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"Voluntourism" and Helping Babies Breathe®: Capacity Building in Rwanda

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ABSTRACT

Sustainability is considered by many to be the "Holy Grail" of international medical missions; however capacity building is fast becoming the new goal of these projects as more are focusing on the development and strengthening of human and institutional resources. After a chance meeting in Rwanda in 2008, a nurse from the University of Kansas Hospital and the Executive Director of Global Engagement Institute teamed up to bring neonatal projects to the country of Rwanda in east central Africa. Three years later, the discovery of a program called Helping Babies Breathe® (HBB), led them on a path to capacity building by working with the Rwandan Ministry of Health (MOH) and the Kigali Health Institute (KHI) to incorporate the HBB program into curriculum in the nursing and midwifery programs at KHI.
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"Voluntourism"

An increasing number of health care professionals have become involved in international missions for the purpose of volunteering their time, expertise, and skills to low resourced countries. Because they often participate in these missions at their own expense, such endeavors have been dubbed "altourism" or "Voluntourism".[1] In 1956, President Dwight D. Eisenhower turned a similar vision into People to People International (PTPI) for the purpose of connecting people from different cultures to create multinational experiences promoting cross cultural learning, development of global leadership skills, and formation of international connections of people committed to making a difference in their world.[2] Besides student programs and immersion tourist programs, PTPI also developed programs which bring professionals from similar fields in different countries together for the purpose of sharing their knowledge and expertise. It was a trip similar to these which brought a group of NICU nurses to Rwanda for the purpose of capacity building through voluntourism, collaboration and the HBB program. This article describes the experience of voluntourism in Rwanda resulting in capacity building in that country.

Background

"Study the past if you would define the future." – Confucius, Chinese Philosopher

Rwanda, known as the "Land of a Thousand Hills", has a volatile past, a rich culture, and a promising future. In the early 1990s however Rwanda's life expectancy was only 28 years, the lowest in the world, due in part to tribal differences between the Hutus and the Tutsis which resulted in a civil war and genocide. It is estimated that nearly one million people were killed and 150–200,000 women were raped over a period of about 100 days while the rest of the world stood by silently. Hundreds of thousands of Rwandans fled into neighboring countries as refugees which left Rwanda, in the post-genocide years, with a severe deficit of professionals in many disciplines including education and health care.[3] Volunteers, especially health professionals began to look for ways to help this country rebuild. Voluntourism began to flourish.

Today, a generation after the genocide, Rwanda is moving forward. Led by President Paul Kagame, a progressive thinker intent on making Rwanda a credible player in the international arena, the country could be said to be thriving in spite of many obstacles yet to overcome. "Rwanda is the only country in sub-Saharan Africa on track to meet most of the United Nations Millennium Development Goals (MDG) by the December 2015 deadline.[4] However, in sub-Saharan Africa, while the deaths of children under the age of five have decreased, the United Nations (UN) reports the proportion of deaths occurring in the first month of life is increasing.[5]

In 2008, after participation in a medical education delegation to Rwanda, I (Sherri Brown) was motivated by the great need for nursing education in the district hospitals I had visited. Upon returning home, my goal was to find a way to change the plight of the newborn in this country. Over the next two years return trips to Rwanda were mostly fact finding in nature; however several spontaneous teaching experiences occurred as opportunities arose. Over the course of those two years a great deal of education was accomplished; that is, the Rwandans did an excellent job of educating me! While I was educating

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them in sterile technique, the process of saline locking peripheral intravenous lines between use for antibiotic administration, good handwashing technique, and the importance of a neutral thermal environment for infants, they were educating me on the extent of their limited resources to maintain some of these things. For example, when you have to walk three miles to collect water, are you going to wash with it or drink it?

I soon realized how naïve I had been for not asking enough questions such as "what are the potential consequences of what I am trying to do," and more importantly, "what happens when I am not there to reinforce teaching?" It was very humbling to realize that it would take more than a cape and a nice tiara to change the world. It was time for a reality check, and it came in the form of Dr. Michael Grosspietsch who spoke to our group on that initial delegation in 2008. Dr. Grosspietsch is the founder of Global Engagement Institute (GEI), Berlin, Germany and has worked for several years in the developing world. His expertise is in the development of capacity building projects which bring together professionals from various countries for the purpose of creating sustainable projects. His first question concerning potential projects was, "How will you sustain it?" The answer: "Voluntourism" focused on training in very specific ways to decrease neonatal mortality.

