

PONT / RCT visit to Mbale Nov 24 – Dec 3 2006

Health / Engineers / Civic

The Team:

Health

Cath Taylor (Team Leader/Primary Health care)
Carl Venn (Data collection)
Sally Venn (Data collection)
Phil O'Leary (Primary health care/antimalarials)
Fay O'Leary (Primary/secondary care/maternal health)
Roger Morris (Primary health care training)
Mel Morris (Health/Schools)
Eryl Hicks (Hospital links)

Engineers

Howard Smith (Engineering/Water)
David Brook (EFOD)
Adam Johnson (EFOD)
Chris Hayward (ARUP)

RCT/Civic

Rob Rowlands (PLO)
Geoff Lloyd (DONS)
Steve Carter (RCT)
Steve Lock (RCT)
Nigel Davies (RCT)

The Vanguard

Rob Rowlands arrived a week prior to the main party, and did sterling preparation work in setting up meetings particularly with the political leaders in Mbale and Manafua. This preparatory work was key to a very successful and productive week. "Wafula" (rain-bringer) also appears to have succeeded in catching the team off-guard without macs and brollies.

Saturday evening introductory meeting

PONT/RCT team; Fred Chemuko (SAO); Stephen Mwelu (UWCM); Vincent Munyosi (Churches/JENGA); Sam Watalatsu (FDNC); Joshua Karim (FDNC); Apollo Mwenyi (Mbale PONT chair); Janet Mwenyi (Education); Irene Watalatsu (Education); Edith Wakumire (UWCM,OVCs); Betty Mabonga (FDNC Chair);

A meeting of introductions, brief review / overview of progress to date, and sharing of aspirations for the week.

A lot of new ideas were shared by GL, time pressures curtailed discussion which continued informally over supper which was shared with OPL course trainees.

Review notes

1. Concept: Working together; networking; learning from one another.
Awareness of each NGOs working, openness.
Consolidation of partnership.
Share exchange visits
Include whole "Greater Mbale" area including Manafua (and subsequently Bududa)

Projects proposed should be well received by the community.

2. Projects: OVCs. Longterm working with families with goats. Mbale team members highlighted some immediate needs for children eg with no funds for stationery for school. Severely destitute families don't even have a habitable home. It was suggested this need was taken to the churches' committee with the suggestion to explore supporting IGAs (Income Generating Activities) to raise from extreme hardship. GL to take this back to PONT churches.

Health worker training. It was highlighted FDNC have capacity deficiencies so not able to fully access HW training. They had 5 OPL trainees on the course during our visit (all passed) who will form the basis for further progress (also other candidates to complete Level 1 training with others from UWCM)

3. Organisation: Capacity Building and detailed organisation support within the NGOs are important areas for development.

4. Funding: Irregularity of supply of funds has caused difficulties to Mbale PONT, with real risk to their credibility with communities, as well as discouragement and potential demotivation for staff and volunteers. It was agreed to work towards transfer of funds quarterly, with receipt of reports 6 weeks prior to transfer of funds on previous quarter's spending and achievements.

New developments: the need for preparation of a bid for WAG funding to support health care twinning links and including professional volunteer support and community links through the Wales for Africa initiative were outlined. The need for a more formal bank account arrangement, committee to administer, and close integrated working between POT, NGOs and DDHS were identified for further work.

5. UN Gold Star: The meeting was informed of the proposed working group in Wales to develop a standard to recognise best practice in community links in development, and to which PONT Mbale partnership had been invited to actively contribute as a strong example of such linking and collaboration.

Sunday As usual, a warm though rather wet welcome to share worship, and meet up with more old friends. Howard visited Big Life, Rhydyfelin's partner church, and others visited First Baptist, where the service ended with the gift of 18 wedding dresses to start up an IGA run by the women of the church. Great excitement and joy as young hopeful brides tried them on!
A quiet afternoon at Salem and Roger leading some Problem Solving training for the OPL course with role play provided an alternative pastime to the visit to Sipi falls.
Evening – GL, CT met with Robbie keen (JENGA) to explore relationship with Mbale PONT

Monday

The whole team were warmly received by LC5, Mbale and letters of greeting and tokens of friendship presented. (see RCT / Civic reports)
DDHS and DEO also received us, the time spent with Dr Francis Abwaimo DDHS being particularly fruitful.
Afternoon visit to the hospital, which proved harrowing for a number of new team members.
Engineers visited with JENGA re water project.

