Evaluation of Twinning Partnership: LSHS in UK and NDH in Rwanda

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Abbreviations and Acronyms

ANC	Antenatal care
CHW	Community health worker
DoH	Department of Health
FCDO	Foreign, Commonwealth and Development Office (UK)
FGD	Focus group discussion
HIV	Human Immunodeficiency Virus
KII	Key informant interview
KPI	Key performance indicator
LGT	Lewisham & Greenwich NHS Trust
LSHS	Lewisham Sexual Health Services
MEL	Monitoring, evaluation and learning
MoH	Ministry of Health
MoU	Memorandum of Understanding
NDH	Nyagatare District Hospital
PNC	Post-natal contraception
SMS	Short message system (text message)
SRHR	Sexual and reproductive health and rights
STIs	Sexually transmitted infections
ToR	Terms of reference
VCT	Voluntary counselling and testing (for HIV)
VfD	Volunteering for Development
VSO	Voluntary Services Overseas

Executive Summary

This report assesses the impact of the twinning partnership between Nyagatare District Hospital (NDH) in Rwanda and Lewisham Sexual Health Services (LSHS) within Lewisham and Greenwich NHS Trust (LGT) in the UK. The project aims to strengthen the sexual and reproductive health and rights (SRHR) services of both centres by building the capacity of local service providers through the reciprocal exchange of expertise and transfer of skills. The partnership was initiated in April 2019 with support from Voluntary Services Overseas (VSO) and financial support received through a Volunteering for Development (VfD) grant from the United Kingdom's (UK) Foreign, Commonwealth and Development Office (FCDO).

The evaluation found that VSO has played a key role in brokering, facilitating and supporting the twinning partnership, including building trust between NDH and LSHS; supporting the relationship building; and establishing communication mechanisms. The **twinning partnership**:

- Is valued highly by key stakeholders in both sites and unites two similar institutions focusing on youth SRHR and facing similar challenges and support needs.
- Brings reciprocal benefits for both organisations.
- Demonstrates that the opportunity to see at first hand and learn from the practices of peers in other institutions in other locations encourages the reflection of professional practice and motivates clinicians to implement changes to improve services in their own institutions.
- Continues to rely heavily on a few key individuals and has not yet had time to develop into an institutional relationship between the twinned hospitals/service, with limited interaction between staff beyond the two project leads.

In relation to the **impact on SRHR services delivered**, key achievements included:

- Building the capacity of 58 clinicians and outreach staff at NDH to identify, detect and screen STIs as a result of training delivered following the exchange visit to LGT**.**
- Strengthening the clinical capacity of the NDH laboratory to international standards to test, diagnose and treat STIs, including gonorrhea, HIV and infections such as hepatitis B&C. The laboratory at NDH is now recognised as one of the top three laboratories in Rwanda.
- Testing for gonorrhoea using microscopy (replacing symptomatic testing) at NDH and updating STI treatment protocols to use ceftriaxone to address microbial resistance.
- Testing 12,632 people in Nyagatare district for STIs over the duration of the project**.**
- Providing treatment to 412 people testing positive for hepatitis B; 290 people for hepatitis C; 74 people for gonorrhoea and 6 people who tested positive for HIV.
- Delivering community outreach on SRHR to 4,911 people, helping to reduce stigma associated with SRHR; improve parent-child communication on these issues; and improve access to accurate information on SRH, condoms and other forms of contraception, voluntary counselling and testing (VCT) and referrals to SRHR services for young people.
- Training 6 midwives in LGT to deliver post-natal contraception (PNC) to post-partum women, replicating the NDH model integrating SRHR into maternity services.
- Providing PNC to 39 women in LGT as a direct result of the project; 34 received PNC on the post-natal ward at the Waldron Clinic and 5 through the 'Indigo team' community midwife, working with especially vulnerable young women in the Community Hub health centre.
- Appointing 2 nursing 'champions' at LGT to work with the deaf community and make SRHR services more inclusive.

These results have been achieved against the considerable challenges posed by the global Covid-19 pandemic – particularly for two health care institutions - and exacerbated by staff turnover. It is important to build upon these achievements and move from an individually-driven relationship to build a more institutional partnership.

Key priorities for the next phase of the project include:

- Establishing an effective monitoring, evaluation and learning (MEL) system to track and document project progress, including clear indicators to generate evidence, learning and assess outcomes and impact.
- Strengthening project-related communication and establishing mechanisms that support the participation of a broad cross-section of staff from both twin institutions to firmly embed the relationship and ensure its sustainability long term.
- Agreeing a longer term plan - in addition to a shorter term work plan – that outlines funding commitments; different partners' roles as the relationship between the twinned institutions matures; and includes steps to ensure that NDH and LGT are able to take the work forward independent of VSO in the future.
- Establishing a more formalised project steering committee with agreed terms of reference to oversee the implementation of the twinning project; ensure stronger coordination of project activities; address any challenges; strengthen documentation and capture learning.

Although it is too early to draw conclusions about the long-term sustainability of the twinning partnership, there is encouraging evidence of the sustainability of practices, specifically relating to the improved clinical capacity of the laboratory and clinicians at NDH to accurately test, diagnose and treat more STIs. The twinning partnership is also beginning to have an impact in Rwanda beyond NDH, as a result of learning from the project being shared through training to other hospitals. There is a similar opportunity to expand the reach of the project in LGT, with Queen Elizabeth Hospital in Greenwich requesting support from LGT to replicate the PNC model.

Introduction

This report summarises the main findings, key results and achievements from a final evaluation conducted of the first phase of the twinning partnership project between NDH in Rwanda and LSHS, located within LGT in the UK, with support from VSO and financial support received through a VfD grant from the UK's FCDO. The project was initiated in November 2018 and formally established through sub-grant agreements with both partners in April 2019. The evaluation was conducted between October-December 2021 by a global team, comprising a lead consultant specialising in SRHR and HIV and supported by a team of local VSO volunteers in Rwanda and the UK. It builds on the results of an internal learning review of the twinning project conducted in February 2020 in Rwanda.

The evaluation reviewed and assessed the impact of the twinning project to date in both locations, specifically in relation to the delivery of SRHR services for young people. The report also reviews VSO's strategic role in supporting the partnership especially in relation to the VfD methodology; identifies the main challenges and lessons learned; and makes a number of strategic recommendations. The findings from the evaluation will be shared with all partners to strengthen the next phase of the project; to inform the development of future twinning projects supported by VSO; and to inform VSO's leadership work, promoting this approach within the sector.

The main audiences for the evaluation report are:

- VSO – specifically the Engagement and Leadership team, Health Practice Area team and VSO Rwanda
- Nyagatare District Hospital (NDH)
- Lewisham and Greenwich NHS Trust (LGT)
- Other institutions interested in twinning initiatives, for example THET, professional associations, Royal Colleges of Health, NHS Trusts etc.
- Donors, in particular the UK's Foreign and Commonwealth Development Office (FCDO).

A separate document that outlines VSO's approach to twinning partnerships and articulating a twinning partnership model within its VfD methodology, has been developed in parallel to this evaluation report.

The full Terms of Reference (ToR) for the assignment are included in Annex 1.

Project Overview

Background and rationale

As part of the VfD grant, VSO and the UK FCDO are committed to pursuing twinning partnerships as a form of collaboration to exchange skills and learning between institutions in different locations. In 2018 VSO commissioned a review of twinning partnerships in the sector with a view to identifying the potential role that VSO could play. The report concluded that VSO has valid contributions to make to this work, especially in health, and that the benefits of twinning include the empowerment of health professionals and transferral of skills and expertise to strengthen service delivery.

In April 2019, VSO established a twinning partnership between NDH in Rwanda and LSHS within LGT in the UK, through funding from the VfD grant. VSO describes twinning as:

'A pairing or union of two named institutions in different locations with shared visions and values, underpinned by a shared commitment to achieve agreed reciprocal benefits, through a two-way exchange of information, expertise and transferral of skills.'

Despite their different cultural and geographic contexts, Nyagatare and the London borough of Lewisham share a number of similarities in relation to young people and SRHR. Nyagatare has one of the highest rates of adolescent pregnancies in Rwanda, while Lewisham has one of the highest STI rates in London and one of the highest HIV diagnosed prevalence rates in the UK, at 8 per 1000 for people aged 15-59 years[1]. Both hospitals are therefore grappling with similar issues, with opportunities to learn from one another to improve SRHR service delivery, particularly for young people – this was an important shared goal.

NDH, located 162 km from Kigali, was established as a public hospital in 1983 and is the only district referral hospital in Nyagatare district, supporting 20 health centres and 29 health post facilities and with a catchment of over 600,000 people. SRHR services are provided by doctors, nurses and midwives, and despite efforts to strengthen these services, health care providers lack the necessary skills, technology/tools to identify and treat STIs. Modern contraceptive use is low (40.5%); there are high numbers of teenage pregnancies (1,343 in the year 2017/18); many STIs are diagnosed late or undiagnosed; and there are high numbers of home deliveries[2].

VSO Rwanda began working in Nyagatare district in 2016, implementing the *Imbere Heza* project (a SRHR inclusion project with the deaf community) with FCDO support - Nyagatare serves a significant deaf/hearing impaired community because of the establishment of the Umutara Deaf School in 2005. The project focused on promoting community dialogues (involving parents and young people) about SRHR to reduce stigma; creating demand in the community among young people, specifically from deaf students, to access SRHR services; and providing training in sign language to community health workers (CHW) and nurses to improve communication and young people's SRHR choices. These efforts generated an increased demand for services but VSO recognised that a significant gap remained between the demand generated and the quality of SRHR clinical services delivered. The twinning partnership project therefore provided a strategic opportunity to support the "missing piece" of the programme to strengthen the clinical SRHR service capacity and delivery of the local hospital, by exchanging clinical expertise, experience and learning with LSHS at LGT.

LSHS at LGT serves the London borough of Lewisham with a population of approximately 300,000. Like Nyagatare, Lewisham has higher rates of STIs, HIV and unplanned pregnancy than the national average. Lewisham has the 12th highest rate (out of 326 local authorities in England) of new STIs (excluding chlamydia) diagnosis in 15-24 year olds with a rate of 1,825 per 100,000 residents (compared to 794 per 100,000 in England, while the chlamydia detection rate per 100,000 young people aged 15-24 years in Lewisham was 2,573 (compared to 1,882 per 100,000 in England).The total rate of long-acting reversible contraception (LARC) prescribed was 42.9 per 1,000 women aged 15-44 years in Lewisham, compared to 47.4 per 1,000 women in England, while in 2016 the conception rate for under-18's in Lewisham was 22.1 per 1,000 females aged 15-17 years, compared to the national rate of 18.8[3].

In Lewisham, poor sexual health outcomes are not distributed equally across the population. Strong links exist between deprivation and STIs, teenage conceptions and abortions, with the highest burden borne by women, men who have sex with men (MSM), teenagers, young adults, black and minority ethnic groups. Lewisham is the 15th most ethnically diverse local authority in England with two out of every five residents being from a black and minority ethnic background with a quarter of the

[1] https://www.gov.uk/government/publications/towards-zero-the-hiv-action-plan-for-england-2022-to-2025/annex-b-local-authorities-with-high-or-very-high-hiv-prevalence-2019
[2] VSO Project Proposal
[3] VSO Project Proposal

population aged under 19. It is also the 48th most deprived of all 326 English Local Authorities (one being the most deprived)[4].

