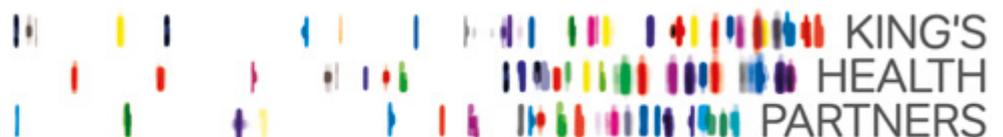




# **KING'S IN SOMALILAND:** Strengthening the Healthcare System through Partnership



To our Somaliland colleagues, aad iyo aad ayaad u mahadsantihiin! We look forward to many more years of partnership and friendship.

To our remarkable volunteers, thank you for the countless evenings, weekends, holidays and sabbaticals you have given to make our work possible.

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# ACKNOWLEDGEMENTS



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# WHO WE ARE AND HOW WE WORK

## The King's Somaliland Partnership

Since our founding in 2000, the King's Somaliland Partnership (KSP) has pursued a partnership approach to healthcare system strengthening. We build capacity by maximising the collaboration between health professionals and institutions in the UK and Somaliland.

Run from the King's Centre for Global Health in London, KSP is part of an Academic Health Science Centre that draws on the clinical, educational and research excellence of three leading NHS hospital trusts and a global top-20 university<sup>1</sup>.

In 15 years, KSP has grown from a small group of expert volunteers working with Somaliland's only health training institution at the time to an organisation with an active base of over 150 expert volunteers across 10 speciality areas, working with 11 key Somaliland institutions and reaching hundreds of Somaliland health workers and students annually.

Much of KSP's work has been carried out in partnership with the Tropical Health and Education Trust (THET), the leading supporter of health partnerships in the UK, as part of the Health Consortium for the Somali People (HCS), a programme funded by the UK Department for International Development (DfID).

This report, based on the findings of a larger review, provides an overview of KSP's approach, aims and achievements.



KSP founder, Dr Andy Leather, working with Somaliland colleagues



*"The KSP medical team came to our rescue five days after the hospital was opened. They helped us with developing the hospital treatment protocols which are used to this day and supervised our nurses and midwives in how to care for the sick, as our trainee student nurses were nursing real patients for the first time"*

**Edna Adan Ismail, Founder and Director of Edna Adan University Hospital**

## Somaliland

Somaliland is a self-declared but internationally unrecognised state in the Horn of Africa. A brutal civil war ending in 1991 destroyed much of Somaliland's health infrastructure and displaced many of its health workers.

Somaliland has some of the world's worst health indicators<sup>2</sup> and a healthcare system beset by problems at the institutional and individual levels. Institutions suffer from weak leadership and management, poor coordination and regulation, and over-stretched, under-resourced staff. There is a serious shortage of health workers, recently estimated at 197 doctors, 1,256 nurses and 344 midwives, serving a population of around 3.5 million<sup>3</sup>. This level of coverage falls far short of the WHO-recommended minimum health worker/population ratio of 2.3/1,000<sup>4</sup>.

This shortage is compounded by significant skills gaps in the workforce, with very few opportunities for clinicians to access formal postgraduate training, leading to the absence of specialists in most areas of clinical practice. Despite these problems, optimism surrounds Somaliland, which has been described as an overlooked African 'success story'.

Emerging from a conflict that ended only 25 years ago, Somaliland is a young democracy that has held successive free and fair elections and remains peaceful and stable in a tumultuous region. The health sector has made remarkable progress since 2000, the date KSP volunteers first visited, when there were no medical schools, no regulatory body, only one nurse training course and few hospitals.



*"The most rewarding part of the partnership has been to get to know deans at the medical schools and see their staff and students develop. Many of those now teaching students and delivering clinical care are graduates from the last few years. The relationships developed with repeated visits builds confidence on both sides between individuals and institutions."*

