

Strategies

Background/context

The support of UNV Medical doctors will make a significant contribution in Lesotho's efforts to address the human resource crisis in the health sector and will make a direct contribution towards the attainment of Millennium Development Goals:

- **MDG 4 Reduce child mortality:** To reduce by two thirds the mortality rate among children under five by 2015.
- **MDG 5 Improve maternal health:** To reduce by three quarters the maternal mortality ratio by 2015
- **MDG 6 Combat HIV/AIDS, malaria and other diseases:** To halt and begin to reverse the spread of HIV/AIDS

The joint programme will also have an indirect contribution towards MDG 1 Eradicate extreme poverty and hunger.

With the focus being on improving delivery of health services to all, contributions from this joint programme to the outcomes in the United Nations Development Assistance Framework (UNDAF) 2008 – 2012 are multiple.

- Outcome 1: Capacity strengthened to sustain universal access to HIV prevention, treatment, care and support, and impact mitigation
- Outcome 2: Improved and expanded equitable access to quality basic health, education and social welfare services for all
- Outcome 4: Governance institutions strengthened, ensuring gender equality, public service delivery and human rights for all by 2012

The project will also complement efforts from other development partners such as the Millennium Challenge Cooperation, Irish Aid and others who are injecting support to improve the infrastructure and equipment in health facilities across the country. It will further speed up government intentions of getting regional hospitals operational in the South, North and Central regions which will improve the quality of health care provided to the people of Lesotho.

Lessons Learned

UNV volunteer medical specialists in Southern Africa

This project has drawn on similar UNV projects in Africa (Malawi, Niger and Limpopo, South Africa) where medical personnel have been deployed as volunteers to provide improved medical services to the local population and to build local capacity to ensure the continued delivery of quality medical care after the International UNV volunteer placement has ended. While formal assessments of these projects are planned for 2009, general interim feedback indicates their successful implementation, with the UNV support to the Health Sector.

MALAWI

UNV Medical doctors have been working in Malawi since the initial UNV Medical doctor programme started in 2004 which fell under the Southern Africa Capacity Initiative (SACI). UNDP recruited nine international medical specialists to fill crucial gaps in the medical service sector. The project was developed within the framework of the Public Sector

Management Reform Programme. In 2005, the programme grew as Ministry of Health made available funds from Global Fund to fight against AIDS, Tuberculosis and Malaria, recruiting Medical Doctors for the district hospitals and ART supervisors for the Central Hospitals. The project has been seen as achieving results and is one of the biggest successes emerging from the original SACI. The Ministry of Health has remained committed to the programme's success and the number of UNV Medical doctors has increased. In 2008, there were on average 39 UNV Medical doctors working in Malawi, specialists, district medical doctors and ART supervisors fully funded by Ministry of Health aided by Global Fund. Thanks to the programme there is now at least one doctor working in every district in Malawi.

There are a number of lessons to be learned from this programme. Most importantly communication and coordination between UNDP, Ministry of Health and NAC needs to be improved. Support to the hospitals also needs to be increased so that the hospitals can better prepare for the arrival of UNV Medical doctors. Experience has shown that hospital staff is often not ready for the UNV Medical doctor's arrival, they do not have an understanding of what the UNV Medical doctor's role should be and how UNV Volunteers fit in the system. Within the Ministry, the programme has also suffered for lack of communication. It has proven important to document all communication and keep all stakeholders well informed of all decisions. UNDP and UNV also need to improve information sharing with the Ministry of Health and mutual sharing of individual annual performance assessment reports.

The programme has been very successful in the sense that the level of UNV Medical doctors has steadily increased and they continue providing services in Malawi. However, it has proven difficult to move beyond mere gap filling to assist with more permanent Capacity Development. Some transfer of skill has undoubtedly taken place at hospital level but not on a desirable scale. A number of factors have contributed to this. First of all, the lack of support staff; most staff at hospital level is overworked because of high vacancy rate and high absenteeism. The doctors have complained that it is hard to teach staff that is absent. Some problems can also be attributed to attitude problems and the aforementioned lack of understanding of the role of UNV Medical doctors.