Aim and Objective

The project has the following aim and strategic objective:

Aim: To strengthen the provision of SRHR services of both centres.

Strategic Objective: To build the capacity of local service-providers through the twinning relationship, aiming to do so in a reciprocal, equitable and co-creational way to ensure sustainable SRHR service delivery in both health facilities.

Planned Outcomes

NDH and LSHS identified the following priority areas to address through the twinning partnership, following a combined assessment of needs and review of their respective core competencies.

Nyagatare	Priority areas	Action plan	Status Update
	Staff capacity building	- Develop guidelines and protocols for STI and reproductive health management. - Establish competencies – basic, intermediate and advanced	- STI treatment guidelines and protocols updated eg gonorrhea - Training delivered to 58 clinicians and community outreach volunteers, following agreed competencies
	Identification, detection and screening of integrated sexual and reproductive health issues	- Develop cadre of staff to provide basic, intermediate and advanced STI and reproductive health management dependent on skill and competencies: - Identify which STI's require treatment and by whom - Identify the contraceptive needs and which staff groups can deliver this	- 58 clinicians and community outreach volunteers trained to provide different levels of STI and SRHR management - STI treatment protocols updated (eg treatment of gonorrhoea referred to NDH for microscopy)
	Strengthening laboratory capacity	- Establish what staff and skills are	- Microscopy diagnosis of

[4] ibid

		available for laboratory management of STIs – microscopy, gonorrhea resistance surveillance.	gonorrhoea introduced and treatment with ceftriaxone instead of erythromycin to address microbial resistance
	Sexual and reproductive information for all young people including those in schools	- Identify obstacles for SRH information for young people	Development of youth SRHR questionnaire to determine barriers to SRHR information and services for young people in twin locations
Lewisham	**Priority areas**	**Action plan**	**Status Update**
	Postnatal contraception	- Work with the midwifery team to establish sustainable PNC – with a focus on adolescents	- 6 midwives completed in-depth training to deliver PNC, including insertion of implants - Trained midwives provided PNC to 39 women
	Develop a deaf friendly sexual health service	- Basic sign lessons for all staff - Have an understanding of access to our service by the deaf community – with a focus on young people	- BSL training postponed due to Covid-19 - 2 champions appointed to lead work with deaf community but no consultation/needs assessment completed yet
	Alternative service delivery models for integrated sexual health model delivery	- Explore cost-effective service delivery models in particular the use of community health workers	- This work was postponed due to Covid-19
	Sexual and reproductive information for all young people including those in schools	- Identify obstacles for SRH information for young people	- Development of youth SRHR questionnaire to determine barriers to SRHR information and services for young people in twin locations & piloting of the questionnaire in Lewisham

Description of Key Activities

Project inception

VSO's Global Health and Engagement and Leadership Teams in the UK played a key role in the vision and establishment of a twinning partnership between NDH and LSHS, together with VSO Rwanda. The idea of developing a health partnership involving NDH provided a strategic opportunity to build on VSO Rwanda's existing VfD funded *Imbere Heza*, an inclusive SRHR programme, reaching young people who are deaf/hearing impaired with SRHR information and services. Although NDH was a key delivery partner in the programme, there had been little focus and attention on strengthening the clinical service provider capacity at the hospital level; this was recognised as a critical gap. VSO had already built a trusted relationship with NDH and felt that they would be open to a proposed twinning partnership; VSO recognised that the southern partner institution needed to have strong trust in VSO as the partnership would require the investment of time and resources without any clear resource gain at the start. A personal meeting between the Global Technical Lead: Health and a Consultant in Sexual Health and HIV & Clinical Lead for LSHS (Waldron) initiated the start of a conversation about the development of a twinning partnership between the two institutions. Her work at LGT was consistent with VSO's values and a strategic opportunity to provide the kind of information, expertise and skills exchange required to improve the clinical delivery of SRHR services at NDH, while providing her with the chance to learn about cost-effective SRHR delivery mechanisms in resource-poor settings.

VSO discussed the suggestion to broker a twinning relationship with the Clinical Lead for LSHS. The International Conference on Family Planning (ICFP) in Kigali in November 2018 provided an opportunity for VSO's Global Technical Lead: Health and the Clinical Lead for LSHS to combine their planned participation at the conference with an additional two days visiting NDH, supported by VSO, to discuss the potential twinning partnership with key staff there. This opportunity to meet face to face early in the partnership building was critical in establishing trust, strong rapport and mutual respect between the two project leads – the Clinical Lead for LSHS and Director General of NDH. It also catalysed the establishment of joint objectives for a reciprocal twinning partnership.

The partnership was formalised in April 2019, following sub-grant agreements between VSO and the two partners. In June 2019, VSO organised a workshop, in Nyagatare to review the partners' respective capacities and needs and to agree work plan priorities, with the Clinical Lead for LSHS and a midwife representative attending from LGT. During the visit, the LGT representatives visited the hospital's SRH clinic, held meetings with the Director General and a representative from the MoH and had an opportunity to visit the Umutara School for the Deaf, the Isange One Stop Clinic (for sexual violence and abuse) and join outreach activities.

Activity plans for NDH and LGT and a finalised work plan were subsequently developed; this planning process took several months but key stakeholders noted that it was crucial to understanding the different objectives and contributions of each twin institution.

Learning exchange visits

At the end of 2019, 3 key staff from NDH (Director General and Project Lead for NDH, Laboratory Technician, and Matron) and the Project Manager at VSO Rwanda, participated in a 5 day learning exchange visit to LGT. The objective was to learn more about clinical approaches and ways of working at LGT, specifically in relation to building their capacity in the identification, detection and screening of STIs by learning from the laboratory methods at LGT, including microscopy testing for gonorrhoea.

> "through the field trips, we learned different things we didn't know before like screening some diseases that we were not familiar with.... I saw how they were able to do the screening which was different from here at Nyagatare Hospital due to lack of means." (Laboratory technician, NDH)

The NDH team discussed their aspiration for their laboratory to be awarded 4* accreditation (representing an international standard) and discussed ways to strengthen their STI treatment pathways, protocols and testing provision. They also discussed their challenges to address stigma relating to SRH in the community, which prevents people accessing SRHR services and leads to self-medicating, causing medical resistance. The visit also provided a chance for NDH staff to reflect on opportunities to strengthen patient-centred care in their maternity and SRH services. The matron from NDH was introduced to different forms of delivery (beyond the two options of 'natural' delivery and caesarean section available at NDH) – for example ventouse delivery and the use of a birthing pool - in addition to different types of medication to reduce pain. The NDH team were also introduced to different forms of contraception that are not currently available in Rwanda due to cost, for example the hormonal coil (only the copper coil is available in Rwanda). NDH staff also understood the need to update and adhere to various checklists and protocols in order to strengthen service provision.

A return visit by 2 staff (Project Lead and Clinical Nurse Specialist) from LGT to NDH took place in March 2020 but had to be cut short due to the Covid-19 pandemic and the announcement of a UK lockdown. The LGT team had the opportunity to learn more about NDH's approach to family planning; the close linkages between the hospital's maternity and SRH departments; and good practice in the delivery of PNC. At NDH, midwives introduce the topic of PNC during antenatal care (ANC), emphasising the importance of maternal health and wellbeing and the need to focus on the demands of looking after a new baby without worrying about becoming pregnant again, or pregnant too soon. PNC discussions are initiated early, during the antenatal period, and the integration of an SRHR clinic within the maternity department means that PNC can also be provided by midwives in hospital, providing continuity of care, improving uptake of contraception and consequently reducing the risk of unintended pregnancies. The Clinical Nurse Specialist at LGT was impressed by this model and interested in providing a similar service at LGT, where post-partum women would be systematically offered contraceptive advice and options to avoid unintended pregnancy and ensure birth spacing. The LGT team was also interested in replicating NDH's community outreach model of training CHWs and volunteers to reach large numbers of young people quickly with SRHR information and services in the community, rather than through established SRHR clinics, to increase the accessibility and uptake of SRHR services.

Visiting teams shared feedback and learning from exchange visits with colleagues when they returned home,

> "Our colleagues who went to UK for exchange visits came after and shared with us the knowledge they had gained through staff meetings." (Midwife, NDH)

Implementation of programme activities

Following the exchange visits, each twin institution began to implement their agreed action plans (included previously on pages 8-9), although the implementation of some planned activities faced delays – particularly at LGT- as a result of Covid-19. At NDH, laboratory staff and clinicians organised 2 trainings (conducted in February 2020 and September 2020) to build staff capacity and incorporate learning from the exchange visit to LGT in order to improve STI testing, diagnosis and treatment. A total of 58 people attended these trainings from NDH and the satellite clinics, including midwives, nurses, laboratory technicians and university student volunteers who conduct community outreach. Aspects of the trainings included:

- the importance of establishing a relationship of trust with the client and taking a full patient history and symptoms to help STI diagnosis;
- capacity building on the different checklists and protocols in place, including using ceftriaxone instead of erythromycin to treat (Neisseria) gonorrhea to avoid microbial resistance; and

- updating the STI management pathway to ensure that cases of gonorrhea are referred to NDH for treatment instead of being treated at health centres.

"We were given training about how to cure the diseases and how to prevent them. An example would be, Jean Paul [laboratory technician] who taught us how to do the laboratory tests, the protocol to follow and so on. We were not in touch with nurses or midwives at the UK Hospital but the ones who went there shared with us new knowledge on how to better trace the STDs and on the SRH issues." (Nurse, NDH)

The laboratory technician at NDH highlighted that the impact of his learning from the exchange visit to LGT extended beyond NDH to improve clinical capacity on STI testing, diagnosis and treatment in other hospitals in Rwanda,

"The knowledge I gained helps me to work with excellence, I was selected to go and train other lab technicians in other hospitals." (Laboratory technician, NDH)

In addition, improvements were made to strengthen the laboratory's capacity, allowing them to more accurately diagnose and treat STIs. This included testing for gonorrhoea by microscopy (using gram staining method), to address the issue of resistance resulting from anti-microbial medication given to patients previously based upon symptomatic diagnosis. The laboratory also began testing for hepatitis B&C. The improvements in both the laboratory and staff capacity, as a result of the twinning partnership, also benefitted the *Imbere Heza* SRHR inclusion project in Nyagatare, as SRHR service delivery was strengthened for all key actors. Over the duration of the project, **a total of 12,632 people were screened for STIs in Nyagatare**, through a combination of community outreach (2,546), health centres (5,940) and NDH hospital (4,146).