Tuesday

Geoff Cath Howard Chris received by CAO, Manafua district to introduce PONT and the partnership.
Again a very positive meeting with the DHO there, Dr Gideon Wamasebu Simiyu.

Wednesday

PONT hosted a planning meeting at Mt Elgon Hotel, receiving LC5 / officers we had previously met. A very productive session with 3 working groups (Political, Health, Engineering) feeding back into a Plenary session before lunch.

Politics: CAP structure developed.

Engineering: agreed process for works checks and evaluation defined.

Health: Practical working together govt / NGOs agreed with specific project process and areas of responsibility, collaboration defined.

Monday, Tuesday and Wednesday afternoons comprised community and school visits.

Carl & Sally worked with each NGO individually to clarify process of data collection and identify solutions to challenges.

Eryl, Phil, medics visited Busiu HC4 at invitation of Dr Wanae John Baptiste – new build, enthusiastic team, no equipment. Lots of potential to develop professional links. Real need for medical books, specifically operating manuals.

Also a visit to CURE hospital (All Africa neurosurgical unit specialising in hydrocephalus) reveals that given appropriate funding and well motivated staff, excellent care is possible.

Engineers visiting escarpment water project with JENGA through the week. Not simply fixable – needs further assessment. Excellent work done on process which will inform ongoing and future projects. See engineers report.

Thursday

Meeting with headteachers – Apollo and Janet – Mel and Cath
Letters exchanged, some crafts to bring back to Pontypridd.
Footballs supplied by donations through Mel & Roger VERY well received.

Afternoon Graduation Ceremony for OPLs with dignitaries, DDHS. All 20 passed.
Will need further support as a priority.
Followed by celebration with FDNC band and dancers.

Friday

Workshop with OPLs on data collection (Carl & Sally);

Mel & Rog visit Dr Jan White at Joy Hospice;

Eryl and Fay with Annette, midwife / outreach clinic;

Howard & Chris to hospital.

Engineers to Soroti (project David previously involved with).

Friday evening planning meeting PONT/Mbale PONT

Health – Primary care

Orientation for HC staff re role OPLs required as first priority to ensure they are not undermined or discouraged. Funding agreed, to be drawn from remaining team funds. Fred to coordinate this. **Fred/Apollo**

A Memorandum of understanding is needed, not a contract. It was agreed this should encourage a minimum 3 year term. Rob to refine, needs approval Dr Francis Awaimo. To be sorted via email. **CT/RR**

OPLs to be provided with a bicycle, raincoat, Wellington boots and umbrella as a matter of priority. Residual team funds will fund this. **CT/Apollo**

5 OPLs do not have a copy of “Where there is no Doctor” This, too, needs addressing. How many of those awaiting completion Level 1 do not have a copy? **CT/Apollo**

First aid kits to include drugs and dressings was raised. There has been no active discussion of this during the visit, although OPLs are trained for dispensing category “C” drugs this has not yet been costed and clarified with the DDHS, and there were concerns from PONT on cost, record keeping and protocols. It was agreed this needs further work and development. **CT/PO/RM/Fred**

Continuing Education for OPLs agreed – one day, 3 times a year. PONT to fund. PHC team Mbale to coordinate. CT to seek funding from PONT. **Fred/CT**

Completion of Level 1 training for remaining 13 UWCM, 15 FDNC volunteers as a matter of priority. PHC team Mbale to coordinate. CT to sort transfer funds. **CT/Fred**

Proposed OPL reporting date for data of 23rd of the month with data to office by 25th, returned quarterly to PONT. **PHC team/CV&SV**

Unit cost funding OPLs agreed in outline. Info from Richard Okotel, Denis (Salem) to be collated into costings for WAG bid. **CT/GL**

There was some discussion around numbers of people / families for whom an OPL should be responsible, but in practical terms a figure of 1,000 population +/- 200 with 700 absolute minimum, would be the quota to keep a balance in the early stages between individual workload and population coverage. In the future, it would be desirable for an OPL to be supported and helped eg in net distribution, follow up, etc., by one or two Level 1 volunteers, with higher OPL/population ratios in the long term.

