



THE UNIVERSITY  
of EDINBURGH

## The Burdett Trust for Nursing IGNITE Report

# Philanthropic Support, Lasting Impact

The Edinburgh Global Nursing Initiative, at the University of Edinburgh, final report for The Burdett Trust for Nursing Innovative Global Nursing and Midwifery (IGNITE) Programme .



The IGNITE programme proposed by The Burdett Trust provided a major opportunity to act as a catalyst to strengthen approaches to support pioneering nursing and midwifery clinical practice, directly impacting on patient and population outcomes, and accelerating progress towards the Sustainable Development Goals (SDGs). The proposed partnership positioned The Burdett Trust as a key leader and enabler of global nursing and midwifery innovation and change.

The Burdett Trust IGNITE programme provided two proof of concept progressive nursing and midwifery led projects in extremely low resourced settings, with a particular focus on Africa. Together with The Burdett Trust, Nursing Studies and the Global Health Academy at UoE delivered on a shared ambition and programme to empower nurses and

midwives globally, to make significant improvements in the care and health of global populations through the IGNITE programme.

### Partnering with the University of Edinburgh

UoE Nursing Studies history and legacy has endured over seven decades, with Nursing Studies remaining top ranked in the country, with an accrescent academy of stellar alumni. We are committed to continuing leadership and critical engagement in local and global nurse education, advancement of clinical practice, research and evidence informed influence on health policy.

The Global Health Academy (GHA) is an evidence led academic community committed to advance the University's vision to deliver impact for society. It draws together resources within and beyond the University community to enable better and more equitable health for all. The GHA works to support the creation, curation and the implementation of global health knowledge across a diverse global community including practitioners, trainers, researchers, policy makers, business, local community and international agencies.

The initial funding was for 3 projects: Liberia, Uganda and DRC. Due to several challenges in DRC, largely related to intermittent in country conflict and recurrent communicable disease outbreaks, as well as outbreak of Covid-19, we were regrettably unable to progress the DRC project past Year 1. This was despite exploring specific alternative avenues (see Year 1 & 2 Report and summary Project 2 below).

### The Burdett Trust IGNITE programme

The programme comprised two projects representing two major areas of priority nursing and midwifery activity in global health. Each of the partners for the two projects have longstanding links with the University of Edinburgh, the Global Health Academy and Nursing Studies as outlined.

## Project 1

Innovative advanced clinical practice approaches through task-sharing: Midwives and nurses improving hospital-based maternal and neonatal care in Liberia.

Goal: to improve women and neonates health and reduce mortality rates during and after childbirth.

Objective: to develop a cadre of advanced practice midwives and neonatal nurses qualified to deliver provide a safe and independently performing advanced obstetric care, including abdominal surgery, and advanced neonatal care, respectively.



## Background

The Republic of Liberia in West Africa, with a population of 5.06 million is one of the world's poorest countries. Its health system, already fragile from 14 years of war, was broken by the Ebola epidemic of 2014-15. Approximately 44% of women give birth at home without a skilled birth attendant, nearly 1 in 138 live births result in a mother dying from preventable causes such as haemorrhage, sepsis, or other reasons related to limited access to either basic midwifery or emergency obstetric care, such as caesarean sections. Liberia has less than 200 trained midwives, almost all work in urban areas - compounding the poor maternal and neonatal health outcomes for rural women. The 10 obstetricians in Liberia cover only 3 of the 15 counties. There is an acute shortage of comprehensive emergency obstetric and neonatal care.

## Sites

Training was based at three Liberian Hospitals:

CB Dunbar in Bong County; CH Rennie Hospital in Kakata; and Redemption Hospital in Monrovia.

Goal: to improve women and neonates health and reduce mortality rates during and after childbirth.

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respectively.

## Programme of work

Working with the Liberian Ministry of Health, the WHO and the United Nations Population Fund (UNFPA) Maternal & Childhealth Advocacy International (MCAI) an innovative task-sharing project was delivered through the funding from Burdett, working to increase the scope of practice in advanced obstetric care (midwives), and the advanced neonatal care (nurses). Increased scope of clinical practice empowers nurses and midwives as advanced clinical practitioners, increasing their clinical leadership capacity and improving mother and neonate outcomes. [\[RB1\]](#)



A programme, endorsed by the Ministry, has successfully graduated advanced obstetric clinicians, who have carried out Caesarean sections as well as neonatal advanced [clinicians\[AH2\]](#) who resuscitated babies with respiratory failure who would otherwise have died, with nasal CPAP and discharged home. The project also increased the programme to the most rural of areas where without treatment many are dying.

Experienced midwives and nurses were selected by representatives of the partnership and undertook extensive training and undergo rigorous continuous assessment, to become qualified obstetric clinicians (after three years) and qualified neonatal clinicians (after two years). At the end of their training, each qualified clinician was capable of safely and independently performing advanced obstetric care, including abdominal surgery, and advanced neonatal care, respectively.

Since the project completed, there have continued to be collaboration and continued working by The University of Edinburgh with the Ministry of Health and The University of X to explore opportunities to support this as an in-country programme. These discussions have been sporadic and slow due to changes in personnel in country at government level. We continue to remain in contact with our colleagues in Liberia to support the goal of improving women and neonates health and reduce mortality rates during and after childbirth.