NDH implemented community-based outreach to provide information on SRHR to young people, under the fourth stream of their work plan. As community outreach was already being implemented prior to the twinning partnership as part of the *Imbere Heza* project, these activities cannot be attributed solely to the twinning project, although this partnership was perceived by some key stakeholders to increase the focus and attention on this work, with **refresher training for community outreach delivered to 94 individuals**, including 13 university student volunteers, through the project. The community based outreach, conducted by university students working together with clinicians from NDH and associated health centres, aims to: provide information on SRHR, including STI prevention and different forms of contraception; encourage discussion between young people and their parents on SRHR; promote contraceptive use (including distribution of condoms); promote awareness of the signs and symptoms of STIs, risks of untreated infections and reduce self-medication; and provide referrals to SRHR services, including family planning and STI, HIV and hepatitis B&C testing. One of the university student volunteers described how the community outreach addresses the social stigma associated with discussing SRHR issues, which is one of the key obstacles preventing young people from accessing the information, commodities (eg contraception) and services they need in order to avoid unintended pregnancies and prevent STIs,

"In Rwanda, most people are not open to talk about SRH; it's like a taboo. There is a big number of youth who get STIs and are ashamed to go for medical help. There is a stigma to buy sexual protective methods like condoms because they may be judged to be sex workers. So what motivated me was to sensitize people around me that talking about SRH is not a taboo in real life." (University student volunteer, Nyagatare)

Another volunteer emphasised the importance of providing accurate information about SRHR to young people and correcting misinformation,

"It is generally found that children have inaccurate information about SRH due to being given to them by untrustworthy people." (University student volunteer, Nyagatare)

Reaching parents through community outreach to encourage them to discuss bodily changes and issues relating to SRH openly with their children was perceived as important,

"... because there is a big problem between parents and children. They don't talk about SRH."
(University student volunteer, Nyagatare)

Dedicated sessions were conducted with parents ('*parents time*') in the villages to break down the stigma associated with SRHR; increase parents' knowledge and understanding of the issues; and build their confidence to encourage them to have discussions on SRHR with children at home. This also ensures that the information that young people receive is accurate and from trusted sources, addressing the challenges presented by myths and misinformation on SRHR.

The implementation of community outreach in Nyagatare was hindered due to the Covid-19 pandemic, specifically as a result of Government imposed restrictions and lockdowns. This had an impact on the numbers of young people and community members reached. Volunteers were required to change their practice and conduct outreach with smaller numbers of people outside their homes, rather than reaching large numbers of people in community spaces such as public market places, as was the case pre-Covid-19. Nevertheless, **SRHR information was provided to 4,911 people through community outreach activities** over the duration of the project. The commitment of the volunteers to adapt their practice to adhere to Covid-19 guidelines and continue their work during a global pandemic is admirable.

Covid-19 also had a very significant impact on the implementation of planned activities at LGT, with the UK experiencing one of the highest death rates from Covid-19 globally, and placing enormous pressure on NHS services, particularly in London where hospitalisation rates were especially high. The UK entered the first of three national lockdowns as LGT staff returned from the exchange visit to Rwanda in March 2020; this continued to June, with subsequent lockdowns in October 2020 and again for a three month period between January-March 2021. As a consequence, progress against the objectives outlined in the work plan has been substantially delayed, with some activities being placed on hold.

LGT's first priority activity was to integrate SRHR services within the maternity unit to enable midwives to deliver PNC to women post-partum, replicating NDH's model. A doctor from the SRH clinic provided **in-depth training to 6 midwives to deliver PNC**, beginning September 2020. This involved midwives working through 17 online modules (taking approximately 2 days in total) covering all types of contraception, followed by 2-3 days practical training (using a 'model arm' and involving a combination of individual and group sessions) on the insertion of implants. The doctor continued to provide ongoing support to the midwives and assessed their competency to take medical histories and understanding of the need to provide informed choice – ensuring women understood the efficacy of different contraceptive methods and possible side effects. She continued to provide direct supervision during the implant insertion process until the midwives felt sufficiently confident to have their competency assessed and 'signed off' to become an independent practitioner, with 'Letters of Competency' awarded. Midwives also attended the SRH clinic to observe the doctor removing implants so that they could confidently explain the procedure to women during their consultations.

Inspired by NDH's work with the deaf community, the second objective of LGT's work plan focused on developing a deaf friendly SRH service, as a first step to making SRHR services more inclusive. This work again faced Covid-related delays but in August 2021, two representatives were appointed as deaf champions as a first step in taking this work within LGT. The 'champions' were recruited based upon their expressed personal interest and commitment, following an announcement in the SRH departmental newsletter. Their role is voluntary, in addition to their nursing duties; this work is nascent and next steps are to develop an understanding of the needs and define priorities, including undertaking the planned training in sign language.

LGT also aimed to explore alternative service delivery models for integrated sexual health delivery, and specifically cost-effective service delivery models. The development of a community outreach programme, potentially working with students from nearby Goldsmiths University – such as that implemented by NDH- has not yet been taken forward in LGT, primarily due to the demands placed on staff and staff redeployment to respond to the pandemic and the corresponding closure/disruption faced by universities.

LGT and NDH shared a final objective to provide SRHR information for all young people, with an immediate action to identify the barriers. While NDH was able to identify some of these obstacles through conversations with young people and their parents through their community outreach programme, the focus of this work at LGT involved the development of a youth focused SRH questionnaire. Although this was led by LGT, it was carried out in close collaboration with NDH, with the aim to develop a questionnaire that would be implemented by both twin locations to highlight the gaps in current service provision; identify common themes and challenges; and to work together to develop solutions to make the services more accessible and responsive to young people's needs. LGT stakeholders anticipate that administering the youth SRH questionnaire will catalyse the beginning of a closer relationship between the hospital (Waldron Centre) and the local community at LGT.

The initial development of the questionnaire began in August 2020 but has been disrupted due to Covid-19 – the doctor leading this work was re-deployed for several months. The questionnaire was adapted from a (WHO) standardised and validated questionnaire for SRHR and young people and modified to incorporate questions from a draft questionnaire developed by NDH. The questionnaire has been piloted in LGT with 40 <25 year olds attending the SRH clinic and revisions made. It is not yet finalised across both sites, but LGT aims to disseminate this to < 25 year olds in SRH clinics, a homeless shelter for <25 year olds and Goldsmiths University (which is within LGT catchment area) with the aim of achieving a 5-600 sample size. The questionnaire aims to establish baseline knowledge about STIs; emergency contraception; service availability and priorities of care; factors affecting access to SRH clinics; and talking with parents about relationships, sex, contraception and STIs.

Both NDH and LGT implemented activities to share information about the project internally to staff, for example providing updates during staff meetings, although this was reportedly done on an ad-hoc basis and often provided as an additional agenda item at the end of the meeting, rather than a standing item. Each twin institution also held additional meetings to promote the partnership to external stakeholders, such as MoH in Rwanda and to the Clinical Commissioning Groups (CCG) in Lewisham and Greenwich. The project lead at LGT also delivered an online presentation on the twinning partnership to Queen Elizabeth Hospital in Greenwich who are keen to adopt a similar PNC model.

Key Evaluation Questions

The following evaluation questions were developed based on project objectives and in line with VSO's VfD framework. The two sets of questions developed address both the **twinning process** and the impact of the project on the **quality of SRHR services delivered in the two project sites.**

Twinning process

In relation to the twinning process, the overarching evaluation question is:

Was the vision of the twinning process achieved and how well did it work across the two participating organisations?

1. How well matched were the two organisations and why/why not? How effective has the communication between the two partners been and why/why not?
2. How was buy in gained? What helped and what hindered this?
3. What have been the commitment levels from the twins and how has this impacted on the project?
4. To what extent were those involved in the project clear about their roles?
5. To what extent were those involved able to protect time to focus on this work? What went well and what were the challenges?

6. What has been achieved against the action plan? What evidence is there of this achievement? What has worked well and what were the challenges?
7. What did each organisation gain from the other? What has made this possible? What have been the challenges?
8. To what extent did Covid-19 have an impact on the twinning partnership?
9. What opportunities are there for sustaining the twinning arrangement?
10. What was unique about this twinning project in terms of the process, partnership etc from a VSO's VfD perspective compared to a standard twinning partnership delivered by other organisations?
11. What can we learn from this type of partnership arrangement that can inform VSO's future practices and programmes, as well as to be used to influence the wider sector?
12. Has VSO done enough to broker the relationship to enable it to move towards becoming sustainable without VSO input in the future?

Impact on SRHR services delivered

The overarching evaluation question is:

What impact did the project have on the quality of SRHR services provided by the two participating organisations?

1. What were the key learnings on SRHR for the two organisations? How have they changed their practices as a result?
2. Has there been improved services from a Primary Actor perspective as a result of the Twinning? What outcomes have been experienced by the Primary Actors?
3. Has the Twinning resulted in Primary Actors and their communities being more empowered to hold service providers and duty bearers to account?
4. To what extent did the project account for inclusion of a range of Primary Actors accessing their services, particularly the most marginalised groups? How could this be improved? Were there any groups excluded or unable to access services?
5. What are the long-term sustainability prospects for any changes in service delivery as a result of the project?
6. (How) has the partnership between the twins facilitated dialogue, action, policy and/or system change in their respective countries?
7. Identify recommendations for how the twinning project can complement or how the *Imbere heza* activities would complement each other for continuity purposes.
8. To what extent did Covid-19 have an impact on the SRH services delivered? What data/evidence is available to support this?

Evaluation Methodology

The evaluation aimed to assess the project's impact using a combination of quantitative and primarily qualitative data collected through two key processes:

1. **Desk-based review** of twinning project documentation, including project proposal; quarterly reports; project monitoring data; available clinical data; and findings from a mid-term learning review of the project in NDH. A list of documents and materials reviewed is included in Annex 2.

2. **Participatory, qualitative research in NDH and LGT through key informant interviews** (KIIs) with a range of project stakeholders to answer the key evaluation questions outlined. In Nyagatare, a focus group discussion (FGD) with university student volunteers was also conducted. The selection of key informants in each site reflected the different focus areas of the project and the interview questions were adapted and tailored to different respondents to reflect their specific role and involvement. In NDH, key stakeholders included both the former and

current Director General (and project lead) – interviewed online- and nurses, laboratory technicians, and midwife(s) who were interviewed face-to-face. University student volunteers participated in an online FGD, due to living in different locations. In LGT, online interviews were conducted with midwives, nurses and clinicians, and the project lead was interviewed face to face. In both sites, consent was received prior to interviews being conducted; in Nyagatare this was facilitated by VSO Rwanda and in line with their policies, and in LGT this was led by the project lead. A total of 26 key stakeholders – including clinicians, nurses, midwifes, laboratory technicians, university student volunteers and VSO staff (former and current) - participated in the evaluation through a combination of 20 KIIs and 1 FGD which took place during November-December 2021. A list of all those interviewed is included in Annex 3.

The evaluation was led by an international consultant specialising in SRHR and HIV, based in the UK, who managed a team of four volunteers (3 in Rwanda, 1 in UK), recruited by VSO to conduct KIIs/FGDs and collect and document relevant data and evidence. In Rwanda, the Monitoring and Evaluation Adviser at VSO Rwanda played a key role in supporting the scheduling and logistics of interviews; coordinating the day-to-day activities of the volunteers and quality assuring the Rwanda team's written outputs from the interviews.

The evaluation methodology was rooted in an evidence-based and participatory approach; it aimed to support and empower volunteers to carry out the interviews, for example, by arranging 'mock' interviews to practise asking follow up questions to elicit additional information, document and re-cap information. The evaluation approach placed an emphasis on reflection and learning, with the articulated aim to benefit the ongoing development of the twinning project between NDH and LSHS at LGT, while also identifying the lessons and good practice to support the development of a 'model' for future VSO twinning projects. The evaluation team worked closely through appropriate VSO and partner structures to maximise engagement, input and ownership of the process and final outputs.

