Background

In 2008 NHS South Central launched a novel initiative entitled ‘Improving Global Health through Leadership Development’, aiming to provide both leadership development for NHS staff, and improve health in developing countries. The first partnership of the scheme was formed with the Maddox Jolie-Pitt Foundation in Cambodia, one of the poorest countries in the world with a human development index rank of 142 out of 169 countries. Since September 2008 over 30 health professionals (termed ‘fellows’) have spent between 2 and 6 months working with MJP’s health team, focussing on capacity building, with an emphasis on applying quality improvement methodology to improve services at two rural health facilities supported by MJP.

The NHS is attempting to embed the following 6 principles into its workstreams:
1. The implementation of higher standards of clinical care with improved systems and processes
2. Appropriate service delivery and improved access to care – getting the right skills, equipment and people in the right place and encouraging patients to use them.
3. The transfer of technical, clinical and problem solving skills to MJP staff and other stakeholders
4. The development of a culture of continuing professional development (CPD)
5. Supervision and support for Cambodian health workers
6. Data collection for the assessment of outcomes, knowledge and skills from the current baseline positioning.

NHS Fellows have been applying RAID methodology (Review, Agree, Implement, Demonstrate) and PDSA cycles (Plan, Do, Study, Act) whilst working in Cambodia. They have been mentored by UK Quality Improvement experts.

Aims

The aim of the study was to evaluate the contribution of the ‘Improving Global Health through Leadership Development’ scheme towards supporting the delivery of improvement in health and healthcare in Cambodia, drawing examples from the family planning workstream.

The study covered the first two years of the partnership between NHS South Central and MJP (Sep 2008 - Sep 2010)

Methods

Predominantly qualitative methods were used together with a review of documents and monitoring data.

It focussed on the process and outcome aspects of the logic model. This is consistent with current guidance on health field evaluation and the notion that ultimately, good process will lead to good outcomes and impact. It also focussed on the family planning service – one of the first and longest running workstreams established.

The evaluation specifically sought the Cambodian perspective of the partnership.

![Figure 1: Map of target area in Cambodia](image)

![Figure 2: Logic model applied to the family planning workstream](image)

Conclusions & Future Research

The findings from this evaluation suggest that ‘Improving Global Health through Leadership Development’ has contributed towards the improvement in health and healthcare within MJP’s target area in Cambodia. There was evidence of two years ago because some clients have reduced their reproductive activity and their living status is a bit improved. The last two years, they had a lot of difficulties in life and had more children and later on they reduced their reproduction due to the family planning service “villaged”

It was beyond the scope of the study to formally estimate contraceptive prevalence in the area, before and after intervention.

Quality Improvement methods

Quality Improvement methods were not being specifically taught to the Cambodian health care workers. As such, it was not possible to seek their perspective on specific methodologies being applied. However, NHS Fellows have generally reported that methods such as RAID are well suited to the Cambodian setting. Furthermore, skills gained in the Cambodian context can be transferred back to the UK setting, and this has been the subject of a separate evaluation.

Selected references

- Gordon M, Potts C. What difference are we making? A Toolkit on Monitoring and Evaluation for Health Links. Tropical Health and Education Trust.
- Ewe, Kate Lees, Mr Mean, Sisocheata Phally, Mr Chee Lean, Dr Chiew Loon, Dr Liew Yean Wee, Ms Cheang Geneviève LAMTH, Adam Kamradt-Scott. Photofish for: interpreting & all those who took part in this study.

![Figure 3: Cambodian stakeholders in the family planning workstream](image)

![Figure 4: Timeline of the family planning workflow at Kampot Touk](image)