred approaches.</p>

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A context comparison...

	DEVELOPING COUNTRIES	UK
Private health care	<p>The crisis of public health provision has resulted in the emergence and expansion of private health services. These may be local private providers or international providers and offer both generalist and specialist services. There is very little regulation in the private sector causing concern over the quality of some services provided by individually run private clinics.</p> <p>Private hospitals tend to be well resourced and often have good facilities and levels of care but high costs inhibit the majority of the population to access these services. If a Link request is made from a private provider consider whether they provide free services to children or patients who cannot afford care and whether the work of the Link would benefit this group of people.</p>	<p>Private hospitals exist in the UK for those who are willing to pay for their treatment, but it represents less than 10% of the UK health care and is used largely to top-up services. Generally speaking Links are with NHS organisations and there is little interaction with private health care providers.</p>
Traditional health care	<p>In many African, Asian, and South American countries traditional medicine is widely used and helps to meet some of the primary care needs. In Africa up to 80% of people use traditional medicine. Some collaboration may occur between traditional healers and western medicine practitioners, particularly in primary care. For example in some countries, traditional birth attendants rather than midwives will assist in the majority of births.</p>	<p>In the UK adaptations of traditional medicine are termed 'complementary' or 'alternative' medicine. Many stem from traditional Chinese medicine or alternative therapies. The NHS sometimes includes certain alternative approaches, such as acupuncture, in its provision, but most services of this kind are sought and paid for on an individual basis and are not involved in Links.</p>
Find out more	<p>World Health Organisation (WHO) is the directing and coordinating authority for health within the United Nations system. It is responsible for providing leadership on global health matters, shaping the health research agenda, setting norms and standards, articulating evidence-based policy options, providing technical support to countries and monitoring and assessing health trends. If you are contributing to the development of protocols or guidance you should refer to WHO samples.</p> <p>www.who.int</p> <p>The Ministry of Health of your partner's country will have key documents which you will need know about.</p>	<p>www.nhs.uk gives you access to the NHS portal where you can find out about different hospitals, the services they offer and the key consultants working there.</p> <p>www.ucas.ac.uk you can search under medicine, nursing, midwifery and the different allied health professions to find a list of all universities in the UK offering health courses</p> <p>The British Medical Association (BMA) www.bma.org.uk</p> <p>The Medical Royal Colleges, the Royal College of Nursing and the Royal College of Midwifery</p>

Appendix 6.

Template Memorandum of Understanding (MoU) for a Link

Many Health Links choose to sign a Memorandum of Understanding (MoU), either at the start of the Link or to formalise the work of an existing Link. Developing an MoU can be an important way to ensure that both partners agree on the broad purpose of the Link, as well as setting out how the two sides will work together. An MoU can encourage a greater feeling of ownership by both partners – provided that the process of developing and drafting the MoU is a true collaboration, rather than being driven from the UK.

Some Links choose to write a brief one-page MoU, while others prepare a more formal and lengthy document. The following relatively short example is based on a range of MoUs developed by real Links. *It is intended to serve as an example only* – please ensure that any MoU you sign has been adapted to fit with your specific needs and that it also meets the laws and regulations of any relevant bodies operating in the countries involved.