## Project 2

Nurse led emergency care in two front line hospitals in the Democratic Republic of Congo (DRC): improving lives of women who have experienced complex sexual trauma in war

Goal: to improve women's physical and psychological outcomes following surgical interventions and care for war related rape and mutilation.

Objective: to enhance nurses' clinical competence and confidence in the delivery of holistic physical and psychological care for women who have been experienced war related rape and mutilation in the Emergency Room (ER) settings in two main hospitals in South Kivu Province, DRC.

Congolese Fellow appointed Kabuyaya Muhubiri. Visits to Panzi hospital and Bukavu Hospital undertaken and governance system set in place. The UoE team met with Nobel Prize Winner Dr Denis Mukwege to discuss significance of the role of Nursing and the Burdett Trust for Nursing partnership. A Memorandum of Understanding (MOU) was developed with Panzi Hospital. Review of existing nursing needs in the context of COVID-19. North and South Kivu provinces where Panzi and Bukavu Hospital are based were at the time already exceptionally fragile from years of war, and the Ebola epidemic. As Covid-19 hit the region there was significant misinformation about the disease, fear of the messaging from Government about necessary public health measures, and a rejection of the idea of vaccinations (not yet available in the region).

After extensive discussions and exploring multiple cross-University, international agencies and governmental agency over the past 18 months it is felt this project strand is unable to be delivered as detailed in the original programme proposal due to significant factors outwith the control of the University and all associated partners. In agreement with the Burdett Trust for Nursing we decided to end the DRC Project strand of activity and remove the budget line.

## Project 3

Reducing severe health related suffering for end-of-life care: Developing nursing clinical skills in palliative care and morphine prescribing at Mbarara University and Adjumani Refugee Camp Uganda

Goal: To improve patient and family care by reducing the severe suffering of those living with end stage illness, in particular children.

Objective: To develop a critical mass of nurses who will undertake safe and effective care with clinical confidence and competence in their delivery of palliative care/ children's palliative care.

Rationale: While Uganda is ahead of many countries in Africa in the delivery of palliative care there remains huge gaps in care – especially because of high nurse turnover, an exceptionally large refugee community which Uganda hosts and the lag in implementing palliative care services for children because of the limited number of trained nurses who can support children.

## Programme of Work

The programme included: 5-days virtual training on Children's Palliative Care (CPC) ; clinical placements for nurse leaders to witness children's palliative care in action and to learn nursing leadership skills; a 2-day face-to-face training after 12 months plus attendance at the national Ugandan Palliative Care Conference; 20 virtual sessions; a final face-to-face leadership training. Each Nurse was paired with a leadership mentor and there was regular supervision throughout. Participants were required to implement action plans with regards to their own leadership development & the development of CPC in their workplace.

Nurses came from the following sites Luweero, Kiboga, Yumbe, Moyo, Koboko, Masaka, Mbarara, Adjumani, Kampala, Kawempe Home care and Kitovu mobile.



Nurses continued throughout the year with online support – each nurse was allocated a mentor to enable their learning to become bespoke and purposeful for their situation -

The training in the intensive final face to face training was ran in Kampala and all nurses attended this in person, some travelling up to 12 hours on buses.

The training consisted of strategies to build collaborations in nursing nationally to strengthen the nursing community, shared examples of leadership activities from each hospital and health centre with advice on how to ensure sustainability of the many excellent projects the nurses had started. The training was attended by Dr. Safinah K. Museene; The Government of Uganda's Commissioner Health Education & Training; MOE & Sports This was an important contribution as it affirmed the importance of the training for the nurses and also positioned the work of childrens palliative care training among refugee communities and those in rural areas with limited access to health services as an important part of the Uganda agenda for equitable access to healthcare.

- Direct impact numbers

16 nurses, the majority working in rural and refugee settings, were trained in the Childrens Palliative Care programme.



The 16 nurses have taken their training into each of the 16 hospitals and community sites in the 9 districts represented and proceeded to further train additional nurse colleagues in palliative care as well as carry out smaller discreet palliative care projects designed by the themselves and the leaders of their hospital or facility .

The participants see an average of 306 children a month.

Each nurse carried out a personalised leadership skills acquisition training where they identified their specific leadership journey, built up their expertise in being able to lead compassionately and with authority and clarity, developed an increased understanding of early identification of palliative care needs and effective symptom management

In-direct impact numbers

Nurses and those who they subsequently trained influence a wide network of community health workers encouraged to be eyes and ears in the local villages and camps to ensure earlier recognition of pain and palliative symptoms .

An estimated 5000 patients and families have been impacted by the training directly – through nurse intervention and indirectly through the support that the trained nurses give to other practitioners to deliver care for children.

Additional success indicators

Success indicators include

Nurses graduating from the Advanced Prescriber Diploma and 16 Nurses graduating from the Uganda Burdett Children's Palliative Care Nurses Leadership Fellowship Programme



#### Continuation of the Children's Palliative Care Hubs

Children's Palliative Care Hubs were established hubs at Mbarara and Adjumani for children's palliative care.