**Emeritus Professor John Rees, Lead of the KSP Health Professions Education Volunteer Group**



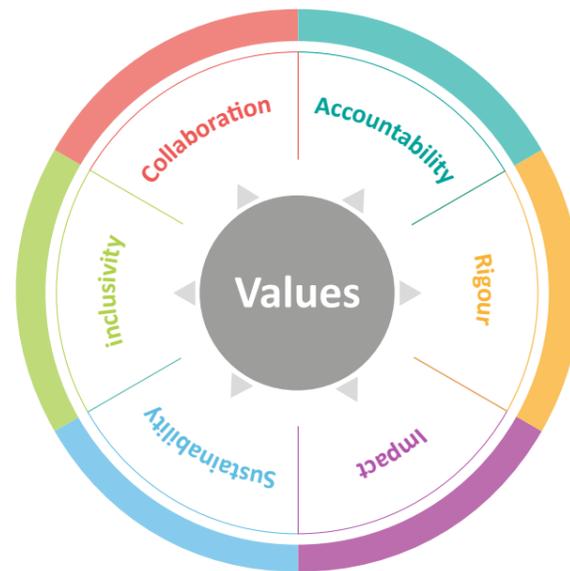
## Vision, Mission, Values

Our vision is a resilient, autonomous Somaliland healthcare system that serves the needs of its people.

With our partners, we work towards this vision by focusing on three broad objectives:

1. Build capacity of health institutions to train health workers and advance quality healthcare in Somaliland
2. Develop professional skills of Somaliland health workers and leaders
3. Develop clinical skills of Somaliland health workers

Our work is rooted in six interdependent values:



*“My involvement with KSP has given me experience of devising and evaluating a novel e-learning model and publishing the findings, of developing meaningful, lasting partnerships with colleagues in Somaliland and of leadership. Most importantly, KSP has helped me identify a lifelong interest and engagement in global mental health.”*

**Dr Roxanne Keynejad, Co-Lead of the KSP Mental Health Volunteer Group**

## What Makes Us Distinctive?

In line with our values, the following factors uniquely position KSP to help meet the above challenges:

**LOCAL ROOTS:** Few international organisations have worked in Somaliland for as long. 15 years have resulted in enduring relationships with the key actors in the health sector, including the principal medical and nursing schools, hospitals, professional associations and the national regulator. The input of such influential partners helps make our programmes both locally appropriate and sustainable in the long-run.

**FRONTLINE EXPERTISE:** Hundreds of volunteers donate their time to design and deliver KSP programmes in 10 specialty areas: health professions education, hospital management, internal medicine, mental health, nursing and midwifery, obstetrics and gynaecology, paediatrics, regulation, research, and surgery. Volunteers are practising experts – clinicians, nurses, midwives, academics, regulators and clinical managers – working at all levels of seniority, from trainees and PhD students to directors and deans.

**VALUE FOR MONEY:** Volunteer contributions significantly reduce overall costs. In the 2014-15 academic year alone, volunteers donated over 4,500 hours to KSP, a cumulative salary equivalent estimated at £177,000 that exceeded KSP’s total direct costs<sup>5</sup>. In other words, every £1 of funding for King’s volunteers delivers over £2 of support for Somaliland.

**SUSTAINABLE:** KSP seeks to maximise sustainability and minimise dependency. Our ultimate aim is for all programmes to be developed and delivered by Somaliland institutions and health workers.

Our current work serves as a necessary stopgap until such in-country capacity exists. Building sustainability, by handing over programmes, is a slow, incremental process. Steps include:

1. KSP volunteers design and deliver programmes to Somaliland health workers
2. Somaliland health workers co-deliver KSP -designed programmes with KSP volunteers
3. Somaliland health workers co-design and co-deliver programmes with KSP volunteers
4. Somaliland health workers design and deliver programmes with KSP volunteer supervision
5. Somaliland health workers fully take over programmes and build capacity of other health workers

**UNIQUE OFFERINGS:** Created in response to partner requests, a number of KSP’s most successful programmes were the first of their kind in Somaliland. Our ‘firsts’ include: objective, structured medical and nursing examining, undergraduate mental health teaching, ‘360 Degree’ professional evaluation, and research protocol and clinical audit development.

**MUTUAL BENEFIT:** We have long known that our global health partnership is not a one-way street, and that UK volunteers and the NHS benefit too. Now there is published research to prove it. A study<sup>6</sup> of KSP volunteers demonstrates that volunteers gain a range of skills – spanning communication, interdisciplinary working, teaching, management, leadership and service development – several of which are directly transferable to their NHS jobs.