MEMORANDUM OF UNDERSTANDING Between XXX and YYY Dated xxx	COMMENTS:
<p>1) Introduction</p> <p>Organisation XX and Organisation YY hereby agree to develop a Health Link (known as 'the Link') between both organisations, with the aim of fostering cooperation and the exchange of knowledge and skills in the areas of: xx and xx</p> <p>Organisation XX and Organisation YY share the belief that exchanges of skills and experience are an important resource in:</p> <ul style="list-style-type: none"> • Supporting improvements in health services and systems in developing countries, • Bringing personal and professional benefits to health workers in the UK and, • Enhancing solidarity between those from different countries. <p>We acknowledge, therefore, a mutual interest in working to support health systems and in building the capacity of health workers in country xx.</p> <p>We share a commitment to the following key principles. We will:</p> <ul style="list-style-type: none"> • Respond to priorities identified by Organisation XX (the 'southern' partner), in dialogue with Organisation YY. • Ensure that the Link focuses on areas where there is a demonstrable health care need, or need for health system strengthening. • Ensure that the activities of the Link are in alignment with national and local healthcare priorities and plans in country xx. <p>The agreement to form a Link has the full support of the Board at Organisations XX and YY (following meetings on xx).</p>	<p><i>Example areas of knowledge and skills e.g. education, clinical practice, training, working practices, technologies, health system strengthening, research.</i></p> <p><i>As well as Board support, some MoUs also mention relationships with DFID, Royal Colleges, THET or other supporting organisations here.</i></p>
<p>2) Purpose of the Link</p> <p>The Link will encompass:</p> <ul style="list-style-type: none"> • xx • xx • xx 	<p><i>This should describe the main purpose or broad aims of the link</i></p>

Continued on following page...

Appendix 6. Template Memorandum of Understanding (MoU) for a Health Link

<p>3) Alignment</p> <p>In line with the 2005 Paris Declaration on Aid Effectiveness, we acknowledge the importance of ensuring that the Link is in alignment with the health care priorities and plans of the Ministry of Health in country xx, and with local health plans for region xx.</p> <p>We will therefore make every effort to ensure that all activities of the Link are in line with current health care plans.</p> <p>This has been discussed with the Ministry of Health in country XX (during meetings on xx dates).</p>	<p><i>Reference could be made here to specific local or national health plans eg a national xx-year health plan, or Basic Health Package, where available.</i></p> <p><i>This section could also discuss how updates will be provided to the Ministry or other official bodies, if these have been requested.</i></p>
<p>4) Coordination, roles and responsibilities</p> <p>Each organisation will establish a (describe group eg Steering Group, Link Committee) to coordinate the work of the Link. The group will meet (frequency), and will comprise the following people:</p> <p>For Organisation XX [] For Organisation YY []</p> <p>The key roles and responsibilities for the (Steering Group/Link Committee) will be:</p> <ul style="list-style-type: none"> • xx • xx <p>Key contacts: In addition, we nominate the following staff as Link Coordinators, who will be the normal initial contact points for information or action points for this Link:</p> <p>For Organisation XX [] For Organisation YY []</p> <p>The specific roles and responsibilities of the Link co-ordinators will be:</p> <ul style="list-style-type: none"> • xx • xx <p>Ways of working together: In carrying out the roles and responsibilities described in this section, each side agrees to work with consideration for the other and to foster mutual respect.</p>	<p><i>Roles and responsibilities can include, for example, communications with partners, fundraising, and publicity as well as development/review of plans.</i></p> <p><i>Having named contacts can be a useful way to make clear who is the first 'point of call' - but see Chapter 2.3 on communication, for suggestions on broadening communications as a way to avoid bottlenecks.</i></p> <p><i>Specific issues of importance to your particular Link relationship could be mentioned here. To give one example, you might like to agree to arrange visits so that they are convenient for both sides and do not coincide with the 'no visit' periods of the host organisation, where these exist.</i></p>
<p>5) Communications</p> <p>Our preferred methods of communication are: xx</p> <p>All communications regarding the activities of the Link will normally be copied to: xx</p>	<p><i>Specify here if email, phone, fax or post is preferred. This can help prevent the communication difficulties that can arise when, for example, one side relies heavily on email, while the other side - with less reliable ICT - prefers phone or post, and checks email only rarely.</i></p> <p><i>It can be useful to copy communications about the Link to several people; this can help prevent delays when, for example, one person is away or has email difficulties. Unanswered emails and letters can quickly lead to frustrations.</i></p>

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Appendix 6. Template Memorandum of Understanding (MoU) for a Link

6) Planning, development and activities

We are committed to the principle of responding to the priorities identified by Organisation XX (*the southern partner*), in dialogue with Organisation YY.

