

KGHP: 'Preventing Life-time Disability and Reducing Child Mortality in Sierra Leone by Strengthening Healthcare Infrastructures and Orthopaedic Services through Clubfoot Clinics' (MYG001.15)

Summary of Final Report

Background

The King's Sierra Leone Partnership was set up in 2013 and since then has done many different projects. The King's Sierra Leone Partnership is working alongside local partners to build a strong and resilient health system in Sierra Leone. The King's Sierra Leone Partnership (KSLP) works in partnership to improve health and health services in Sierra Leone. Their partnership is based on ideas of trust and shared accountability between King's Sierra Leone Partnership and their local partners in Sierra Leone.

Project Objectives

KGHP has many objectives they want to achieve in order for their project to be a success. Their objectives are as followed:

- Eliminate life-time disability in children through early intervention enabling them to gain a primary education
- Actively reduce child mortality rates - currently 117 per 1,000 live births
- Provide clubfoot treatment free of charge to all children less than two years of age
- Assist in the Ebola recovery efforts by re-establishing, strengthening and extending the existing healthcare infrastructure and enhancing services, ensuring that protocols are in place to efficiently and effectively respond to future infectious disease crisis.
- Upscale and further develop the Programme since the Ebola Virus outbreak
- Train local healthcare workers in first world medical techniques and practices
- Create awareness of clubfoot treatment and the issues surrounding disability

Overall Activities

Steve Manion, a UK orthopaedic surgeon co-led a 3-day training course for all clinicians and counsellors within the six clinics. During this training course, separate training and discussions were held with the counsellors, they decided which training had relevance to them. Knowledge and training was also conveyed about the difference of 'Postural Clubfoot' and 'Idiopathic Clubfoot'. Postural Clubfoot is not a true structural deformity and can self-correct itself with exercise or one cast only. Idiopathic clubfoot doesn't correct itself and is corrected with casting and bracing. In the past, the difference wasn't known and therefore, people who suffered from Postural Clubfoot were treated as if they had idiopathic clubfoot. KGHP had the aim to ensure that there is a tenotomist available in each region to deal with requests, tenotomy training and supervision is supplied.

KGHP also supplied knowledge and training on the use and storage of clinical records. The importance of notes recording was conveyed to the beneficiaries. Alongside this, KGHP provided each clinic with a custom-made filing cabinet of all notes; allowing easier access to peoples files and

allow Councillors to track down more easily who has not come in recently and enable to contact them for a follow up.

Foot braces for clubfoot were outsourced originally, KGHP supplied training on how to make foot braces as to reduce costs for the clinics and increase the sustainability of the project.

The community involvement had numerous activities to increase the awareness raised. The activities undertaken were; radio programmes, television programmes, parent group meetings and workshops, as well as sessions with the traditional healer's associations.

Successes and Challenges

Over the course of three years, KGHP have managed to achieve the following bullet points;

- 432 new Clubfoot patients
- 6,065 clinic visits
- Opened a new clinic in Port Loko (after closing one in Kambia)
- Trained new clinic staff in Makeni
- Identified and trained 5 Tenotomists (previously there was only one in the country)
- Increased the number of clinics with autonomous Tenotomists from 1-4 (the rest expect to be autonomous by 2019)
- Held a 3 central Ponseti trainings – 1 with a world renowned Ponseti expert
- Awareness raised for surrounding communities

KGHP didn't encounter many challenges with this project. The main challenge they faced was with their COMMCARE phone app. It's used to enter in data and upload it. The issue they have had with it is that it's not consistently been uploading the data and synchronisation has been lost. The weak internet connection is the reason for this issue, to counteract this; the clinics have been prioritising 4G internet dongles.

Another challenge KGHP have to overcome is an existing clinician not allowing a new trainee who has been posted there to participate. This has led to the clinician completing manipulation and casting incorrectly and unsafely.

Project Budget

KGHP has accumulated an underspend of £6010.73 overall for this project, with the budget being £219,593.00 and the actual cost being £213,582.27. There are a number of factors which contribute to this underspend, the overarching section for this underspend being: Personnel.

The budget for Physio Volunteer was estimated to be £19,540.00 for the third year budget; however, the actual cost was £13,763.35. This is an overall underspend of £5,776.65, the most significant underspend throughout the project. Throughout the financial report KGHP supplied, they have very minimal underspends and overspends; however, the accumulation of the minimal underspends was counteracted by the overspend in 'Other programme costs'. There was an overall overspend of £2,551.30 in this section, the largest overspend seen throughout the entire financial report.