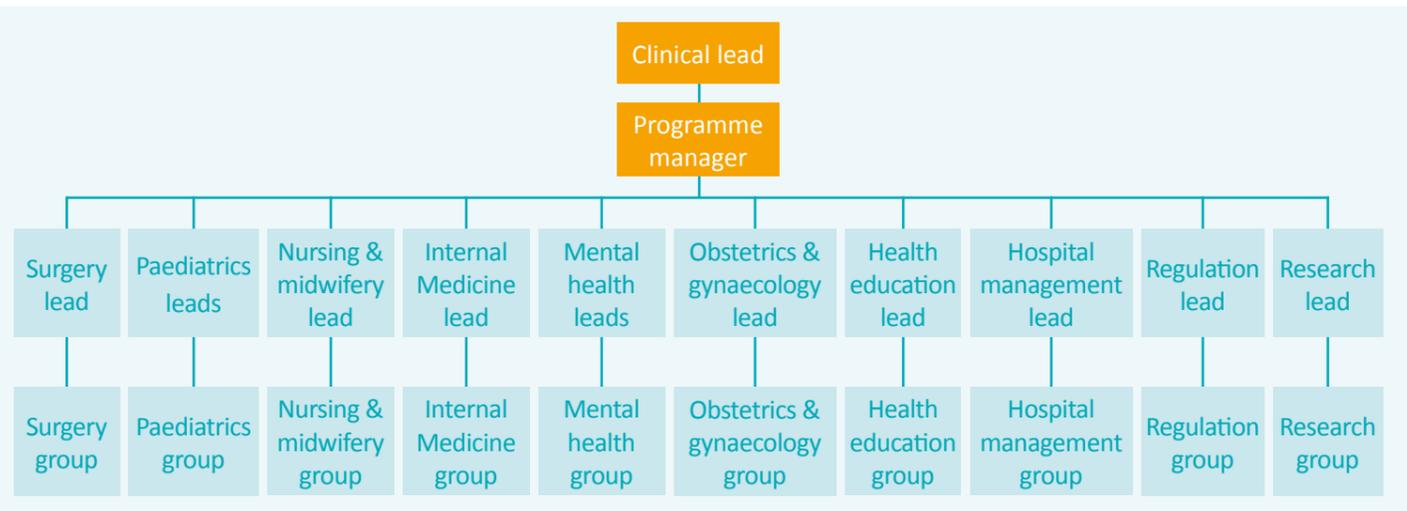
*“KSP’s impact on health services provision is tremendous and formidable. Graduates are working in places where no services were going, doing the caesarean section saving mothers and children which was not possible 15 years before”*

**Dr Said Ahmed Walhad, Principal of Amoud College of Health Science**



## Delivery Model

KSP volunteers are divided between 10 speciality groups, each with its own lead, overseen by a full-time programme manager and part-time clinical lead:



KSP volunteers deliver programmes in three ways:

### Face-to-face

Short teaching and training trips, usually involving two volunteers and lasting two weeks

### Blended

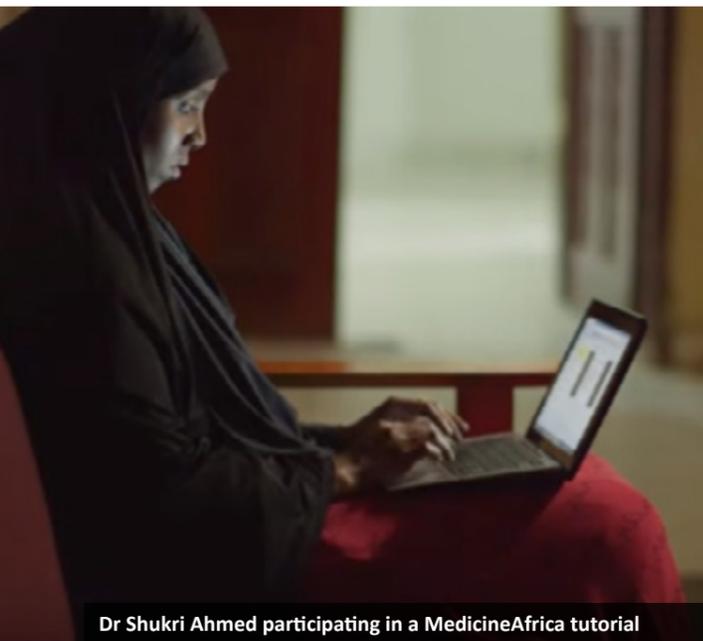
Integrated courses comprising online and face-to-face components

### Online

Real-time teaching, training, mentoring, project collaboration and supervision.