We acknowledge that planning is most effective when there is input from a range of people from both Link partners - and from other stakeholders.

(For a new Link)

Before specific activities begin, the priority needs will be identified and agreed. Both sides will work together to agree overall outcomes and to prepare a detailed (*costed?*) plan of activities (*for xx years?*), including estimates of the required resources (including staff time).

The process for development and review of these plans will be: xx

(For an MoU formalizing an existing Link:)

This MoU recognizes and encompasses the existing activities taking place between the organisations, including:

- xx
- xx

In addition, Organisation XX has identified the need for xx and xx. As a result, new outcomes that will be established under the Link include:

- xx
- xx

These will be delivered through the following outputs and activities:

- xx
- xx

The process for development and review of these plans will be: xx

For guidance on planning, and programme design, please refer to the following THET resources:

- *Chapter 2.2 of this Manual.*
- *The Monitoring and Evaluation Toolkit (see p89).*

For both new and existing Links

Will detailed activity plans be developed? Will they be costed? How many years will these plans cover?

You might like to have an activity plan attached to the MoU as an Appendix.

Describe the role of Link Committees, panels or others involved in developing and reviewing plans here - or refer to Section 4

7) Monitoring and evaluation

We are committed to tracking our progress regularly, to learning from our experiences, and to sharing this information with each other - and with other organisations that might benefit.

Monitoring

Regular monitoring of the Link's activities will be carried out in the following ways:

- xx
- xx

Evaluation

Specific activities and visits will be evaluated (when? How often?) and each partner will provide feedback to the other.

For both monitoring and evaluation, consider -

- *What data will need to be collected?*
- *How will it be collected?*
- *How often?*
- *How this will analysed and reviewed.*

For each item it will be helpful to agree who will carry out the work, and when and to check that this is realistic.

For detailed guidance please refer to THET's forthcoming Monitoring and Evaluation Toolkit.

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Appendix 6.
Template Memorandum
of Understanding (MoU)
for a Link

<p>8) Entry into effect, amendment and termination</p> <p>This MoU shall come into effect from the date of signature by the heads of the two organisations involved. This MoU shall continue in effect, with modification by mutual agreement, until it is terminated by either party.</p>	
<p>9) Duration and review</p> <p>We shall review the operation of this MoU in (xx months or years) after its signature. At that time, we will consider how well the MoU is working and review progress; we will consider whether the MoU should be extended - and if so, what further deliverables should be identified.</p>	
<p>10) Additional sections</p> <p>Other sections that you might like consider adding to your MoU include:</p> <ul style="list-style-type: none"> • Settlement of disputes • Confidentiality • Auditing - including frequency, and who will cover the cost of this • Visits - including agreement over appropriate timings for visits, and who will cover the costs • Financing - eg, estimating total costs per year and detailing how this might be met - perhaps with a disclaimer for the UK side in the event that they are unable to raise sufficient funds 	
<p>11) Signatures</p> <p>This MoU is signed by</p> <p>For Organisation XX: [name, signature, date]</p> <p>For Organisation YY: [name, signature, date]</p>	

Appendix 7: Links report template

VISION 2020 Links Programme Report Template

<p>DATE OF VISIT:</p> <p>LEAD:</p> <p>LINK PARTNERS: AFRICA: UK:</p>						
<p>Brief description of the Link</p> <p>Link project's overall objectives</p>						
<p>Activities undertaken during the visit (training etc):</p>						
Activity	Date	Lead person	Who and how many took part	Outcome	Assessment	Follow-up
<p>Were any barriers or problems encountered and if so how were they overcome?</p>						
<p>What benefits did the project bring to individuals and the communities overseas?</p>						
<p>What professional benefits did the team members gain?</p>						
<p>What future activities are planned?</p>						
Activity	Date	Lead person	Who will take part	Outcome	Assessment	
<p> </p>						