Limitations

- **No key performance indicators (KPI) were established for the twinning partnership, and specifically in relation to the desired outcomes for primary actors (young people).** Some of the planned activities involving young people were also delayed and consequently KPIs were not developed. This, together with young people's lack of involvement in the evaluation process, makes it challenging to evaluate the impact of the twinning partnership on young people's access to quality SRH services.
- **Small number of stakeholders from each site providing input into the evaluation.** A total of 26 key stakeholders participated in KIIs/FGDs; comprising 14 stakeholders from NDH and only 7 from LGT. This number is smaller than originally anticipated, due in part to turnover of key staff involved in the project and conflicting demands on medical staff (particularly in LGT) in the run up to the Christmas holiday and to respond to the rapid escalation of the Omicron variant in the UK. Only one of the six midwives trained to deliver PNC participated in the evaluation; three were not working at LGT during the time KIIs were conducted (one had left the Trust; two were on maternity leave) and the remaining two did not respond, despite repeated follow-up.
- **Lack of involvement of some key stakeholders, specifically young people in the evaluation process.** Interviewing young people who had been reached through SRHR outreach activities in Nyagatare risked potentially stigmatising those young people or compromising outreach efforts by dissuading young people from accessing these services. In LGT it was clearly not possible to identify young women who had received PNC while on the maternity ward at LGT to participate in KIIs or FGDs. It was also not possible to schedule an interview with a representative from MoH in Rwanda.
- **Specific attribution of outcomes in Nyagatare to the twinning partnership – specifically in relation to the community outreach component - is difficult due to the implementation of the *Imbere Heza* SRHR inclusion project with the deaf community in the same area**. This makes it challenging to determine the activities that can be attributed specifically to the twinning partnership and those which formed part of the wider project implemented in the community.

- The **Covid-19 pandemic**, and specifically the emergence of the Omicron variant in the UK in December 2021, meant that KIIs with LGT staff had to be conducted remotely rather than in-person as originally planned.

Summary of Key Findings and Results

Twinning Partnership

- **The twinning partnership is valued highly by key stakeholders in both sites**; the organisations are perceived to be well matched – both hospitals have a focus on SRHR with young people, face similar challenges and support needs – and the partnership is perceived as genuinely two-way, with reciprocal benefits for both organisations. The Clinical Nurse Specialist at LGT commented that she was "impressed by how similar we were". She wanted

  > "to see what could be learnt from a visit to Nyagatare and implemented here... we were impressed that SRH services existed in a rurally located hospital and with outreach services to increase access for more remote young people." (Clinical Nurse Specialist, LGT)

  NDH staff referred to the twinning partnership as a "great opportunity", noting that it is the only such programme in Rwanda and has been an important opportunity to develop relationships with the district and the MoH.

- **The project was spear-headed by dedicated, passionate project leads in both sites; their collaboration provided an important foundation upon which to develop the partnership**. Stakeholders consistently acknowledged the central role that the two original project leads - the Clinical Lead for LSHS and the former Director General: NDH- played. They were viewed as "super committed" and highly invested in the project, which had an impact on its success. The latter noted, "It was my big ambition to have this twinning partnership" (Former Project Lead and Former Director General, NDH)

- **The twinning partnership relies heavily on a few key individuals and has not yet developed into an institutional relationship between the two hospitals**. Key informants at NDH recommended that "VSO should involve more hospital staff to strengthen the Twinning Project activities." VSO staff also recognised this challenge and are keen to identify and support actions to institutionalise the relationship. Although a close working relationship between the project leads is an important catalyst, if the partnership is individually-driven this poses significant risks to its long-term sustainability. This has been evidenced by the departure of the former project lead and Director General from NDH in July 2021.

- **Direct interaction between staff in the twinned hospitals is very limited (outside the exchange visits), with almost all communication being channelled through the two project leads.** No examples were cited of direct communication happening between peers – for example, laboratory technicians, midwives or those working to make services more accessible to the deaf and hearing-impaired community - although one of the laboratory technicians in NDH did interact directly with the project lead at LGT. This is a missed opportunity to maximise information exchange and learning and to build broader, more robust and sustainable relationships between the twin institutions. A key stakeholder in NDH noted "there hasn't been any official introduction to VSO and LGT staff... I haven't had any communication with them" and at LGT one of the dedicated champions to support access for the deaf community commented, "It's difficult to say anything about [the twinning project] as I have not been part of it".

- **Staff turnover and the Covid-19 pandemic have had a detrimental impact on the twinning partnership**. There was some sense that the relationship was floundering currently, following the departure of NDH's former Director General (and original project lead) and exacerbated by pressures on hospital staff in the UK to cope with the Omicron variant; the project lead at LGT highlighted the need to "breathe back fire into the project" by organising face-to-face (video) meetings. A key stakeholder from NDH noted that "When a project involves new people to replace those who have left, it is important to provide them with information about the project; when it's not done, the project will not achieve its goals." Nevertheless, the continuation of a twinning partnership between two hospitals during a global pandemic demonstrates resilience and is testament to the foundations of the project and high levels of commitment of those volunteering their time to be involved.
- **VSO's role in supporting the twinning partnership has been instrumental.** They have brokered the relationship between the two hospitals, brought people together and helped to build trust. This was particularly key during the inception process, where VSO facilitated face to face meetings between the two institutions to get to know one another, understand the key issues they were facing, identify their specific contributions and needs and agree expectations for the project.

Impact on SRH services delivered

The absence of key performance indicators to measure the specific outcomes for primary actors accessing SRH services makes it difficult to measure the level of tangible change, in terms of the quality and levels of satisfaction regarding SRH services delivered. Nevertheless, data collected and evidence generated through the evaluation process demonstrates changes as a result of the twinning partnership.

In NDH, these relate specifically to the improved clinical capacity of staff to more accurately diagnose, test and treat STIs; clinical improvements in the laboratory to effectively test for STIs, including gonorrhoea, hepatitis B&C and HIV; training 13 university student volunteers to deliver SRH information to their peers; and providing SRH information, commodities (eg condoms) and referral to SRH services through community based outreach to 4,911 people. These activities have in turn contributed to emerging evidence of impact for primary actors on their SRHR, including reported increases in uptake of family planning services and contraception as a result of community outreach; improved STI diagnosis, treatment and care; and provision of effective contraception services in both NDH and LGT.

In LGT, a total of 6 midwives completed in-depth training on PNC, including the insertion/removal of implants with an additional 2 midwives expected to complete the training in the first quarter 2022; 34 women received PNC in the Waldron Centre hospital and an additional 5 especially vulnerable women through the community midwife at the Community Hub; 2 nursing champions appointed to support access to SRH services for the hearing impaired/deaf community; and the development of a questionnaire to assess young people's SRH knowledge and behaviour across both twins.

Nyagatare District Hospital

Staff capacity building

- **Increased staff capacity to identify, detect and screen STIs by delivering training to 58 clinicians.** Capacity building of clinicians on the importance of taking full patient histories, analysing and interpreting the information – together with improved laboratory testing – contributed to the improved diagnosis and treatment of STIs. Laboratory staff noted that their existing laboratory equipment was under-utilised and that additional training of doctors and nurses to improve their understanding and capacity to take full patient histories and follow STI testing and treatment protocols helped them to more accurately interpret information, make appropriate

requests for laboratory tests, resulting in more accurate diagnosis and treatment of STIs. Laboratory staff noted that,

"the biggest part is capacity building for employees because a good diagnosis makes it easier to treat the right disease... A poor interpretation of patient's history will lead to a poor lab tests requests and results and then a wrong or a non-appropriate treatment of the disease." (Laboratory technician, NDH)

- **Development of new protocols for STI testing (specifically gonorrhoea) and better adherence to existing guidelines and protocols through staff training and capacity building, resulting in improved quality of care for primary actors**. Following the exchange visit to LGT, NDH updated their STI protocol to use ceftriaxone instead of erythromycin to treat (Neisseria) gonorrhoea to avoid microbial resistance. The updated protocol also includes an updated STI management pathway to refer cases of gonorrhoea to NDH. Changes to these protocols and pathways formed a component of the staff training delivered. As one nurse noted,

"...there are times when you do not follow the protocols accordingly, but this twinning project helped me realise that this might lead to inefficient work, causing the patients to repeatedly come for the same issue while it was possible to follow protocols and cure them efficiently." (Nurse, NDH)

- **Improved patient-centred care for pregnant women during labour and delivery.** The exchange visit and opportunity to see at first hand and learn from the practice of midwives in LGT encouraged reflection and motivated clinicians at NDH to make changes in their professional practice, improving maternity care and for women giving birth.

"What has changed again is the way to take care of a pregnant woman. For example, treating her well and speaking to her in a good manner makes her feel less pain". (Assistant Matron, NDH)

Identification, detection and screening of integrated SRHR issues

- **Suspected cases of gonorrhoea are now referred by health centres to NDH for microscopy testing and treatment to address microbial resistance.** Previously gonorrhoea was diagnosed through symptomatic testing at NDH and health centres but following improvements in the laboratory at NDH to test for additional STIs using microscopy, NDH updated their STI management pathway to ensure that all suspected cases of gonorrhoea are referred to NDH for testing and treatment using ceftriaxone to address resistance.
- **Improved quality of care as a result of task shifting.** Clinical checklists for SRHR and maternity services are now completed by trained nurses rather than the supporting team, as previously.
- **Quality of care received by primary actors is now more consistent across all health settings with improvements in STI testing and treatment rolled out to satellite clinics linked to NDH, including 2 hospitals and 20 health centres.** This been achieved as a result of the capacity building and training delivered by the laboratory technician at NDH to clinical staff in the satellite clinics, covering updated STI protocols, guidelines and treatment pathways. The laboratory technician's learning from LGT as a direct result of the twinning project has directly contributed to the improvement and sustainability of practices,

"…. The knowledge I gained from the visit [to LGT] helps me to work with excellence, I was selected to go and train other lab technicians in other hospitals." (Laboratory technician, NDH)

- **Improved patient case management and follow-up.** One of the nurses interviewed emphasised the importance of making patients feel relaxed and comfortable to talk openly about SRH issues and STI symptoms to facilitate timely diagnosis and appropriate treatment,

"In case you haven't allowed the patient to feel comfortable with you, there's information they won't give you causing bad communication and you'll find yourselves dealing with the same

problem over and over again. But when you have established good communication, it will allow you to cure them and do our jobs well." (Nurse, NDH)

The same nurse also highlighted that she had learned the importance of contact tracing for people with STIs,

"In case we found a married person infected, we also learn to see the other partner to come for a cross check-up." (Nurse, NDH)

Strengthening laboratory capacity

- **A total of 12,632 people in the Nyagatare district were screened for STIs over the duration of the project, with those testing positive receiving treatment.** This number includes 2,546 screened as a result of community outreach; 5,940 screened at health centres and 4,146 screened for STIs at NDH. A total of 413 people tested positive for hepatitis B and 290 tested positive for hepatitis C. 1,211 people were additionally tested for HIV, with 6 testing positive (0.5% positivity rate[5]) and 2,507 tested for gonorrhoea, with 74 testing positive (<3% positivity rate).

- **More accurate testing and surveillance of gonorrhoea through microscopy to improve treatment and address resistance**. 2,507 people were tested for gonorrhoea, with 74 testing positive and receiving treatment with ceftriaxone to address microbial resistance. Prior to the twinning project, NDH used symptomatic diagnosis to treat gonorrhoea, rather than the results of a laboratory diagnosis (microscopy) and were given anti-microbial medication, which in many cases contributed to resistance.

