

Interim Report, July 2019

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For the last four weeks, I have been traveling around four different districts of Lesotho to interview past trainees of the Problem Solving for Better Health (PSBH) workshop initiated by the Lesotho-Boston Health Alliance (LeBoHA) with the support of the Ministry of Health of Lesotho. So far, I interviewed 16 trainees in districts of Mafeteng, Berea, Butha Buthe, and Leribe, and gathered valuable data on the impact of the PSBH workshop on the leaders of Lesotho healthcare. I am expected to interview about 15-20 more individuals in districts of Moteles Hoek, Qacha's Nek, Quthing, and Thaba Tseka.

I am participating in this project primary because this was identified as an area of need in LeBoHA. One of my research mentors at Boston University Medical Campus and the Director of LeBoHA, Dr. Brian Jack, referred me to work with LeBoHA over the summer, knowing my budding interests in global health systems and my desire to work in the field. From the numerous experiences I have with qualitative interviews in hospitals and in the Boston community, I was confident to take on the task of evaluating the one-year post-status of trainees who participated in the PSBH workshop. The PSBH workshop is a one-day workshop for selected district health workers to teach them how to 1) identify problems that are within one's capacity, 2) build small, manageable steps/ interventions on how to solve this issue, and 3) once goal outcome is reached, how to sustain these outcomes to avoid having the same problem in the future. Trainees are required to submit a problem statement and an action plan to conduct their own quality

improvement project at their place of work. The goal of the workshop is to strengthen the capacity of limited government healthcare workforce in Lesotho. Since the Lesotho central government, specifically the Ministry of Health, lack material and human resources to adequately solve all of the issues persisting in district healthcare systems, they supported the implementation of PSBH to teach healthcare workers on the field, those who are managing personnel at the local level and closely monitoring their regional healthcare system, on how to identify and solve problems that are solvable at their own level, without always looking to the central government for aid.

The workstyle of the Basotho people is much more relaxed and easygoing than in other places, but they still get as many things done as in any other work culture. This is made possible by tightknit interpersonal relationships within the workplace and lack of societal barriers that exist in other work cultures. One may call another and ask for a favor (i.e., for me to interview someone in their department, or for a district to host an intern) and get their request fulfilled in the same call, whereas the American formalities of a typical workplace require one to email and wait for a reply which may take hours to several days. I also face the friendliness of the Basotho people in my interviews and meetings, where a team will treat each other and me like brothers and sisters, and even verbally refer to each other as brothers and sisters at times. Because of the easygoing workflow, a typical day in Lesotho as a floating research intern has both its predictable and unpredictable aspects. My day is usually filled with interviews, transcribing interviews and data synthesizing in a hospital workspace or at my lodging, but I do not know who I will speak to in a given day, and I do not know where I will be week-to-week. There is a LeBoHA office in Leribe and in the capital city of Maseru, but when I am in other districts it is

at the discretion of my hosts to provide me with a space where I can use my laptop to transcribe and synthesize data. Interviews are usually conducted in a quiet, private space within the interviewee's respective departments.

It has been an extremely humbling experience to see the daily lives of healthcare workers in Lesotho. They are not compensated nearly as much nor equipped with as many resources as they should be by American standards, but they are tasked with so much more systemic issues that they must deal with on a day-to-day basis. From my interviews, I discovered that PSBH provided a truly unique skillset to those who need it. Some in higher positions have had similar quality improvement-type workshops hosted by the Ministry of Health (Central Government). However, compared to the government quality improvement workshops like these, which are only targeting high-level managers and requiring additional manpower, the skillsets from PSBH are generalizable to all people of many disciplines and stresses that one must identify a problem within their workplace, which is resolvable with current available resources, whether it be time, money, or manpower. According to one trainee, the importance of PSBH is so great that if PSBH is implemented correctly throughout the nation, the country may be saved. Even beyond healthcare, all trainees agree that PSBH is applicable in any setting. A few trainees noted that these skills even helped them in their family lives and improved their mental health by decreasing stress levels. It is changing their way of thinking when they encounter day-to-day issues at work. Very successful trainees have completed their quality improvement project and already initiated step-down training of PSBH and spread the practice of "identifying and solving problems within [their] reach." Once the staff and the manager are both practicing PSBH, they note that their workflow is much smoother and more productive because the staff are more empowered to

improve their department within their own capabilities. As one manager notes, “my nurses now report to me on their problems and how they will solve these problems, rather than simply stating what their problems are to me and expecting me to solve everything for them.”

The future potential impact of the PSBH workshop is great, to put it simply. Even though on paper and in the eyes of those in the developed country, the PSBH lessons may seem like no-brainers, my interviews prove that it has real impact on capacity strengthening in individuals at all levels in Lesotho healthcare, and has much more potential to impact larger populations in this resource-limited country. According to the data gathered in my interviews, PSBH will be especially beneficial to those working in remote village clinics and in areas with a high burden of HIV/ TB and childhood malnutrition, which are the central health issues surrounding Lesotho currently. Remote satellite clinics have difficulty accessing the already-limited resources of government and NGO funding to support their day-to-day needs, and direly needs its employees to work more efficiently and self-sufficiently to survive on their own terms. The lessons in PSBH are not inherently taught in their culture or their basic education, unlike those of the U.S. It needs to be expanded to all parts of healthcare to reach all healthcare workers working in the field, to maximize the capacity of the current healthcare resources in the country.

I extend my gratitude to the Jessica Jennifer Cohen Foundation for supporting such an important project for Lesotho and making this experience possible for me as a hopeful global health researcher. The impact that will be had from the findings of this project will be translated to future support for the expansion of PSBH workshops in Lesotho through the facilitation of LeBoHA and the Ministry of Health. The impact of the Foundation’s support will also be

personally reflected in my future career and academic trajectory, which will involve the health systems of many nations.

Photos from Lesotho:



View near Motebang hospital in Hlotse, Leribe



Thaba Bosiu, Maseru