Taken together, this model allows volunteer health workers in resource rich settings to contribute to global health work without disrupting their careers, at the same time as providing Somaliland health workers in resource-poor settings with year-round support comprising quality, personalised face-to-face and online interactions that advance skills and knowledge and dispel feelings of remoteness and isolation.

We implement our work with two partners: THET and MedicineAfrica. THET's teams in the UK and Somaliland provide KSP with essential programmatic expertise and guidance as well as logistical and security support. MedicineAfrica is an online platform for global health partnerships, built for low-bandwidth use to connect health workers around the world in real-time. Designed by a KSP volunteer for use in Somaliland in 2009, MedicineAfrica enabled KSP to become the first organisation to deliver an on-going programme of interactive health education in a fragile state<sup>7</sup>.



Dr Shukri Ahmed participating in a MedicineAfrica tutorial



# OUR ACHIEVEMENTS

## Supporting Training Institutions

### Why Training Institutions?

If Somaliland's healthcare system is to be resilient, autonomous and meet the needs of its people, it requires a sufficient number of well-trained health professionals.

Establishing high quality health training institutions from scratch leads to a dilemma. A critical shortage of health professionals has made it imperative for Somaliland to rapidly expand its training sector, but a scarcity of experienced local clinicians, educators and managers has resulted in faculties lacking the necessary skills and experience.

In particular, KSP's partners requested support in: developing curricula and assessments; training trainers in neglected specialties, such as mental health; and, providing continuous professional development (CPD) for faculty to develop interactive training styles in classroom and clinical environments.

### Inputs

Volunteer experts:	66+
Hours donated <sup>8</sup> :	7,000+
Trips:	26+
Online courses:	4

### Timeline

- 2000 — KSP initial fact-finding trip
- 2000 — Somaliland's first medical school opens
- 2003-4 — Amoud and Hargeisa medical schools join KSP
- 2007 — First doctors graduate from a Somaliland university (Amoud)
- 2007 — KSP support establishment of Somaliland Internship Programme
- 2008 — KSP introduces OSCEs in psychiatry
- 2009 — First nurse tutors trained in mental health
- 2010 — KSP supports first OSCE in nursing at Amoud
- 2011 — KSP introduces OSCEs for final year medical students at Hargeisa and Amoud
- 2012 — KSP facilitates National Medical Education Stakeholders Meeting
- 2013 — KSP trains first cohort of mental health tutors
- 2013 — KSP's CPD programme for lecturers begins
- 2014 — First peer teaching observations introduced at Amoud



Somaliland faculty running the OSCE examinations

### Establishing Rigorous Examinations in Medicine and Nursing

- ✓ Introduced to Somaliland the Objective Structured Clinical Examinations (OSCEs), now used by six faculties at three of the main health training institutions
- ✓ Examined 100% of all Somaliland doctors that have graduated since the war and the majority of degree level nurses who have qualified locally

OSCEs are an internationally-recognised way of objectively assessing students in clinical environments, and serve as a quality check on graduates entering the health sector. Students are tested on clinical skills, often practicing on a real patient or actor. Performance at each station is scored by a trained observer against pre-determined criteria.

To date 155 medical, 155 BSc nursing, and 152 diploma nursing students have sat OSCEs as part of their final examinations in Somaliland. Furthermore, following KSP capacity building, Amoud nursing faculty are now so capable in delivering OSCEs that they have begun training for faculties at other nursing schools.

*I have watched Somaliland nurses working in clinical settings and there is great variability. OSCEs are a reliable way of saying that nurses have gotten to a level of clinical expertise.*

**Jo De Souza, KSP Nursing and Midwifery Lead**

*The OSCEs give our students a chance to show what they have learned. Wherever they go, they say they feel very confident doing any nursing skills, and that they stand out in any part of Somalia.*

**Fadma Abubaker, Dean of Amoud School of Nursing**

## Developing the First Generation of Mental Health Trainers

- ✓ Starting from zero, trained 11% of the medical workforce to be mental health trainers

KSP's annual Mental Health Training Skills course trains participants in lecturing, small group teaching, role play, and bedside teaching in psychiatric wards.