  "It was an important partnership because before we were using old methods to know what a patient is suffering from but now we focus on symptoms and we do laboratory testing'. (Laboratory Technician, NDH)

  The laboratory technician highlighted that "good lab testing is a key for good treatment", attributing these changes explicitly to the twinning partnership.

- **Accreditation of the laboratory to international standards.** Strengthened clinical capacity and implementation of improved safety, compliance and guidelines/standards at the laboratory and STI protocols now places the NDH laboratory in the top three laboratories in Rwanda, and they are considered on track to achieve 4* status in the forthcoming accreditation process in March 2022.

SRHR information for all young people

- **A total of 4,911 people (primarily young people) benefitted from improved access to accurate information on SRHR, condoms, voluntary counselling and testing (VCT) and referrals to services through the provision of 62 community based outreach activities**. 13 university students received training to support the work of community health volunteers, offering a more dynamic approach that expanded the reach of SRHR information and promoted the uptake of SRHR services. The community outreach component also helped to strengthen the relationship between NDH and the community. University student volunteers emphasised that young people's knowledge about SRHR had improved and that they were able to address myths and misconceptions through their outreach work,

[5] UNAIDS HIV prevalence data for adults 1ged 18-49 years in Rwanda is 2.5% https://www.unaids.org/en/regionscountries/countries/rwanda

"Young people got new information on SRH... before they were ignorant to some information and were happy to get to know new things about SRH, telling us that there were a lot of lies on SRH." (University student volunteer, NDH)

- **Increased demand for SRHR services in Nyagatare as a result of improved knowledge and awareness and a reduction in community stigma related to SRHR.** Student volunteers reported a reduction in stigma in relation to young people accessing SRH services, which in turn has resulted in more people seeking STI services and reduced self-medication of STIs,

"This project has facilitated young people to speak about SRH, to ask for information when needed and services as well. Another addition is that today young people feel more comfortable that they can access better services from capable health institutions." (Assistant Matron, NDH)

- **Increased demand for family planning services by young people, as a result of community outreach conducted by university student volunteers.** Key stakeholders noted increased uptake of contraception as a result of the project,

"...before the project started my store was always full of SRH and family planning equipment but after the youth got information, the equipment such as condoms and contraceptives was greatly reduced because they use it considerably more than before." (Midwife, NDH)

This point was reiterated by one of the university students,

"..even at the university we used to avail condoms... people could get them freely but they were not taking them or doing it in a secret way but after we talked to them about the good reason to protect themselves by using condoms in case of sex, people were taking them all and without shame and I assume they go and use them because before the condoms could stay there for weeks." (University student volunteer, NDH)

- **Improved parent-child communication about SRHR.** University student volunteers trained to deliver outreach in the community described efforts to connect young people and their parents to encourage them to discuss SRHR issues together (previously considered '*taboo*') citing,

"there are parents who have changed their understanding of SRH and can help their children." (University student volunteer, NDH)

- **Young people in Nyagatare are now able to access SRHR services more confidently and safely as a result of the introduction of "one stop" youth friendly family planning & SRHR spaces in health facilities**, based on service delivery models observed at LGT during the exchange visit.

Lewisham & Greenwich NHS Trust

Project activities at LGT fall into four distinct focus areas: PNC to women post-partum; developing deaf-friendly SRHR services; alternative cost-effective service delivery models to integrate SRHR services; and SRHR information for all young people. Findings from the evaluation indicate that there appears to be little cohesion between the different work streams; instead, they seem to be implemented 'in siloes', with key stakeholders working in one area having little sense of other activities being implemented through the project and lacking a broader understanding of the twinning partnership as a whole. For example, the doctor working on developing a SRHR questionnaire for young people considered this to be the main focus of the project and, despite providing informal supervision to some of the midwives on the insertion of implants, was not aware that training midwives to provide PNC was an integral part of the twinning project.

"The questionnaire is the project, if there are other projects within the Twinning Project I'm not aware". (Doctor, LGT)

Conversely, the community midwife providing PNC did not consider herself to be part of the project,

"I'm not really part of the project but it did provide a rare opportunity to be offered training." (Community midwife, LGT)

Provision of PNC

- **PNC has been integrated into maternity services and is now accessible to post-partum women at the Waldron Centre in LGT, and provided by midwives**. Previously new mothers had to seek contraceptive services from the SRH clinic themselves or from their GP at the 6 week postnatal check clinic. Staff at LGT noted that it was problematic for new mothers to access the SRH clinic when adjusting to having a new baby in the family, with women lacking effective contraception and leading to unintended pregnancies. The extent to which this is a sustainable model to deliver PNC is currently unclear and there are plans to take this forward with the Director of Nursing.
- **Six midwives at LGT have been accredited to provide PNC following in-depth training, with an additional 2 midwives completing training as a direct result of the project**. The range of PNC methods offered includes inserting implants post-partum, progesterone only pill (POP), and depot i/m injections at 12 weeks, Previously the insertion of implants was only provided by the SRH team as a sporadic service in the hospital. Training midwives to provide PNC in hospital can help prevent unintended pregnancies and improve birth spacing and midwives are also being encouraged to discuss contraception during ANC appointments. The midwives also completed 17 SRH e-learning modules.
- **A total of 34 women who recently gave birth have received PNC at Waldron Hospital in the period between March-October 2021**. Of these, 19 received implants; 13 POP; and 2 Depot.
- **An additional 5 especially vulnerable women received PNC delivered by the community midwife leading the 'Indigo' team, based in the Community Hub Health Centre**. This is a dedicated team to serve vulnerable clients, including adolescents; women at risk of domestic/sexual abuse; women with children in care: women who are homeless; and those who are alcohol/drug dependent. The community midwife has administered long-acting contraception – 4 women received implants and 1 Depot since receiving training in summer 2021. She saw this as "an amazing opportunity to give PNC to vulnerable women". She plans to establish an Indigo Team Clinic to provide PNC to clients, initially once a month but more frequently if there is sufficient demand and welcomed opportunities for additional members of her team to receive training.
- **Systematic follow up of new mothers post-delivery and improved linkages between maternity and SRHR services**. As a result of the project, the maternity department now provides the SRH department with a daily list of all babies delivered so that they are able to send a text message to all new mothers. They ascertain the health of the mother and baby and then discuss contraceptive options and book an appointment with the SRH clinic. The impact of the text message on SRHR referrals is not known as this data is not monitored, although the Clinical Nurse Specialist believed it had resulted in increased access/uptake of these services and considered the text message follow up to be sustainable. The initiative has improved communication and cohesion between the maternity and SRH departments at the hospital and was inspired by the close relationship between the two departments seen during the exchange visit to NDH.
- **Queen Elizabeth Hospital in Greenwich has expressed interest in replicating the model of midwives delivering PNC and requested key project staff from LGT to provide training**.

Develop deaf friendly SRHR services

- **Plans to make SRHR services more accessible for the deaf/hearing impaired community have largely been delayed due to Covid-19; 2 nursing 'champions' have been appointed to**

support this work. The nursing champions were appointed in August 2021 but have not undertaken the planned training in British Sign Language (BSL) and seemed unclear about what their role would involve in practice, with no clear action plan in place, "I don't really know what I'm supposed to be doing". (Champion for deaf/hearing impaired, LGT) The hearing loop in reception has remained broken for a couple of years, although the Project Lead is trying to resolve this. LGT have introduced an online booking system – replacing telephone booking – which is better for deaf/hearing impaired clients, but this change was introduced as a result of Covid-19. One of the champions interviewed mentioned putting an alert on the electronic case files of the 4 hearing impaired clients she'd met to remind staff in the SRH service of the need to remove their face mask and wear a clear visor instead to aid lip-reading.

- **There has been no engagement to date with the deaf/hearing impaired community in LGT**; no needs assessment has been conducted so there is little sense of the size of this community or analysis of the issues affecting their access to SRHR services to inform the development of an action plan. One of the champions suggested beginning outreach work with local 'Deaf Clubs' as a next step.

Alternative service delivery models for integrated SRHR

- **Plans to develop cost-effective service delivery models and to increase youth-focused community outreach activities based upon the model observed at Nyagatare have not been implemented** due to the demands that Covid-19 placed upon the LGT clinical team.

SRHR information for all young people

- **A draft questionnaire assessing young people's SRHR knowledge and behaviours has been developed, adapted from a WHO standardised questionnaire on SRHR with young people, pilot tested by LGT and is ready to be administered by both twins.** This questionnaire will help to identify the obstacles for SRHR information for young people, identified as a priority action in the work plan, enabling the twinned institutions to work together to develop solutions to make their SRHR services more accessible and responsive to young people's needs. The development of the questionnaire has been substantially delayed due to Covid-19 – the Doctor leading this work was initially re-deployed for two months. The dissemination of the questionnaire is an opportunity to begin to strengthen the relationship between LGT and the community.

Analysis of VSO's role

VSO brokers twinning partnerships that offer a dynamic and flexible approach to bring about substantial impact for institutions, contributing to health systems strengthening and improving the demand and supply of services for primary actors – in this case the delivery of SRHR services for young people. VSO's VfD approach is integral to the twinning partnership between LSHS in LGT and NDH. It is based upon a blended volunteering model that involves a range of professional and community volunteers, promotes community engagement, contributes to building local ownership and ensures the efficiency, effectiveness and sustainability of the interventions.

VSO has played a key role in 'brokering', facilitating and supporting the twinning partnership between LSHS in LGT and NDH; this was particularly the case in the inception phase when VSO was responsible for identifying the project partners; bringing them together to understand the needs, opportunities and establish common objectives; and supporting the development of personal relationships between the two project leads; building trust between the twinned organisations. The VSO office in Rwanda – and the relationships that staff had built with NDH staff through the *Imbere Heza* project – was critical in brokering the initial discussions with NDH and building their confidence and trust in the value of a potential twinning partnership,

"Nyagatare trusted us and didn't know LGT... the relationship wasn't mature enough to have a direct relationship." (Former Project Manager, VSO Rwanda)

VSO is a strategic partner in the project, providing modest funding from FCDO's VfD grant to support technical and organisational learning, capacity building and skills transfer; and ensuring project oversight and accountability. The organisation has established and supported communication mechanisms between the twins; facilitated the development of action plans; organised and supported the technical learning exchanges and skills transfer between the twins; and lead the development of monitoring, evaluation and learning (MEL) activities, including facilitating a mid-term learning review of the twinning partnership at NDH in February 2020 and developing a learning paper in August 2021.

VSO was instrumental in establishing communication mechanisms for the project and, to date, the vast majority of information exchange relating to the project has been facilitated and supported by VSO project staff, namely the Global Partnerships Adviser and Global Technical Lead: Health based in the UK, for example by organising regular project meetings online and setting up a project WhatsApp group. After over two years, the reliance on VSO to be the conduit for communication between the project partners remains the same; with little sense of communication taking place directly between the twin institutions without VSO's support. The departure of the former Director General for NDH and subsequent appointment of a new Project Lead there has exacerbated this issue and the development of an institutional relationship between the twinned hospitals/service is a clear priority to ensure the long term sustainability of the relationship without VSO support. Current communication mechanisms only include the two Project Leads (with the laboratory technician from NDH also included on the WhatApp group), with the consequence that although staff were clear that VSO's role was "core to the twinning project; it facilitated the whole process", other staff in NDH and LGT who described themselves as 'key players' in the project were unclear about VSO's involvement and contribution, "I don't have any idea" (Midwife, NDH) and "VSO financed the projects but I don't know much about it." (Laboratory staff, NDH)

Challenges

- **Covid-19** was (unsurprisingly) consistently identified as "a massive challenge" (Project lead, LGT). Project activities were suspended as clinical staff - particularly in LGT - focused on responding to the pandemic; others had to take time off to isolate; and communication between the twin institutions suffered as a consequence,

  "Everything else has taken a back seat due to Covid. I was re-deployed for two months." (SRH nurse, LGT).