Secondly, the environment of the UNV Medical doctors is complicated and they find it hard to base their work on their Terms of Reference. With the need for their service delivery being high and the lack of support staff, they don't have ample time to systematically develop capacity of national counterparts.

The monitoring mechanism could also be improved by adding indicators that show whether UNV Medical doctors are achieving results in their work place. Monitoring trips need to be increased and conducted at least quarterly to support the work of the UNV Medical doctors.

NIGER

Niger is struggling with a different set of issues in their support to the achievement of the Millennium Development Goals. In this case, improving the indices for maternal health is a main priority in the country (maternal mortality stands at 648/100,000 births – which is amongst the highest in the world). Interesting to note is that this index for Lesotho is even higher 762/100,000 births in 2005). Insufficient and under-qualified medical staff at local level is considered as a major contributing factor to this development challenge in Niger. In response, a national programme on reproductive health has been created under which UNV medical doctors have been recruited in support of the objective to provide universal access to equitable and quality health services.

Through a partnership amongst UNDP, UNV, UNFPA and the Ministry of Health, 10 out of 40 districts were targeted to deploy UNV surgeons and midwives. The UNV volunteers serve a dual purpose 1) as an immediate measure to bridge the skills gap and 2) to build local skills over the long run. The evolving objectives of the programme are managed through quarterly reporting at the district level. Results reporting highlight significantly improved maternal mortality rates in hospitals where the UNVs are put to work.

- Filingué Hospital
Maternal mortality: 43%0 in 2006 reduced to 25%0 in 2007
- Maine Hospital
Maternal mortality: 15 %0 in 2006 reduced to 4%0 at the end of the first semester in 2008
- Matameye Hospital
More than 1,600 surgical interventions out of which 500 were related to reproductive health

The significant impact on achieving MDG3 (Promoting gender equality and empowering women) and MDG5 (improve maternal health) is such, that there is now a request to extend the programme (for a longer period and into the remaining priority districts). One of the remaining challenges to be addressed is the transfer of skills as the priority has been on saving lives. To do so, there is an agreement 1) to jointly monitor skills transfer indices as a measure of success for the programme (which has previously not been the case) and 2) ensure that the national counterpart at the district level is taking ownership of the programme through better preparation, support and follow-up at the management level.

SOUTH AFRICA

In 2004, in an attempt to address the human resource challenges in the health sector and to comply with the National Health Act 61 of 2003, UNDP South Africa in partnership with the Department of Health and Social Services in Limpopo developed a project - UNV Support to the Health Sector in Limpopo - to provide essential international UNV support to the Limpopo province. The main aim of the project is to provide continuity of the first phase of the project, which is to extend the UNV/UNDP assistance to the Government of South Africa to enable efficient delivery of health care services in Limpopo Province. The methodology used is through recruitment of international medical specialists to serve in the mainly disadvantaged areas of the province, whilst the Government prepared to attract South African medical specialists. The key components of the project are capacity building and provision of health services through the recruited medical professionals.

Over the years, the recruited doctors have been deployed in several hospitals in Limpopo, mainly the rural areas where they bring relief to the acute shortage of service provision. Their impact is felt especially during the holiday seasons, when most of the local medical specialists go on leave - a period which is usually characterized by a sudden increase in serious emergencies, requiring dedicated medical practitioners to save lives.

As volunteers, the doctors contribute an average of 55 hours per week per doctor, which is a significant extent towards the improvement of service delivery in the Province. The transfer of skills from UNV Volunteers to local medical personnel has been continuous and, in some hospitals, some of the UNV Medical doctors have been afforded extra responsibility of managing certain programs, as is the case in the HIV & AIDS Clinic in Dilokong Hospital.