This aims to mitigate the fact that mental health facilities have no psychiatrists and few mental health nurses<sup>9</sup>, which combined with the stigma attached to mental illness, can result in extremely poor patient care, with many inpatients being restrained or ending up in prison<sup>10</sup>.

28 doctors and 2 nurses have completed the course and, in-turn, delivered training to a minimum of 68 medical students. Nine of the new tutors later assisted the KSP Mental Health Lead as co-tutors on the annual undergraduate psychiatry course. Two of the tutors, one in Boroma and one in Hargeisa, went on to supervise medical students during the first-ever undergraduate clinical placements in psychiatry.



## Establishing Regular CPD for Lecturers and Clinical Teachers

- ✓ Main provider of CPD for lecturers and clinical teachers in Somaliland.

*KSP support has improved the capacity of our teaching staff which has great impact in the delivery of our curriculum. It is now far better than before the volunteers' contribution*

**Dr Said Ahmed Walhad, Principal of Amoud College of Health Sciences**

Between 2013 and 2015, volunteers led six teaching trips and three online courses for faculty members at partner institutions, aimed at developing their skills as educators. Training has covered topics such as lecturing, small group teaching, teaching in clinical settings/mentorship, feedback and assessment.

Volunteers have introduced a number of new practices to staff, including approaches to collecting students' feedback, and peer-teaching observations. Although it is expected that some of these practices may take time to become routine, some quality improvement projects are beginning to be implemented. For example, following training delivered by KSP volunteers in 2014, Mohamoud Ismail Adam, Director of Amoud College of Health Science Education Developmental Centre, introduced teaching observations across the faculty.

## Developing Professional Skills

### Why Professional Skills?

Clinical competence alone is essential but not sufficient for a fully functioning healthcare system. Non-clinical professional competencies are an essential, but overlooked, part of quality patient care and effective institutional management. In Somaliland, professional skills are neglected in both the formal and informal curricula, meaning that health workers receive little to no training in these areas. As a result, the few that do have these skills are under enormous pressure and often unable to delegate tasks to colleagues, clinicians do not routinely collect data with the intent of using it to improve services<sup>11</sup>, and the evidence base policy for the local and national levels is weak.

Accordingly, KSP's partners requested support to foster the following skills in the health workforce: leadership and healthcare management; quantitative and qualitative health research; and evidence-based clinical practice.

### Inputs

<b>Volunteer experts:</b>	<b>43+</b>
<b>Hours donated:</b>	<b>2,900+</b>
<b>Trips:</b>	<b>18+</b>
<b>Online Courses:</b>	<b>7</b>

- 2011 — KSP delivers its first leadership course
- 2014 — KSP launches new leadership and professionalism course
- 2014 — KSP supervises first set of quality improvement projects, including clinical audits
- 2015 — KSP volunteers publish academic audit of Somaliland research output
- 2015 — KSP launches new mentoring programme

### Improving Patient Care by Fostering Clinical Leadership

- ✓ 26% of the medical workforce and 13 nurse tutors have completed KSP leadership training
- ✓ 20 quality improvement projects, including clinical audits, conducted by participants, supervised by volunteers

Somaliland health workers leave this annual 8-week training course understanding the fundamentals of clinical leadership, including team work, professionalism, clinical ethics and the use of information.

*During the course I realised that no matter how you improve your personal skills, you can't improve patients' health unless you get skilled at teamwork*

### Leadership and Professionalism Course Participant, 2013

Participants are also required to work in small groups to complete a clinical service improvement project. In addition to putting the skills they have learnt into action, these projects – standard practice in developed healthcare systems, but rare in Somaliland – have been used as the basis for improving clinical services. In one striking example, a project demonstrated that 0% of monitoring of routine vital signs on the paediatric medical wards adhered to local guidelines. In response, additional training was provided to nurses responsible and a local initiative was set up to create competition between wards. In 2015, the course participants were re-audited, finding adherence had increased to 30%, a change that has potentially saved lives.



Leadership and Professionalism training with Dr Richard Rosch

## Building Research Capacity

- ✓ Published 13 papers with Somaliland co-authors, representing 35% of Somaliland's entire research output to-date.
- ✓ Trained 11% of Somaliland's medical workforce in basic research methodologies.