  Government guidelines, lockdowns and restrictions meant that face to face meetings and trainings were cancelled. The mid-term evaluation at LGT was cancelled; the work to make services more accessible for deaf/hearing impaired people was put on hold; and developing the young people's sexual health and behaviour questionnaire was delayed. In Nyagatare, Covid-19 impacted significantly on the community outreach with young people.

  "Due to Covid-19 the outreach was not possible as it was planned; we have had difficulties reaching out to young people." (University student volunteer, NDH)

  Government restrictions in Rwanda meant that people were not allowed to gather in groups, so instead of reaching large numbers of young people in market places, the university students conducted outreach house to house, making it difficult to reach as many people. One of the university students noted that this approach also presented challenges,

  "... going to their homes we faced some challenges. When they see you they would think you are one of the police checking on Covid measures and run away due to the fact most of them were

not wearing masks. For others they would say you are bringing to them Covid." (University student volunteer, NDH)

- **Insufficient focus on monitoring and evaluation and specifically the absence of indicators to determine what constitutes 'success' for the twinning project from the perspective of primary actors – young people.** As the ultimate aim of the twinning partnership is to strengthen the SRHR services delivered, it is important to be able to monitor and evaluate the outcomes clearly from the service users' perspective.
- **Staff turnover** is an issue that has affected all three strategic partners and had an impact upon the initial momentum generated by the project. Key staff who began working on the project left and those who replaced them considered "not been enough trained to get well involved in the project." (Key stakeholder, NDH). Within VSO, key staff who managed both the twinning project and *Imbere Heza* project at VSO Rwanda left, and more recently the Technical Lead: Health at VSO UK Office also left. In NDH, the former Director General left in July 2021 and key stakeholders noted that this had impact negatively on communication – both with LGT and in terms of project updates to NDH staff – with concerns expressed that the new director was "not well informed on the twinning project." (Key stakeholder, NDH). LGT have experienced staff turnover in their midwifery department particularly, with the appointed midwife champion for PNC leaving the trust and an additional two midwives on maternity leave.
- **Communication between the twinned institutions was limited**, and primarily took place between the two project leads in each hospital. Stakeholders in NDH consistently raised the lack of communication between hospital staff and their twinned peers,

  "...the communication was not good because it did not reach a lot of people and it wasn't done on a wider range" and "up to now, I don't communicate with lab technician in LGT." (Laboratory technician, NDH)

  This presents a key barrier to the development of a wider, institutional relationship which is vital to ensure the long term sustainability of the twinning partnership. Staff clearly identified the need to,

  "... involve more hospital staff to strengthen the Twinning Project activities. Other staff and employees of Nyagatare Hospital should also be briefed on the project so they can be able to access it and be involved" (Midwife, NDH).

  The issue of communication was also exacerbated by connectivity issues with Rwanda, particularly through online communication channels such as Microsoft Teams or Zoom (Whatsapp is easier).
- **Reliance on VSO funding and support.** To date, the twinning project has been heavily reliant on VSO funding, brokering and support; while this is expected in the short term, it is clearly not sustainable longer term. Although the twinned institutions have developed a project work plan, there is no longer term, strategic plan that sets out the vision for the twinning partnership, with clear goals and agreed roles for each of the strategic partners as the partnership matures.
- **Lack of human resources and shortage of staff in NDH** which impacts on the project team's capacity – for example, presenting challenges to conduct exchange visits as the absence of participating staff resulted in critical gaps that were not filled.
- **Different, uncoordinated IT systems at LGT** make it difficult to record and capture project data. For example, the maternity and SRH departments have different IT systems which means that if a midwife provides PNC, the details have to be sent to the SRH department and the project lead has to input the data manually onto their system.

Lessons Learned

Project inception

- Investing time at the beginning of the partnership to develop relationships between the two institutions, build trust, agree expectations and catalyse leadership and support is key to the ultimate success of the twinning partnership. This process ideally involves bringing people together face to face.
- The inception period to develop a twinning partnership takes time (12-18 months) but promoting a co-creational approach, where the twin institutions co-design the scoping and work planning phases of the project, builds a shared understanding of what each institution can contribute and learn from the partnership and helps develop clear objectives. The process also fosters joint leadership and local ownership.
- The nature of twinning partnerships – where the emphasis is on reciprocal information exchange, learning and skills transfer- means that new ideas and learning are often generated organically. This can be difficult to match with the desire (and need) to develop clear indicators to measure tangible outcomes and impact of the twinning partnership.
- Conducting a thorough risk assessment is as an integral part of the inception process. This should include identifying strategies to mitigate the risks associated with staff turnover, as a key issue affecting institutions and impacting on the project.
- Establishing a twinning partnership in Nyagatare, where VSO implements an existing FCDO SRHR inclusion project (*Imbere Heza)*, provided increased capacity that benefitted both projects and maximised the potential impact from twinning partnership. The twinning project was able to build upon the existing relationship developed with NDH, district health officials and the MoH, while the SRHR inclusion project benefitted from the improvements to SRHR services delivered by the twinning project.
- A successful twinning partnership is genuinely reciprocal. Northern-based health institutions and clinicians have as much to learn from southern and resource-poor settings as vice versa, including an understanding of the cultural and structural barriers to health care; the integration of services; strong linkages between the hospital and the community; and the potential impact of community health workers.

Project implementation

- The opportunity to see first-hand, and learn from, the practices of peers in other institutions encourages clinicians to reflect upon their own professional practice and gives them the confidence and motivation to implement changes to improve services for key actors in their own institutions.
- Seemingly small changes in practice can have a significant impact on service users. For example, changes to the way in which clinicians communicate with pregnant women during labour and delivery or taking the time to take full sexual histories without judgment result in improvements to patient-centred care and service user satisfaction.
- Nominating ‘champions’ within each of the twin institutions to take forward different areas of work – for example, strengthening the clinical capacity of the laboratory at NDH and integrating PNC into maternity services at LGT- was an effective strategy to drive forward agreed priorities in the work plan.
- Establishing systems to ensure a thorough handover on the project, to address issues of staff turnover, is critical. When key staff leading the project at VSO Rwanda left, stakeholders noted that this resulted in problems as they had developed trusted personal relationships with staff at

NDH and the rest of the VSO team did not have these connections. This also points to the need to institutionalise relationships within the partner institutions.

- The initial momentum generated by the project, and catalysed by the exchange visits, has been adversely impacted by turnover of key staff, particularly staff leading the project at VSO Rwanda and the former Director General (project lead) at NDH, and exacerbated by the most recent (Omicron) Covid variant.

VSO's role

- VSO has played a critical role to date in brokering the twinning partnership, supporting the relationship building, facilitating communication mechanisms and driving the partnership forward. VSO's involvement is important in establishing trust – particularly between two institutions that do not previously know one another- and ensuring the credibility of the project. Integrating a VSO volunteer within the twinning partnership may be an option to support project communication and reduce reliance on VSO global staff.

- VSO's global health vision that fully integrates VfD methodology is central to the twinning partnership; a blended volunteering model involving a wide range of national and community volunteers builds local ownership and ensures the efficiency, effectiveness and sustainability of interventions. It also strengthen the capacities of the health actors to deliver inclusive and youth friendly SRHR services.
- The presence of a VSO office in Rwanda helped to facilitate the transfer of project funds to NDH and staff with local language skills were able to support LGT staff with translation from Kinyarwanda in workshops and help communicate with community health workers and project volunteers during exchange visits.

Sustainability

- Strong leadership, commitment mutual respect and personal rapport between the project leads in each twin institution is critical in ensuring a firm foundation for the project. However, while buy-in from senior staff is clearly important, a reliance on individually-driven relationships is not sustainable long term.
- Although it is too early to make conclusions about the long-term sustainability of the twinning partnership, there is evidence of the sustainability of practices, specifically relating to the improved clinical capacity of the laboratory and clinicians at NDH to accurately test, diagnose and treat STIs.
- There are clear opportunities to extend the learning and models generated by the partnership beyond the twinned institutions. The improvements in clinical practice, resulting in improved SRH service delivery, have already had an impact beyond NDH, as a result of the NDH laboratory technician sharing his learning from the twinning partnership and providing training to other hospitals to improve their clinical laboratory capacity. A request by Queen Elizabeth Hospital in Greenwich for the clinician providing contraceptive training to midwives at LGT to provide similar training to Obstetrician and Gynaecology trainees provides a similar opportunity to expand the reach of the project in LGT.

Recommendations

Institutionalising the twinning partnership

- Build upon the existing foundations established for the project and extend the individual relationships established between Project Leads to include a broad cross-section of staff across relevant departments, with a view to building institutional relationships that are sustainable long-term. It is important during the next phase of the project to bring more key staff from both twins on board to ensure that the relationship is firmly embedded within these institutions. Integrating a VSO volunteer within the twinning partnership is one option to consider to help support this process.
- Agree and implement a range of different communication mechanisms to connect staff from both NDH and LGT teams so that they can get to know one another and begin to engage directly with their peers in the twinned institution working on project activities. Examples could include developing and sharing a project organogram that includes details of key staff for each twin; expanding the membership of the current project WhatsApp group and/or potentially establishing different WhatsApp groups to connect staff working on different activities, in addition to expanding the role of 'champions', discussed below.

Systems and governance

- Agree a longer term plan, in addition to a shorter term work plan, as part of the next phase of the project that outlines the role of different project partners during the development of the project – recognising that their roles are expected to evolve over time as the twinning partnership becomes more established and the twin institutions assume more of a lead- and includes steps to ensure that NDH and LGT are able to take the work forward independent of VSO in the future to ensure sustainability.
- Ensure that expectations relating to funding are clear for the next phase of the project, including specific contributions by VSO, the twin institutions (as relevant) and with agreed plans to fundraise for additional resources as necessary.
- Ensure that an effective and agreed MEL system to track and document project progress is in place for the next phase of the project, owned and agreed amongst all stakeholders. This should include clear indicators and outcomes for primary actors to generate evidence, learning and assess the impact of the project.
- Build staff capacity within the twinned institutions to record project data and to review and analyse the results on a regular basis (eg quarterly) to strengthen programme interventions. STI testing data recorded at NDH should be disaggregated for different infections and those testing positive/negative, with further disaggregation according to gender, age and potentially other factors eg deaf/hearing impaired clients. Supporting project staff to analyse the results – for example, reviewing the positivity rate of infections- can support the targeting of outreach/testing services to reach those who are most vulnerable.
- Develop detailed annual work plans during the next phase of the project that include activities to address MEL, communication and sustainability and respond to the emerging needs and identified priorities of the twin institutions.
- Develop a three-way MOU between VSO and the twin institutions. This would formalise the relationship between the institutions and provide a stronger basis for the partnership.
- Establish a more formalised Project Steering Committee including several representatives from each twin institutions (not only the Project Leads) with agreed terms of reference to oversee the implementation of the twinning project, deal with any challenges, document and capture learning. A similar structure could also be established within each of the twin institutions, providing an opportunity to promote wider engagement of staff; strengthen the coordination of the project; and ensure relevant linkages between different project components.