In addition, together with the Provincial and National Health authorities, the UNV Volunteers will lead a "Volunteer for Limpopo Province" campaign. By practicing in what is traditionally an unattractive area for local doctors, the UNV Volunteers will promote volunteerism to attract South Africans to serve in the region.

To date, the Project has had 37 UNV medical specialists (in total) under its administration. Of these, 24 are male and 13 female, covering a range of medical specialisations which include: Anaesthesia, Cardiology, Obstetrics and Gynaecology, Orthopaedics, Endoscopy, Radiology, Ophthalmology, Epidemiology, Neurosurgery, General Surgery and Family Medicine. The Project is currently in its 2nd Phase and has 24 UNV under the Project administration. For the period 2005 to 2008 the number of UNVs under the Project administration is indicated in the Table 1 below:

TABLE 2: Breakdown of UNV Medical Specialists in Limpopo Province, South Africa (2005-2008)

Year	Number of UNV Volunteers at end of year	Number of repatriations	Number of new UNV Volunteers recruited
2005	3	3	nil
2006	17	nil	14
2007	27	4	14
2008	24	9	6

UNV and Volunteerism in Lesotho

UNV volunteers have been engaged in Lesotho since 1972, from a high of more than 60 volunteers assisting with food security issues during the 1970s to its current complement of five International UNV volunteers and two International UNV Interns. While there are no National UNV volunteers currently serving in Lesotho, it is anticipated that projects now being developed will engage national volunteers in the near future. Lesotho has experience with different forms and practices of volunteering:

- At community level, mutual help has been practiced for generations and volunteering has deep roots in Lesotho and is part of the culture. Many communities rely on local volunteer associations which have been organised to address specific issues, varying from security to environmental aspects. To cope with the actual HIV/AIDS crisis, many support groups have been organised to provide care for those affected and living with the virus
- From colonial times, volunteer charity organisations and activities have been promoted by the different churches. Care and compassion are also promoted by organisations like the Girl Guides and the Boy Scouts
- After independence, Lesotho has experienced international volunteering organisations which support local activities with expatriate volunteers. Peace Corps with more than 80 volunteers, Skillshare International and UNV are all well known. Skillshare International also mobilises national volunteers, known as 'supporters'
- The Lesotho Red Cross and recently, the National Aids Commission, mobilise an important number of volunteers in support of their programmes. Many smaller NGOs depend on the support of volunteers, both as part of their staff and in support of their programmes
- Unlike other countries in the region, Lesotho has little experience with government led volunteer programmes. From 1993 to 1999, hundreds of volunteers were mobilised in support of environmental activities in the framework of a UNDP

supported project, however the volunteer programme did not continue after the end of the project.

In support of the International Year of Volunteering in 2001, the Ministry of Gender and Youth, Sports and Recreation set up the Lesotho National Volunteer Commission. Several activities were organised and promoted, such as the yearly celebration of International Volunteer Day.

Under the Lesotho Volunteer Forum, UNV Lesotho has succeeded in bringing together a broad base of representatives from government, education, business and civil society organisations, interested in promoting volunteerism in Lesotho. The Forum has engaged in various efforts towards reviving volunteer momentum in the country, through the organisation and celebration of 2007 and 2008 Lesotho International Volunteer Day, information sharing and cooperation in volunteer activity. A second Forum, focusing on youth empowerment, Lesotho Youth Volunteer Forum has also recently been put in place, to draw on the life experiences and expectations of Basotho youth for the promotion of volunteerism.

Both Lesotho Volunteer Forum and Lesotho Youth Volunteer Forum provide a structure and methodology to promote volunteerism for development in all its forms.