Since its early days, KSP has supported its volunteers and clinicians in Somaliland to collaborate on research and publishing papers. Research capacity, almost non-existent when KSP first arrived, is a key priority for Somaliland partners.

*Much emphasis should be given now to research. Before we were working hard in filling the gap in the work force. Now we have to work in a way to get data to see the impact of the work. Where there is no information there is no policy; where is no policy there is no plan, and where is no plan there is no implementation. We can do this through research and then make a change to the health situation of the country<sup>12</sup>.*

### Dr Walhad, Principal, Amoud College of Health Sciences

KSP is providing an in-country, online and blended training package for doctors and medical students that covers qualitative and quantitative methods. Our latest course enables Somaliland participants to write post-graduate level research protocols, and is run in parallel with King's College London MSc in Global Health.

## Providing Somaliland Health Professionals with Direct Access to Senior UK Mentors

- ✓ Introduced the 360 Degree Feedback to the clinical context in Somaliland.

In 2014, at the request of Somaliland partners, King's began researching a new mentoring project for junior doctors in Somaliland, with the aim of reducing feelings of professional isolation, and improving professionalism.

Somaliland doctors apply and are matched with a senior UK mentor and meet regularly for a minimum of 6 months. The interaction takes place online and sessions may cover a range of topics determined by the mentor and mentee, including: clinical issues or cases, career development, and ethical dilemmas.

The differentiating feature of the 2015 mentoring programme is the introduction of 360 Degree Feedback. This technique, also known as multisource feedback, is a system in which individuals receive confidential, anonymous feedback from the people who work around them. Participants in the KSP course get feedback from colleagues (junior, senior and peers) on their ability to communicate, interpersonal skills, conflict resolution and professional behaviour. 360 Degree Feedback is widely used in the UK to review the performance of trainee doctors and consultants, and is considered a useful tool for encouraging professional development<sup>13</sup>. An internal KSP literature review on mentoring in low and middle income countries found no prior examples of this technique being used in similar contexts.

## Developing Clinical Skills

### Why Clinical Skills?

Put simply, to promptly improve patient care.

Somaliland's first training institutions opened in the early 2000s, leaving more than a decade after the war with no formal health worker training. This gap, combined with the continued shortage of lecturers and clinical teachers, has led to a number of essential areas in which external support is needed to supplement existing local provision. Particularly notable are the underdevelopment of clinical skills (as opposed to clinical knowledge) and the neglect of certain clinical specialties.

In the core specialties taught in the curriculum – surgery, paediatrics, medicine, and obstetrics and gynaecology – the lack of opportunities to learn in a clinical setting undercuts students' professional development; though most young doctors are able to demonstrate sound theoretical knowledge, they often struggle to apply that knowledge in practice. For this, they need small group interactive teaching, which is time-intensive and is rarely provided by already over-stretched and under-resourced faculty. Clinical specialties outside that core, on the other hand, have been until recently neglected from formal training altogether, with disastrous consequences for patients.

It is worth noting that clinical training complements KSP's other streams of work, especially support for the faculties at partner training institutions. Many students who receive our training go on to become the lecturers and clinical teachers that are now training Somaliland's next generation of health professionals.

### Inputs

Volunteer experts:	132+
Hours donated:	12,000+
Trips:	42+
Online Courses:	44

### Timeline

- 2000 – Initial KSP fact-finding trip
- 2002 – First KSP clinical trip to Edna Adan Hospital
- 2003-4 – Amoud and Hargeisa medical schools join KSP
- 2005 – First KSP bedside teaching for medical students
- 2007 – First doctors graduate from a Somaliland university (Amoud)
- 2008 – KSP introduces first psychiatry course for medical students
- 2008 – KSP volunteer develops the MedicineAfrica platform
- 2009 – KSP launches online peer-to-peer psychiatry programme, 'Aqoon'
- 2010 – KSP launches online Clinical Reasoning course
- 2012 – KSP extends mental health training to nursing students
- 2013 – KSP introduces first undergraduate clinical placements in psychiatry
- 2015 – KSP delivers first Sexually Transmitted Infections course
- 2015 – KSP's Clinical Reasoning course incorporated into Amoud and Hargeisa curriculums



Clinical simulation training with Dr Fergus

## Fostering Skills Through Online Training

- ✓ Clinical reasoning course is demonstrated by PhD research to advance participants' clinical competence.
- ✓ Delivered to 25% of all Somaliland medical graduates and now formally incorporated into the curriculums of Somaliland's two principal medical schools.