In identifying, choosing and prioritising candidates for OPL training, all should have O level standard education and have successfully completed and achieved certification in Level 1 training. They should demonstrate aptitude and willingness to serve. The trainer / facilitator who has already taught them through level 1 is in a strong position to recommend to the PHC team the most suitable candidates.

In selecting new candidates, there should be a working towards even distribution of places on the course between the NGOs, providing the NGO has the capacity to support these volunteers and competently administer the data collection. If places are available for which an NGO cannot yet identify suitable candidates, then the place should be made available to suitable candidates from one of the other NGOs. Selection will also need to bear in mind that communities should not be over-supplied with OPLs (the 1000 population principle as described above).

Quarterly feedback from the NGOs / PHC team, including narrative on challenges or difficulties identified as well as successes, will provide helpful monitoring suggesting ways to improve and fine-tune the process. If an NGO, for example, is having difficulties affecting the successful completion of OPL training and success in the field post-training, consideration must be given to reducing the number of future candidates from that organisation, or specific input to address remedial interventions eg capacity building. The earlier such a difficulty is identified, the quicker and easier it can be addressed.

Currently, over 120 volunteers have achieved Level1, so there is a significant number of candidates available for further training as and when funding is realised. There is plenty to keep us busy for the time being!

New NGO partners

Denis Medeyi (SALEM) had identified that Salem trains its own Community Health Volunteers and would be keen to be involved in the partnership. It was agreed that Mbale PONT should explore inviting Salem as an additional partner as their area of work appears to coincide with our objectives. **Mbale PONT committee.**

Kimbuta Road was also suggested as a potential partner NGO. We await further advice and information **Mbale PONT committee.**

As JENGA has selection criteria for its volunteers different from those of the PONT Mbale partnership (which incidentally would also be too prescriptive to attract UK government funding) they will not at present be invited to join the partnership, though we continue to mutually enjoy and benefit from cooperative dialogue, as the engineering team have experienced.

Administrative support for Chairman, Mbale PONT

It is recognised that a huge burden of the work done for this partnership in organisation and coordination of meetings, email contact, and especially the organisation of visiting teams, programmes and practical arrangements, falls heavily on Apollo's shoulders.

Upon his advice we recommend that a secretarial post be advertised and candidates interviewed with a view to commencing in post in January, directly answerable to Apollo as his/her line manager. Funding to be identified priority from PONT. **CT/GL**

Future visits

Mbale PONT were updated on forthcoming visits planned for July 2007 – a large party of 38 young people and 7 or 8 helpers requiring accommodation at Salem and a programme of activities including projects, volunteering as well as sightseeing. The Lloyds and Sian & Simon and family would also be visiting around this time. Health/Education/Churches/Admin visit October/November 2007?

Church Links

Need reinvigorating. IGAs (Income Generating Activities) may be a highly effective and inspirational way of getting people actively involved and "owning" the link. Help needed in terms of leadership and drive in Pontypridd **GL**

Education links

Lots of letters have come back to PONT in various suitcases! Schedules for return to British Council from teachers who travelled Mbale to Pontypridd last year have been completed. The partnering schools need to work on developing a Project – Mbale committee have an outline agreement to work from, and will be corresponding with Pontypridd team.

CAP – Coalition Against Poverty

(This is my understanding – please see Civic / Political report for clearer explanation CT)

The links between RCT and Mbale District (serving Mbale, Manafua and Bududa) Councils and proposed links between LHB (Local Health Board) and DDHS, The University of Glamorgan, the Pontypridd & Rhondda NHS Trust and any number of possible other links, require a framework well beyond the capacity of PONT. The Political working group have identified a possible framework to facilitate such links, into which PONT as an NGO would fit, whilst retaining its distinctness, integrity, and catalytic role.

The engineering group see this as a mechanism which would facilitate the processes they would require for engineering projects, whilst protecting PONT from involvement beyond our capabilities and reasonable level of responsibility / culpability.

As a matter of priority, it would appear prudent for PONT to become a Limited Company with charitable status (an NGO) with a bank account separate from PCC PONT.

The Mbale end of the link (Mbale CAP) to be established as a Trust Fund with Articles of Association and a Board. The working group recommend this consists of CAOs (Chief Administrative Officers) of Mbale, Manafua and Bududa, and 3 NGO representatives.

Further visits will be needed to further the establishment of the CAP ? April/May/June or September/October 2007 depending on the pace of progress.

Cath Taylor
Team Leader
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