The proposed joint programme

A joint programme approach was chosen to harness the unique skills and expertise of partnering UN agencies and to bring them to bear in a joint effort to address the human resource crisis in the health sector in Lesotho. This strategy is aligned to the overall objectives of the UN system in Lesotho to Deliver as One. It will be complementary to the comprehensive training programme for medical staff which WHO Lesotho is supporting; and will leverage the unique strength of UNV to deploy qualified medical staff under the volunteer modality.

As before-mentioned, the deployment of UNV medical staff will serve two main objectives 1) immediate: contribute as a stop-gap measure to resolving the human resource crisis in the health sector and 2) long term: capacity development through quality supervision, peer- and on-the-job learning of medical staff *in situ*. Recruited doctors will be deployed to the areas of need as identified by the Ministry of Health and Social Welfare through the office of the Director General of Health Services. All health facilities in Lesotho will be considered as areas of placement, reflecting their needs and those of the communities they serve. In order to maximize the outreach and capacity development potential of the limited number of UNV medical doctors to be deployed under this programme, it is suggested to place them at the district level as their home base. Placement will be tied in with the existing decentralized system of health service provision. From their home base they are expected to provide roving services to the community level health facilities in their districts. Such roving services will target all health service facilities within their area, including existing hospitals and community health clinics. An initial estimate would be that UNV Medical doctors will spend between 40% and 50% of their time roving the selected health facilities. Through this roving arrangement, it is expected that the services of the UNV Medical doctors can be extended to a large number of the facilities that will be renovated and rehabilitated, among other areas, thereby enhancing the potential of these efforts in improving health services in Lesotho.

At this initial stage of the joint programme, it is foreseen to deploy a total of twenty (20) UNV Medical doctors across a variety of disciplines to offer clinical services and to build the capacity of doctors and nurses currently deployed in medical facilities, to perform their work better. In the first year of the project, twelve UNV Medical doctors will be recruited, with the remainder being recruited in the second year. The number of UNV Medical doctors placed through this joint programme may increase depending on its success and potential to mobilize partnerships with the development partners in Lesotho. The following table shows the required disciplines as per the Ministry of Health and Social Welfare's priority needs.

TABLE 3: Areas of priority for the MOHSW

SERVICE LEVEL/PROGRAMME	DISCIPLINE
Mental Health	Psychiatrist
	Neurologist
Queen II and Regional Hospitals	Obstetrician and Gynaecologists
	Anaesthetists
	Anaesthetic Nurses
	Orthopaedic Surgeons
	Physicians/Internists
	Paediatricians
	General Surgeons
Ministry of Health and Social Welfare Headquarters	Medical Epidemiologist
District Hospitals	General Practitioners (with experience in District Health Management)

Placement will be made following orientation sessions designed to familiarise the volunteers with the country, culture, language, the health care delivery system and other relevant issues. Particular focus will also be placed on providing orientation and training sessions on HIV&AIDS issues and its impact on both the type of health care to be provided as well as practices required by medical staff to prevent infection. These sessions will facilitate the successful induction and placement of the UNV Volunteers within the medical system. Relevant Ministry of Health and Social Welfare protocols and WHO standards will inform the professional induction of the UNV medical doctors. Particular attention will be given during this induction period to familiarization with the health challenges faced in Lesotho: specifically but not exclusively, the high incidence HIV/AIDS; TB and other infectious diseases. In the first instance, intervention will be in the areas of obstetrics-gynaecology and surgical services.

Selection and recruitment of the UNV medical doctors will be done through UNV, with input from WHO, UNDP and others, for example, funding partners, should they so wish. The Ministry of Health and Social Welfare will be involved in the selection and recruitment process in the area of technical competence and expertise.

As an integral part of its efforts to renovate and/or construct health facilities and staff housing, the MCC Health project also includes renovation of Hospital outpatient departments thereby ensuring adequate facilities to work efficiently. More specifically, for the Maseru district, it is anticipated that the UN compound where the UNV Medical doctors will stay (either as temporary pass-through housing or as permanent housing for those doctors deployed in Maseru) will be rehabilitated.