*Clinical reasoning is important because medicine is not something that we should learn by heart... Normally students learn things by heart to pass the exam, and that is what we need to avoid.*

### Dr Ali Mahdi, Clinical Coordinator at University of Hargeisa

The Clinical Reasoning Course is KSP's flagship online course, designed for final year medical students to support learning during their clinical ward placements in surgery, medicine, obstetrics and gynaecology and paediatrics. Before each session, two students write up particularly interesting or difficult patient cases which they have seen on the wards that week and present them in guided, small-group discussions led by KSP volunteer specialists. The groups discuss the patient's history, how to reach a diagnosis and decide appropriate care for that patient.

Participants report that this helps them to better understand specific cases, and to develop more systematic approaches to thinking about patient treatment:

*I remember in the ward, a child was in a very critical condition. We discussed his case a lot in the tutorial that week and our teacher helped us see a differential that we did not think of before. That improved our investigations in the ward and helped the patient.*

### Clinical reasoning participant

**This is supported by the findings of a PhD<sup>14</sup> on online medical education that focuses on the MedicineAfrica platform developed for KSP:**

Our research shows that online case-based education is teaching students analytic clinical reasoning skills. Clinical reasoning is the cornerstone of clinical competence. MedicineAfrica facilitates opportunities for small group learning and immediate feedback from tutors, which are critical to the development of clinical reasoning. Case-based teaching requires significant faculty time, and providing it online addresses the shortage of medical teaching faculty in Somaliland.

## Improving Care for Patients with Sexually Transmitted Infections (STIs)

- ✓ Doctors completing KSP training are significantly more likely than their peers to screen and examine patients with suspected STIs.
- ✓ Co-designed and co-taught with Somaliland doctor

*If I change the ideas of one doctor, at least it is a doctor that can treat many patients*

### Dr Zienab Musa, STI Course Co-Creator

KSP's regular STI course was designed in response to the alarming findings of a clinical audit that revealed only 35% of junior doctors in Somaliland's main hospital screened patients with suspected STIs, and only 17% conducted a physical examination. This was due primarily to the societal taboo surrounding sexual health and the lack of awareness and training of the medical community.

KSP volunteers worked closely with the audit's author, a doctor at Hargeisa Group Hospital, to develop an online course to train in the identification and management of patients with STIs as well as community awareness raising. The course was jointly delivered to the junior doctors. Two months afterwards, a follow-up audit was conducted and the results were dramatic: 71% of course participants carried out physical examinations on patients with suspected STIs, compared with 29% of non-participants.

## Establishing Basic Psychiatry Training for All Medical Students

- ✓ 98% of medical graduates have completed an intensive course in psychiatry, taught by KSP volunteers and KSP-trained local trainers.

In the absence of any local providers, KSP volunteers introduced psychiatry training for medical students in 2008, providing a two-week intensive course, and subsequent revision course, to every medical student to graduate since then, inspiring some to pursue a career in mental health.

The outcomes of this course are amongst the best documented within the Partnership. There is strong evidence that the course increases students' knowledge of mental illness – a study published in 2014 showed that mean scores in pre- and post- tests went up significantly from 59% to 85%<sup>15</sup>.



Watch our video about this ground breaking collaboration, [Breaking the Taboo: Sexual Health in Somaliland](#)

# CASE STUDY

## Clinical Placements in Psychiatry



Dr Lauren Gavaghan, Dr Peter Hughes and Dr Jibril Handuleh with the students

*In the first days, the biggest challenge we had was fear... I was afraid of the patients*  
**Participant in psychiatry clinical placement 2013**

### Participant in psychiatry clinical placement 2013

King's volunteers have taught an annual two-week course in psychiatry to final year medical students since 2008. This was the only course in psychiatry that the students received during medical school, and they were in desperate need of further training and exposure to patients with mental illnesses. Participants reported that prior to working with King's volunteers, they had no contact at all with psychiatric patients, and they were apprehensive about spending time on the wards.