Helping Babies Breathe®

In early 2011 the question of sustainability appeared to be answered with the discovery of the American Academy of Pediatrics (AAP) program, Helping Babies Breathe® (HBB). This program was developed specifically for low resourced countries for the purpose of training community based health care workers in basic neonatal resuscitation, with the goal of having at least one person at the delivery of every infant who is trained to resuscitate an infant who is not breathing at birth. HBB training kits are available in several languages from the HBB website.[6]

After completing a Master Trainer course in June 2011, I left for Rwanda in July to meet with key stakeholders at various district hospitals and KHI for the purpose of introducing the HBB program. Dr. Grosspietsch had also arranged meetings with in-country representatives of Partners in Health (PIH), Vision 2020, and Dr. Agnes Binagwaho, the Rwandan Minister of Health. The program was met with a great deal of enthusiasm and interest, and with Dr. Binagwaho's approval, plans were made to start Master Training courses at the district hospitals with coordination of training sites directed by the MOH. Dr. Grosspietsch also worked with KHI to obtain a Memorandum of Understanding (MOU) that would incorporate the HBB program into the curriculum of senior nursing and midwifery students and begin the road to sustainability of this project.

"Voluntourism" Trial Test

Because international travel is expensive, many volunteers are hesitant to incur the cost of a trip that does not include opportunity to also "see the sights" of the country and be exposed to the culture. The question then is "how can tourism be incorporated into training missions in Rwanda without adding significantly to the cost of the trip?" Dr. Grosspietsch and GEI provided the answer. For several years GEI has been providing cultural immersion experiences in sub-Saharan Africa for groups of professionals. Previously those trips consisted of meetings between professionals from Rwanda and other countries for the purpose of sharing information and expertise. HBB provided another dimension to this concept by providing delegation members the opportunity to become Master Trainers in the HBB program. Through this training the delegates would have an immediate immersion teaching experience at KHI as well as various district hospitals throughout Rwanda. In addition, delegates could enjoy the rich culture and attractions of Rwanda through interspersion of cultural activities when they were not engaged in training sessions.

The March 2012 delegation was the trial of this concept. The group included three staff nurses, a neonatal nurse practitioner (NNP) from the NICU at the University of Kansas Hospital, and a graduate student from Texas A&M. The first day delegates visited historic sites in Kigali to learn about Rwanda's history, past genocide, and reconstruction period. While they toured Kigali, I met with representatives of PIH, the MOH, and USAID to inform them about the purpose of our delegation and training itinerary over the following several days. The entire group met up again in the afternoon for a tour of the NICU at King Faisal Hospital, which is Rwanda's regional referral center and includes a level 3 NICU. Care of sick and premature infants in this NICU includes invasive and non-invasive mechanical ventilation, insertion and maintenance of intravenous lines and fluids, oral/nasal gastric tube feedings, and some surgical procedures.

The next day delegates were transferred to Akagera National Park and Game Lodge where they were trained for two days as Master Trainers of the HBB program. Training was interspersed with game drives in the late afternoon and early morning hours when animals in the park are most active. Occasionally they were greeted in the morning by baboons as they went to the dining room for breakfast or in the afternoon when they made their way to the pool. The baboons were kept at a distance by hotel staff armed with long poles.

At the conclusion of the Master Training Program delegates were given written as well as Objective Structured Clinical Evaluations (OSCEs) before transferring back to Kigali for two days of training nursing and midwifery students and instructors at KHI. The initial KHI group of 30 participants also included the Director of the nursing and midwifery programs and the Chief Nursing Officer (CNO) of the Kigali Military Hospital. While this HBB offering was not a true training experience due to the fact that no pre- and post-testing of participants was done, attendance of so many instructors, the Director of the program, and the CNO of the Military Hospital was encouraging in terms of its significance for the future sustainability of this program.

After two days at KHI, delegates were transferred to Gisenyi on the shore of Lake Kivu where they again had an opportunity to visit various sites and interact with the people of Rwanda including those at the Batwa village. The Batwa, the third tribe represented in Rwanda, make up only about one per cent of the population and are a marginalized people who were relocated from their farmlands to a volcanic region after flooding and deforestation of their village. Delegates were given a first-hand account by the tribal leader concerning the plight of this tribe due to their marginalized status, lack of proximity to healthcare, and struggle farming in their new location due to the volcanic rock soil. He even managed to coax the delegates into participating in their tribal dance.

The next two days were spent training health care workers at the Gisenyi district hospital. Once again, the Rwandans educated me. I had been told by others who had tried to implement HBB in Africa that they had trouble getting buy-in from stakeholders. The healthcare workers in Gisenyi provided a possible reason for this when they told us they did not get paid to attend training and they also incur the cost of travel and meals (although our delegation did provide their lunch). Their absence from work also left the hospital short staffed, leaving two nurses to oversee Labor and Delivery, Pediatrics, and the NICU, a total of approximately 30–40 beds depending on census. While this may not be a problem for professionals in the United States or other high resourced countries, it may be an expense those in developing countries cannot afford – a potential barrier to sustainability. The United Nations Development Group emphasizes the importance of country and local contexts and social norms when addressing solutions to problems,[7] and Dr. Paul Farmer, cofounder of PIH recommends that instead of asking "is it sustainable", change the question to "*how* do we sustain this?" He suggests one way is by understanding burden and gap, with burden being the burden of disease which is hard to assess, and gap referring to those programs/problems which may be ignored because they are not cost-effective or sustainable.[8] This was something for us to consider as we moved forward.

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