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Summary

This summer, I spent eight weeks in the small country of Lesotho to evaluate the previous trainees of the Problem Solving for Better Health (PSBH) workshop. PSBH is a three-day training initiative targeted towards current on-field healthcare workers in resource-stricken Lesotho to increase their problem-solving capacity. The course requires all participants to identify a problem statement from their own work spaces, build an action plan to solve this specific problem in their department, and carry out their project proposal after they return from the workshop. The purpose of my evaluation project was to gather participant perspectives on the workshop and their progress with the original problem statements. I conducted 30 one-to-one individuals in 10 different healthcare facilities, ranging from full district health centers to neighborhood filter clinics. Our findings suggest that, overall, PSBH provides a critical new skillset to many junior and high-level managers and clinical staff that changed how participant think about their jobs. Difficulties expressed by the participants include not having enough time to conduct their PSBH projects and lack of cooperation from their work environments.

Background

I participated as a graduate student intern at the Lesotho-Boston Health Alliance (LeBoHA). LeBoHA was founded by faculty members of Boston University and has had significant support from the University in the form of faculty members, student interns and

leadership. The ultimate goal of LeBoHA is to empower local healthcare leadership to raise up the health system of Lesotho. LeBoHA founded the first family medicine specialty training in the country, which has been successful in raising existing doctors in Lesotho to become District Health Managers and hold critical leadership positions in the Ministry of Health. As part of the mission to bring up local healthcare capacity, LeBoHA initiated Problem Solving for Better Health (PSBH) as part of the family medicine training curriculum and later provided standalone workshops for other health professionals around Lesotho who are not part of the family medicine training. PSBH is a 3-day workshop whereby participants learn how to identify and solve problems using an independent, systematic approach without being dependent on external support, so that they may mobilize and improve the quality of healthcare being delivered in their respective districts, facilities and departments.

My project was to qualitatively evaluate trainees who underwent the PSBH workshop previously to assess their current status and after-thoughts on the benefits and limitations of the workshop. During my time here, I was able to interview 30 individuals out of the 37 identified as potential candidates by the PSBH coordinator at LeBoHA. In all, 23 interviews were done 1:1 in-person and 7 interviews were done over the phone, in the case that the individual was unavailable during my stay at their district or they belonged to a district I did not have a chance to visit. All interviews except six were audio-recorded with the participants' verbal consent. Although I took notes on a laptop during the interview, audio-recorded interviews were fully transcribed to capture detailed answers for data synthesis. In the case that the participant declined to be recorded (1 participant) or the interview was done over the phone when technology was not conducive to an audio-recording (5 participants), I typed word-for-word answers on my laptop

during the interview to the best of my ability. Data was organized into a spreadsheet to identify patterns and themes.

In addition to what I reported in the interim report, I was able to participate in a PSBH workshop in St. James Hospital in the district of Thaba Tseka. Here I was able to learn the lessons that my interview participants had learned months or years ago and feel the motivation that they had felt in order to create change in their own capacity. I can speak to the impact of the PSBH facilitators who work with LeBoHA to bring forward the often-silent intellect and passion that the healthcare workers have in Lesotho. As one participant noted in a recent interview, even if the skills that are taught may not be new to you, the PSBH workshop motivates you to continue solving problems that are within your reach, and this should be done as part of your duty to the hospital and the people in your district.

There were numerous success stories which range from the success of their proposed project which they submitted as part of their PSBH workshop to success of step-down training of their colleagues and subordinates within their facility. For example, a laboratory head was experiencing a low rate of documentation in her department. She presented this problem as part of the PSBH workshop and built a step by step action plan in order to improve this issue. She was able to involve external evaluators such as the leading African lab organization and used their standards to measure her department's progress. She involved every member of her lab as necessary. By the fifth month, the lab's documentation performance improved by 80%, and by the sixth and seventh months, they were keeping in line with 95% of the best-standard documentation practices. When she faces her colleagues with quality improvement projects like these, she makes sure they understand what she learned in her PSBH workshop, effectively

providing step-down training to her subordinates. This is one of the many success stories of PSBH.

However, the challenges and foreseeable barriers noted by participants included the danger of becoming complacent again and forgetting the skills that they learned during the 3-day workshop due to competing interests and activities. Especially for district and clinical heads-of-departments, their standing list of tasks is overwhelming and a major challenge for them is a sheer lack of time to work on a PSBH project. Pushback from colleagues and subordinates also presented as a major challenge. There seems to be consensus that in every group of people, there is at least one member who do not want to change and learn new skills. Finally, participants who tackled system-wide issues noted that they felt discouraged when they hit an impenetrable wall, the government. In a country where corruption and misuse of resources is rampant in all sectors of government, there is little one can do to procure necessary support at the government level.

Comments about additional support needed to disseminate PSBH were largely regarding administrative support mainly in contacting and confirming attendance of potential trainees. Most respondents noted they have the basic necessary facilities to conduct the trainings, such as a projector and a laptop. Trainees who were willing and confident to teach their peers at their respective hospitals would like LeBoHA to make publicly available the PowerPoint slides and electronically distribute a PDF file of the PSBH teaching materials so that they may be able to refer to it when they need, either for them to teach others or for their own use when solving problems.

In the past two months that I have been in Lesotho, I was able to see both sides of the coin of healthcare in a resource-limited setting. While there are obvious yet critical challenges facing the Basotho everyday due to lack of human resources and necessary health equipment and

technology, there is also a tremendous potential for growth with the people in the health system. Because of the culture of close interpersonal relationships, people here are more flexible to share and support each other through hardship. Leadership figures within departments and districts are well-respected by their subordinates and have the authority to bring new change in their environment. I feel truly privileged to have had this opportunity and thank the Jessica Jennifer Cohen Foundation for all of their support.



Participants in recent PSBH workshop session in St. James Hospital



St. James Hospital, Thaba Tseka, Lesotho