In November 2013, the then KSP Mental Health Lead Dr Lauren Gavaghan travelled on an extended trip to Somaliland to further integrate psychiatry into the undergraduate curriculum at KSP's partner medical schools. This trip ultimately led to the establishment of the first ever undergraduate clinical placements on psychiatric wards in Somaliland.

The major obstacle to providing more clinical teaching in psychiatry was the lack of experienced faculty members and clinicians who could provide supervision.

During her trip, Dr Gavaghan had several meetings with the Deans of the medical schools and the KSP Mental Health Group - a group of junior doctors in Somaliland who are supported by KSP to pursue their interest in

psychiatry - to see if there was a way to find local doctors who could provide support to the students.

It was agreed that, after completing the psychiatry course, small groups would do six-week placements on the psychiatry ward one or two days per week. This is organised and supervised by members of the Mental Health Group, who receive regular online supervision from King's volunteer psychiatrists to help them manage this additional workload.

By spending more time on the wards, course participants learn how to manage real cases, and begin to feel more comfortable and confident treating patients with mental illness:

*Before I thought that all psychiatric patients were difficult to manage, but I learned to talk to them like the other patients, and most can be dealt with.*

### Participant in psychiatry clinical placement 2013

To provide additional supervision for the students, there are also weekly case discussion classes on MedicineAfrica, which students are required to attend in order to complete their placement. Students gain additional knowledge about the conditions and cases that they see on the wards, and are encouraged to develop their approach to taking histories from psychiatric patients, and to use that information to make a diagnosis:

*On MedicineAfrica my cases were discussed, corrected, and then I could use that knowledge again. [On the ward] I did not get an equal chance to learn, as no-one listened and corrected our histories.*

### Participant in psychiatry clinical placement 2013

Although the majority of course participants will not go on to have careers in psychiatry, they recognise the importance of this training. In their everyday work as junior doctors, they regularly come into contact with patients in need of psychiatric care. The junior doctors who participated in this review reported that, due to their training from KSP, they are now able to identify patients most in need, and seek help for them.



Midwives completing KSP's intensive training course

<sup>1</sup> <http://www.kingshealthpartners.org/about-us/our-partnership>

<sup>2</sup> Ministry of National Planning and Development (2011) "Somaliland, Monitoring the situation of women and children; Summary Preliminary Results Multiple Indicator Cluster Survey 2011", Unicef. Accessed online (18/02/16): [http://www.unicef.org/somalia/SOM\\_resources\\_somalilandmics4sum.pdf](http://www.unicef.org/somalia/SOM_resources_somalilandmics4sum.pdf)

<sup>3</sup> Amref Health Africa, (2015), "Health Workforce Survey" Somaliland Ministry of Health.

<sup>4</sup> WHO (2006), "World Health Report 2006; Working Together for Health", WHO. Accessed online (01/02/16): <http://www.who.int/whr/2006/en/>

<sup>5</sup> Based on proportional time donated to activities by different seniorities of volunteer (£84,667 for mid-level consultants, £37,822 doctor at mid-point of core training – <http://bma.org.uk/support-at-work/pay-fees-allowances/pay-scales>).

<sup>6</sup> Tillson E, van Wees S, McGowan C, Franklin H, Jones H, Bogue P, Aliabadi S, Baraitser P (2016) "Learning from Somaliland? Transferability of learning from volunteering to National Health Service practice in the UK" Globalization and Health (2016)

<sup>7</sup> Fyfe, M. (2016). "What is the Nature and Impact of Synchronous Online Clinical Education in Fragile States?" (Unpublished doctoral thesis). King's College London.

<sup>8</sup> Estimated time donated by all King's volunteers combined. For trips: [(Total Hours Teaching and Support+1.5 hours prep time per day in Somaliland+20 hours planning and evaluation time per trip)\*number of volunteers]. For online teaching: [(number of sessions\*1.5)+5 hours planning and evaluation per course].

<sup>9</sup> Bader L, et al (2015) "Chained Like Prisoners. Abuses against people with psychosocial disabilities in Somaliland", Human Rights Watch. Online (1/02/16): <https://www.hrw.org/report/2015/10/25/chained-prisoners/abuses-against-people-psychosocial-disabilities-somaliland>

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