- Expand upon the ‘champions’ model initiated by LGT and recruit (volunteer) ‘champions’ to lead different areas of work within each of the twin institutions. Appointing at least two champions (where possible) to lead each priority area for each twin institution ensures peer support and reduces the risks associated with staff turnover. ‘Champions’ should have an agreed terms of reference so that expectations and deliverables are clear; agreed communication channels and information exchange with their respective ‘champions’ in the twin institution could form part of the terms of reference to encourage peer interaction and help to build institutional relationships.
- Strengthen the cohesion between different project activities at LGT to ensure coordinated implementation of the project – currently the various activities are implemented in siloes, with little sense of how they contribute to the wider project. For example, the distribution of the youth SRHR questionnaire provides an opportunity to gain insights from deaf/hearing impaired young people that can contribute to the objective to strengthen SRHR services for these clients. The community midwife working with vulnerable young women also has an important role in helping to distribute this questionnaire to ensure that the views and needs of these women are represented.
- Ensure that there is an agreed terms of reference for exchange visits, including an agreed plan/schedule for the visit and any follow up/deliverables expected from staff participating, to ensure that these visits maximise their potential as a catalyst to develop effective, longer-term working relationships with peers in the twin institutions. The exchange visits should be understood as the beginning of an information exchange and peer relationship to take forward a priority piece of work, rather than viewed as self-contained events. Staff participating on exchange visits can reasonably be expected to prepare a presentation – for example in a staff or departmental meeting - on key learnings to share with department colleagues upon their return, also strengthening wider communication about the project within the twin institutions.

Communication

- Maximise the opportunity to share findings and recommendations from the project evaluation to ‘reignite’ passion and commitment for the twinning partnership internally amongst the project partners. These could include project-wide meetings involving the three partner institutions, in addition to project leads for each twin institution organising opportunities within their own organisation to strengthen communication and promote involvement in the partnership. These meetings would also provide an important opportunity for new staff who have joined to ‘catch up’ on the project.
- Use the opportunity presented by the external evaluation and the Learning Paper developed in August 2021 to organise an external webinar with a broad range of key stakeholders - including THET, NHS representatives from LGT, staff from the twins, representatives from MoH Rwanda and UK FCDO to share learning and promote the twinning partnership.
- Organise a dedicated meeting and presentation to the MoH Rwanda to share the achievements from the twinning partnership, specifically focusing on the improved clinical capacity of the NDH laboratory and capacity building of staff to effectively test, diagnose and treat STIs; and discuss ongoing opportunities to continue to support the MoH to play a lead role in building the capacity of other hospitals in Rwanda. This could potentially include an ongoing mentorship component to accompany training.

Sustainability and scale up

- Implement activities that continue to build a closer relationship between the hospital and community in both sites during the next phase of the project. For example, in Nyagatare the hospital is integral to the community and there are opportunities to provide basic information on SRHR (such as that currently delivered through community outreach) to all staff (including non-clinical) working at NDH. Hospital staff are respected by their neighbours and therefore well positioned to provide information on SRHR and to promote access to services, including family planning and HIV/STI testing and treatment. At LGT, there are opportunities to begin to generate

a closer relationship between the Waldron Centre and the local community, for example by reaching out to deaf/hearing impaired service users through the Deaf Clubs, seeking their input into the development of action plans for the 'champions' and making the community aware of their role.

- Strengthen existing linkages between the twinning partnership and *Imbere Heza* project implemented by VSO Rwanda during the next phase to promote sustainability and impact. Involving *Imbere Heza* project staff in discussions planning the next phase of the twinning partnership and integrating MEL systems to capture data on deaf/hearing impaired service users accessing SRHR services is an important starting point. There are also opportunities to coordinate/consolidate outreach activities across the two projects, for example to ensure that STI testing is also a key component of the outreach services delivered to deaf/hearing impaired community.
- Discuss opportunities to address the sustainability and potential scale up of interventions implemented through the twinning partnership at LGT within the next phase of the project. For example, discuss with the Director of Nursing a sustainable model to integrate maternity/SRH services to ensure that PNC is systematically offered to women post-partum; explore opportunities to work with Queen Elizabeth Hospital in Greenwich to adopt a similar model, including providing training on different contraceptive methods to Obstetrician and Gynaecology trainees; and support the community midwife to establish a monthly Indigo Team Clinic to provide PNC for especially vulnerable and marginalised women in the community.
- Review opportunities for NDH to expand their current testing facilities to enable them to test for additional STIs eg chlamydia and process a larger number of samples at a time. As their Cephid machine only has capacity to accommodate four cartridges, this will have financial/budgetary implications.
- Discuss opportunities for NDH to scale up the training currently offered by the laboratory technician to hospitals/satellite clinics to cover affiliated health centres within Nyagatare district to ensure better, more consistent quality of care across the entire district.

Conclusion

The evaluation demonstrated high levels of support for the project amongst the three partner institutions; NDH staff especially are clearly very proud of the opportunity to participate in a twinning partnership with LGT, which is the only twinning project of its kind in Rwanda,

> "I am proud to work for a hospital that has partnered with a developed one in the field of medicine; the lessons and knowledge we gained from the partnership between both hospitals help us in our daily work." (Assistant Matron, NDH)

VSO have played a critical role in brokering and supporting this twinning partnership and the two initial project leads from NDH and LSHS have been instrumental in spear-heading the relationship between the twin institutions and leading the project's implementation in the two hospitals. Although Covid-19 has clearly had an impact on the delivery of planned activities, the continued implementation of a pilot project involving two hospitals throughout a global pandemic is testament to the commitment of all those involved.

The twinning project has demonstrated tangible results in terms of the stated objectives and shown that the opportunity to see first-hand, and learn from, the practices of peers in other institutions encourages clinicians to reflect critically upon their own professional practice and gives them the confidence and motivation to implement changes in their own institutions. This in turn can translate into improvements in quality of SRHR services for key actors, specifically young people. In NDH these results include improvements to effectively test, diagnose and treat STIs, including improved diagnosis of gonorrhoea through microscopy and treatment through ceftriaxone to address microbial

resistance, in addition to testing and treatment for hepatitis B&C and HIV. These changes were achieved by strengthening the clinical capacity of the laboratory to international standards and building the capacity of staff. There is encouraging evidence of the sustainability of these practices and of the project's impact beyond NDH, by providing training to other hospitals. In Nyagatare, community based outreach also helped to reduce stigma associated with SRHR; improve parent-child communication on these issues; and improve access to accurate information on SRH, condoms and other forms of contraception, voluntary counselling and testing (VCT) and referrals to SRHR services for young people. In LGT there has been some success in integrating SRHR within maternity services, by training midwives to deliver PNC to women post-partum, although the numbers of women reached remain very small and a discussion with the Director of Nursing is a priority to agree and take forward a sustainable long-term model. Queen Elizabeth Hospital in Greenwich's expressed interest to replicate the PNC model and request for training provides an opportunity to expand the reach of the project beyond LSHS.

The initial phase of the project has also generated considerable learning to strengthen the next phase and inform the development of future twinning partnerships supported and brokered by VSO, particularly in terms of developing and strengthening more formalised systems and structures to support project implementation and facilitate stronger institutional relationships. Strengthening MEL – specifically in terms of developing clear indicators of success from the perspective of young people (primary actors) - and data collection to monitor project activities and measure results is a clear priority. There are also opportunities to strengthen governance systems and ensure a broader involvement of staff from the twin institutions by establishing a project steering committee(s); and to strengthen project-related communication. Although a strong personal connection between the two project leads is important in catalysing the relationship between the twin institutions, the continued reliance on individuals poses a substantial risk to the longer term sustainability of the project and it is critical to facilitate and support peer interaction at all levels to maximise the exchange of expertise, skills and learning and ensure that the relationship is firmly embedded within these institutions. The departure of key staff – specifically the former Director General and original project lead for NDH, together with senior staff at VSO Rwanda and more recently in the UK – combined with the pressures of responding to a third Covid wave in the UK, have had an adverse impact on the initial momentum of the project. Nevertheless, individuals remain committed to the project's success and the opportunity to share the results of the project evaluation and to plan for the next phase offer the potential to reignite the project and for the twin institutions to continue to build upon and scale up their activities.

Finally, this evaluation provides an opportunity for the strategic partners to reflect more broadly on the value and potential of twinning partnerships across their organisations. For VSO in particular, this is an opportunity to reflect on its organisational role in brokering and supporting these partnerships and the opportunities presented by the breadth of its organisational partnerships, by considering expanding the twinning model to potentially encompass livelihoods and education to have an impact beyond health.

Annexes

Annex 1: Terms of Reference

Voluntary Service Overseas
Terms of Reference (ToRs)
Evaluation consultancy team for the Health Practice Area

1. INTRODUCTION

VSO's Global health practice area is looking for a consultant to undertake an evaluation of a twinning[6] project. This document outlines the scope of work for which the services of a qualified consultant will be needed to support the process, including leading a team of volunteer researchers, under the guidance and supervision of VSO's Global Health Practice Area Lead and Global Partnership Adviser.

2. BACKGROUND

VSO is an international development agency with over 60 years' experience of addressing poverty and marginalisation through our unique approach of working through international, national and community volunteers. By bringing together different perspectives and working at all levels of society – from communities to government ministries – volunteers can build trust and provide the right support to ensure that national development efforts deliver lasting change. Our works falls into the three thematic areas of Health, Education and Livelihoods.

We have been piloting twinning partnership initiatives especially in health. We have been brokering these twinning relationships between similar institutions. Through funding provided by the UK FCDO Volunteering for Development (VfD) grant, VSO supported the development of a twinning project between Nyagatare District Hospital in Rwanda and Lewisham and Greenwich NHS trust in the UK in April 2019. We now would like to undertake an evaluation of the impact of the project to date in both twin locations.

The overarching aim of the project has been to strengthen the provision of the sexual and reproductive health services of both centres. It was the intention that this should be achieved by building the capacity of local service-providers in both centres through a process of shared learning and knowledge exchange resulting from the twinning relationship, and aiming to do it in a reciprocal, equitable and

[6] Four distinctive attributes of successful twinning partnerships have been identified:
- reciprocity (exchanging things with others for mutual benefit);
- building personal relationships;
- a dynamic process (flexibility, synergy, co-operative atmosphere);
- occurring between two named organisations across different cultures and contexts."

co-creational way to ensure improved quality and more sustainable sexual and reproductive health service delivery in both health facilities.

3. OBJECTIVES

The objective of this assignment is to undertake an evaluation of the twinning project in both locations. This evaluation will build on previous learning exercises about the twinning project conducted in Rwanda.

The aim of the exercise is 1) to look at the achievements, outcomes, barriers and challenges of the project but also 2) to explore a VSO standard approach/model to twinning partnership from a Volunteering for Development perspective. It will also include consideration of the impact of the COVID-19 pandemic on the project.