Appendix 7: Links report template

REPORT TEMPLATE EXAMPLE

Links Programme Report Example						
Activity carried out	Date	Lead person, UK & Africa	Who and how many took part	Outcome	Assessment	Follow-up

PLANNED FUTURE ACTIVITIES

Links Programme Report					
Activity (includes follow-up from previous visits)	Proposed Date	Lead person, UK & Africa	Who and how many are expected to take part	Expected outcome	Assessment

Appendix 8. Resources in health information

Contributed by Partnerships for Health Information (PHI)

There is a plethora of resources and this list is highly selective. It is worth bearing in mind that the most valuable resource when searching for health information is often a person, who may be a health care professional or a health information specialist/librarian, so first make sure you are linked into a network of people interested in health information.

People

HIFA2015 (Health care Information for All by 2015) is a campaign and knowledge network with more than 2000 members from 135 countries Worldwide. Members include health workers, publishers, librarians, information technologists, researchers, social scientists, journalists, policy-makers and others who all work together towards the HIFA2015 goal - *By 2015, every person worldwide will have access to an informed health care provider.*

HIFA2015's lively discussion forums are demonstrably assisting collaboration and knowledge sharing. Olayinka Ayankogbe, Medical Lecturer, Nigeria wrote on 13 Jan 09:

"...Via HIFA2015, I have been able to talk to leading and top officials of governments, funding agencies, NGOs, leading academics from over 10 countries including the US, Canada, UK, Australia and leading information experts from India! The HIFA2015 network is simply wonderful. I have made contacts with top brass in WHO... I have become an international and global contributor to health Issues...Please join this network! Especially if you are a doctor in information-starved Africa!"

For more information and to sign up go to www.hifa2015.org

Books

A good source of tried and trusted textbooks is **Teaching Aids at Low Cost (TALC)** whose core objective is to provide free and low cost health care books and accessories to educate people across the World. TALC offers many essential texts in a wide range of areas including tropical medicine, HIV/AIDS, nursing, surgery and child health. www.talcuk.org

TALC also distributes large quantities of high quality and relevant electronic health information free to health care workers in developing countries through its eTALC CD-ROM service suitable for those with computer, but no internet access. Resources include journals, books, newsletters and interactive educational content, donated by a variety of NGOs, publishers and individuals involved in health and development in developing countries. Some of the organisations who regularly contribute material to e-TALC include the World Health Organisation, the British Medical Journal and the Lancet.

Past issues of e-TALC are available on the website www.talcuk.org/etalc/past-issues.htm

Journals

HINARI Access to Research Initiative, a WHO programme, is the premier electronic-journal resource available to developing countries. The HINARI Programme was set up by WHO together with major publishers and enables many developing countries to gain access to one of the world's largest collections of biomedical and health literature. Over 6200 journal titles are now available to health organisations in 108 countries, benefiting many thousands of health workers and researchers, and in turn, contributing to improved world health. www.who.int/hinari

Tropical Doctor is a journal aimed specifically at developing countries and includes information on the prevention, management and treatment of prevalent diseases in tropical and developing countries. Contributions tend to be practical rather than academic and span a wide range of subjects.

Databases

PubMed: MEDLINE is the premier database covering medicine and health journal literature, which is produced by the National Library of Medicine (NLM) in the U.S. PubMed is its free search interface and is used by HINARI to provide access to MEDLINE www.ncbi.nlm.nih.gov/pubmed/

Cochrane: This database offers free access to the abstracts and, where available, the plain language summaries of all Cochrane systematic reviews. Links to the full-text versions are available on each page. www.cochrane.org/reviews

Appendix 8. Resources in health information

Websites

Essential Health Links provides a gateway to more than 700 selected websites of interest to health and information professionals and researchers, publishers, and NGOs in developing countries. The gateway is hosted by the non-profit organisation SateLife/Academy for Educational Development (USA).