The output from the work will be an internal evaluation report and an executive summary that can be shared externally, which will explore the changes that the work has contributed to at each of the sites and also to reflect on the twinning processes. We also would like the lead consultant to develop a blueprint for the VSO twinning model based on the findings of the evaluation. This short piece will also include reference to how the health twinning model contributes to /interacts with VSO's Volunteering for development approach

4. PROFILE OF THE CONSULTANT

For this assignment, we will recruit a team lead consultant who will lead a team of voluntary workforce, specifically researchers in both locations.

The qualified Lead consultant will be an evaluation or research specialist with a particular focus on SRHR and RMNCH.

Qualifications/Experience

- At least 7 years' experience in Public Health and especially in SRMNCAH and Health Systems Strengthening, Primary Health Care
- Experience of conducting evaluations
- Strategy development and Theory of Change development

Knowledge

- In depth knowledge of Health (SRHR and RMNCAH), at country level
- Good knowledge of the principles of Universal Health Coverage and of the Sustainable Development Goals (SDGs) as they relate to health
- Good understanding of twinning initiatives for health
- Knowledge of the Volunteering for Development approach and VSO is desirable.

Skills/Abilities

- Demonstrable experience in conducting and managing evaluations in the international development field, preferable experience in managing evaluations of partnerships
- Demonstrable experience in participatory approaches and methods
- Demonstrable experience in conducting primary research
- Demonstrable experience in using mixed-methods in data collection and analysis
- Experience working with diverse cultures and a range of stakeholders
- Excellent analytical and research skills

- Strong facilitation and communication skills
- Excellent command of English and report writing skills
- Suitability of the proposed approach, budget allocation, and individuals'/team experience to meet the deliverables
- Demonstrable experience of leading a multi-cultural team of research volunteers, some of whom may not be working in English as a first language
- A demonstrable knowledge of ethical research principles and safeguarding issues in relation to working with staff, volunteers and primary actors

The selected evaluator will be expected to read and comply with VSOs Safeguarding Policy.

The volunteer researchers will have experience in primary research and will ideally have knowledge of SRHR and RMNCH.

- A master's or bachelor's degree in social research or social sciences
- 3+ years' experience with research and evaluation approaches and methodologies.
- Experience of Health research and evaluation
- Skilled in the use and management of qualitative and quantitative data collection, participatory methodologies analysis and reporting.
- Proven experience using technology in data collection
- Ability to facilitate focus group discussions with various groups and categories of people
- Excellent communication in Kinyarwanda and English (verbal and writing) skills
- Proven people interaction skills, to engage with people with different power dynamics
- Able to work well with a variety of individuals in a challenging cross-cultural setting.

5. REPORTING AND DELIVERABLES

The core deliverables for this assignment and indicative timelines are outlined below:

Phase	Deliverables	Indicative timeframe
Inception	Inception report which will serve as an agreement between the two parties on how the evaluation will be conducted. This will detail the team's understanding of the evaluation questions, information sources, research methodology, draft data collection tools, workplan, proposal for feedback and learning and detailed budget.	By 15th September 2021
Data Collection	Develop and finalise research tools. Conducting the necessary data collection to draw findings and recommendations against the evaluation questions	By 15th October 2021
Reporting & Feedback	2 draft reports shared with VSO Presentation of review findings to VSO, Nyagatare and LGT to discuss and validate findings and recommendations Final evaluation report including actionable recommendations: • A learning exercise report • A short summary of the learning exercise report • An executive summary for an external audience • An external presentation of the findings	By 21st October
Internal document	Once the evaluation is complete, the lead consultant will pull together the particular characteristics of the VSO twinning model in health, and how it contributes/interacts with the VfD approach to produce the following outputs:	By 30th October 2021

	• 2-pager blueprint report on the VSO twinning model in Health practice area • Presentation of the blueprint to VSO colleagues	

The main audiences for this evaluation are:

- VSO – Engagement and Leadership team, Health Practice Area team and VSO Rwanda
- Nyagatare District Hospital
- Lewisham and Greenwich NHS Trust
- Other institutions interested in twinning initiatives ie THET, professional associations, Royal Colleges of Health, NHS Trusts etc.
- Donors eg FCDO
-

The evaluation findings will be used:

- To inform all partners on how to best take the work forward
- To inform future twinning projects
- To inform VSOs leadership work, promoting this approach within the sector

Approach and Methodology

Applicants are welcome to propose how they would approach this Evaluation. We would expect this to be done through a mixed methods approach and would expect the consultant/team to engage with Primary Actors and Key Stakeholders (we can provide a list of suggested stakeholders for this purpose). For this purpose, we would hope to see participatory evaluation methods included in the methodology plan.

6. LOCATION AND DURATION OF ASSIGNMENT

The duration of this assignment is approximately 30 days.

7. CONSULTANCY MANAGEMENT STRUCTURE

Team Lead consultant will manage the team of voluntary researchers who will be responsible for data and evidence gathering in the twin locations, with support from VSO local staff. The team will be responsible for undertaking:

- Key informant interviews
- Surveys
- Focus group discussions

The Team Lead will be responsible for:

- Analysing the findings and data
- Drafting and finalising the reports and outputs
- Management and oversight of the consultancy team
- Quality control of the exercise and activities

Direct supervision will be provided by the Global Practice Area Lead for Health and Global Partnership Adviser. The Lead will review and validate quality of all deliverables and ensure its alignment with these Terms of References, norms, standards and ethics of the organization. He will provide day to

day management, supervision and approval for all aspects of this work, including work plan, methodology and reports.

8. EXPRESSION OF INTEREST

Interested applicants are required to submit the documents below via our system

- ✓ Technical and financial offers
- ✓ At least 2 references of previous similar work (letters from previous employers and copies of report)

9. SUMMARY OF CONSULTANT'S ROLES AND RESPONSIBILITIES/ ASSIGNMENT

Under the responsibility and accountability of the Global Practice Area lead and Global Partnership Adviser, the consultancy team is expected to complete the following tasks:

- *Desk research* to understand the twinning projects, its objectives and also the evaluation findings so far
- *Inception report* to detail how they will go about the assignment
- *Undertake data gathering, key informant interviews and focus group discussions* to understand the impact brought about as well as the challenges faced by the project, identify areas where improvements can be made and how learnings can be applied elsewhere. The data gathering will be based upon the key evaluation questions below.
- *Analysis of data gathered and production of evaluation report*
- *Analysis of VSO's approach to twinning and production of the blueprint*

Key evaluation questions

The following evaluation questions have been developed based on project objectives and are in line with VSO's volunteering for development framework.

Reflecting on the Twinning process, was the vision achieved and how well did it work across the two participating organisations?

1. How well matched were the two organisations and why? How effective has the communication between the two partners been and why?
2. How was buy in gained? What helped and what hindered this?
3. What have been the commitment levels from the twins and how has this impacted on the project?
4. Was there clarity of roles for those involved?
5. Was it possible for those involved to protect time to focus on this work? What went well and what were the challenges?
6. What has been achieved against the action plan? What evidence is there of this achievement? What has worked well and what were the challenges?
7. What did each organisation gain from the other? What has made this possible? What have been the challenges?
8. What opportunities are there for sustaining the twinning arrangement?

9. What was unique about this twinning project in terms of the process, partnership etc from a VSO's VfD perspective compared to a standard twinning partnership delivered by other organisations?
10. What can we learn from this type of partnership arrangement that can inform VSO's future practices and programmes, as well as to be used to influence the wider sector?
11. Has VSO done enough to broker the relationship to enable it to move towards becoming sustainable without VSO input in the future?

What impact did the project have on the quality of services provided by the two participating organisations?

12. What did the two organisations learn as part of the process? How have they changed their practices as a result?
13. Has there been improved services from a Primary Actor perspective as a result of the Twinning? What outcomes have been experienced by the Primary Actors?
14. Has the Twinning resulted in Primary Actors and their communities being more empowered to hold service providers and duty bearers to account?
15. Did the project account for inclusion of a range of Primary Actors accessing their services, particularly the most marginalised groups? Were there any groups excluded or unable to access services?
16. What are the long-term sustainability prospects for any changes in service delivery as a result of the project?
17. Has the partnership between the twins facilitated dialogue, action, policy and/or system change in their respective countries?
18. Identify recommendations for how the twinning project can complement or how the *Imbere heza* activities would complement each other for continuity purposes.

Ethical issues

Ethical principles, outlined in Appendix 1 and informed by the Social Research Association Code of Conduct, will be adhered to throughout the study by respecting the rights and dignity of all participants, avoiding harm to participants caused by their involvement in the study and carrying out the research with transparency. Participants of the evaluation will be given information as to the objective of the study and how the data will be used. Informed consent will be received from all participants and they will be offered the opportunity to opt out at any stage of the research process.

All the information and data collected will be accumulated, organised, stored, analysed and retrieved ensuring confidentiality. Information will be analysed by theme and any specific issues of potential confidentiality will be discussed with individual participants as appropriate.

Annex 2: List of Documents and Materials Reviewed

1. Sub-grant agreements between VSO and NDH and LGT
2. VSO Twinning Research Paper, 2019
3. Project Proposal for Twinning Partnership supported by VSO between NDH and LGT
4. Twinning Partnership Monitoring and Evaluation Plan
5. 'Emerging Findings' Power point Presentation from Learning Visit to Nyagatare 2020
6. Twinning Project Quarterly Reports
7. 'Twinning Partnerships: a learning paper', 2021
8. Project Activity Plan 2021
9. Clinical data on PNC from LGT
10. Clinical data on STI testing from NDH

Annex 3: List of People Interviewed

VSO staff

Name	Designation
Clive Ingleby	Technical Lead: Health
Sophie OLoghlen-Vidot	Global Partnerships Adviser
Christopher Borthwick,	VfD Advocacy manager – formerly Global Partnership Adviser maternity cover
Papa Diouf	Global Practice Area Lead: Health, formerly Country Director: VSO Rwanda
Fabien Munyaneza	Director of Research, Partners in Health, Malawi - formerly Partnership Lead: VSO Rwanda

Nyagatare District Hospital

Name	Designation
Dr Ernest Munyemana	Former Director General and project clinical lead
Dr Eddy Ndayambaje	Director General and current project clinical lead
Arsene Munezero	Nurse
Hirwa Robert Christian	Nurse
Celine Mutesi	Matron Assistant
Christine Murebwayire	Midwife

Jean-Paul Hategekimana	Laboratory Technician
Jean de Dieu	Laboratory Technician
Esther Muhongerwa	University student volunteer
Marie Jeanne Urwibutso Bideri	University student volunteer
Lydivine Dushime	University student volunteer
Francois Mutijima	University student volunteer
Aline Ihirwe Uwase	University student volunteer
Patient Dukeshimana	University student volunteer

Lewisham & Greenwich NHS Trust

Name	Designation
Dr Emily Mabonga	Consultant Sexual Health and HIV (LGT) & Clinical Lead Lewisham Sexual Health (Waldron) - Project clinical lead
Sarah O'Sullivan	Midwife (trained to deliver PNC)
Dr Samia Adil	Doctor who provided postnatal contraception training
Dr Ellie Bates	Doctor who designed young people questionnaire for both Twins
Alison Davis	Clinical Nurse Specialist
Stephanie Rashbrook	SRH nurse and Champion for patients with hearing impairments
Sarah Holland	SRH nurse and Champion for patients with hearing impairments