The Essential Health Links gateway www.healthnet.org/essential-Links provides a general overview of what textbooks and teaching aids are accessible via the Internet. It contains 3 main sections including; General Resources (e.g. search engines, research networks, disease classifications, evidence based medicine, full-text E-books, image collections, WHO sites and useful email lists); Subject Index (e.g. HIV/AIDS, Public Health and Tropical Medicine and Infectious Diseases etc.); plus Library and Publishing Support (e.g. Internet Skills and Publishing Tools).

And finally don't forget to talk with, and involve local librarians at both ends of the partnership in helping you. Librarians and libraries make a vital contribution to health and health care.

Appendix 9. Sample donor mapping exercise

Elements of a donor mapping exercise (sample)

Constituency	Potential donor	Method of approach	Pros	Cons	Anticipated outcome?
Your institution	Trust Board	Will they consider supporting the work of the link financially?			
	Charitable Fund	<ul style="list-style-type: none"> Are there resources within the institution (eg hospital's charitable fund) that can be used to support the Link? If not, can the charitable fund (ie charity number) be used as a vehicle for fundraising? 			
Your community	Colleagues/staff	<ul style="list-style-type: none"> Payroll giving Involvement in events 	Reliable, steady source of income. Potentially a lot of participants!	Initially admin-heavy in set up	
	Patients, local residents etc.	<ul style="list-style-type: none"> Involve in events Communicate news of Link via newsletter etc 	Possibly biggest single constituency. Lots of small donations can add up! Generally, individuals have most loyalty to local causes.	Some events can be time consuming and may involve considerable up-front costs	
	Events	<ul style="list-style-type: none"> Many different possibilities 	Opportunity to inform people of work while having fun.	As above	
Grant-making bodies	Charitable trusts and foundations	<ul style="list-style-type: none"> Appeal writing 	Can be high value source of income for discrete projects.	<ul style="list-style-type: none"> Takes time for return (trustees meetings can be monthly, quarterly or annually) Usually only small unrestricted grants (up to £1k) Usually have strict criteria about what they will/will not fund Often prefer grantee to have charitable status Admin-heavy activity (research, appeal-writing, follow up etc) 	
	Health Link specific grants			Work involved in preparation of application	
	Education stream grants				

"I congratulate THET on the production of such a comprehensive, yet user-friendly Manual, which will be an invaluable resource for all those involved in health Links. A definitive guide to good practice, it will support the development of effective, dynamic links that really do make a difference to healthcare services in some of the poorest areas of the world."

Sally Venn, Lead for International Health,
National Public Health Service for Wales, UK

"Over the years our Link with Leicester has helped us to look at new ways of doing things and has supported our professional development. However I think this Manual will help us all to consider and understand what we need to do to make the impact of this work even greater. I look forward to working through it with my colleagues."

Hibritu Mengiste, Head of Nurses,
Ophthalmic Unit, Gondar, Ethiopia

"This Manual brings together many years of learning and best practice. It is an excellent resource, providing guidance for Links whether they are firmly established or just getting off the ground. It will prove valuable for the RCP's own link with the West African College of Physicians."

Matthew Foster, Head of International Affairs,
International Office, Royal College of Physicians, UK

"The success of a Link lies in setting the priorities correctly i.e. within the existing National Health Policy and utilising the existing health architecture. Change happens slowly. When we started our link way back in the early 1990s, we did not have any guidelines. This Manual will help all those involved in Links to learn from other peoples' successes and mistakes making it harder to go wrong."

Agatha Nambuya, Senior Consultant Physician,
Mulago Hospital, Kampala, Uganda

"This is an impressive Manual which brings together the practicalities of running a Link. A vital piece of reading for all those engaged in Links."

Morag Reynolds, Public Health Development Lead for Primary Care/
Health Links Co-ordinator, Sefton PCT, UK