The Hubs are thriving. The text books and resources sent to the Hubs through the programme have been well used.

The hubs are rolling out a Pain App for all staff to enable staff to identify levels of pain and to prescribe dosages correctly.

#### Prescribers' Graduation

Year 3 saw the graduation of 4 nurses from the one-year Advanced Diploma in Palliative Care Nursing conducted through the [Mulago School of Nursing](#).



### **Amule Mary**

Amule is an Assistant Nursing Officer. Amule employed at the Obongi Health Centre IV Obongi in West Nile Region.

Her desire to do the programme because of her wish to be better informed in how to manage pain for terminally ill patients coming from refugee communities. Her commitment from graduating from the programme is to increase awareness of the experience of refugee patients and families who bear multiple burdens – being able to alleviate pain as much as possible does not take away from other burdens but it makes coping with them more bearable.

### **Patricia Mbabazi**

Patrick is a Registered nurse working at Bwera Hospital in Kasese District Southwestern Uganda. She chose the prescribing Diploma to increase his understanding of how best to deliver pain relief at community level nearer to patients homes and families because many patients are frightened to attend larger hospitals where there is access to analgesia

### **Martin Ojakori**

Martin is a registered nurse at Lwala Hospital Eastern Uganda, and he also works at the SOROTI Catholic Diocese. He is now back in his position of leadership at the Board of the Catholic Diocese where he is using his experience and training to be a stronger advocate for palliative care. He is also actively engaged in building the palliative care network and services in Lwala Hospital.

### **Lalam Patricia**

Lalam is a midwife in Moroto Regional Referral Hospital in Karamoja sub region. She is using her expertise in prescribing to improve palliative care services in Karamoja subregion and is engaged in training health workers and delivering sensitisation messages in the community to increase local knowledge of the importance of palliative care rather than trying to access surgical interventions or treatments at the national hospitals which are often unnecessarily costly and which sadly will not bring extended life to patients.

## IGNITE Programme Budget

Table 1. The Burdett Trust for Nursing IGNITE funding budget

	Year 1	Year 2	Year 3	Total
Project 1 Liberia	£59,260	£59,260	-	£118,520
Project 2 DRC	£44,500	£36,500	£34,000	£115,000
Project 3 Uganda	£19,700	£23,000	£23,000	£65,700
Total	£123,460	£118,760	£57,000	£299,220

Table 2. Year 1 spend down

	Year 1 Budget	Year 1 Actual	Variance
Project 1 Liberia	£59,260	£53,000	-£6,260
Project 2 DRC	£44,500	£10,000	-£34,500
Project 3 Uganda	£19,700	£19,700	£19,700
Total	£123,460	£77,000	-£46,460

Table 3. Year 2 spend down

	Year 1 Carried over spend	Year 2 Budget	Year 2 Actual	Variance
Project 1 Liberia	-	£59,260	£59,260	-
Project 2 DRC	£34,500	-	-	£34,500
Project 3 Uganda	-	£23,000	£20,615.0 6	£1,684.74
Total	-	£82,260	-	£36,184.74

Table 4. Year 3 spend down

	Year 1 Carried over spend	Year 2 Budget	Year 2 Actual	Variance
Project 1 Liberia	-	-	-	-
Project 2 DRC	-	-	-	-
Project 3 Uganda	£1,684.74	£23,000	£24,395.7 4	-£289

## Dissemination

The programme was presented at both the International ICN meeting in Helsinki and the European Association of Palliative Care ( attended by 1978 delegates) in 2025.

Liberia 2023 Final cohort E-mail from Consultant leading programme in country with supporting data

*Dear Professor Holloway and Professor Grant*

*Very many thanks for the help of The Burdett Trust funding with supporting the training of the latest 9 obstetric clinician trainees.*

*We are very pleased to provide the results of this difficult and extensive examination on advanced hospital obstetrics. As you can see from the attached, they have all done extremely well receiving either a merit or a distinction.*

*Hoping that we can soon arrange with the MOH and Liberian Board for Nursing and Midwifery for their graduation, licensing and placements.*

*With kindest regards*

## Summary Conclusion Statement

Quality nurse training matters everywhere, but especially in countries where health worker shortages, increasing burdens of disease, inequitable access to healthcare and limited resources mean that nurses are left holding up the pillars of the healthcare service with little national or economic sector recognition.

Our investment in nurse training signals the importance we place in ensuring that this backbone to the health service is not simply recognised for its extraordinary work, but is supported to shift the way the country sees and cares for the nursing profession. We have had the privilege to work alongside Ministries of Health in this endeavor. Ministries have been promoting nursing as a career and vocation that carries the highest recommendation, but built in systems and services often unintentionally bypass the nursing contribution.

We chose to work in two specific thematic areas in two geographies. The first of these was in maternal health, working with colleagues in Liberia; the second was palliative care and particularly children's palliative care, working with colleagues in Uganda.

The Burdett Trust Innovative Global Nursing and Midwifery Partnership did three things -

- 1) It established that regardless of where nurses are placed, or the limited resources of their working environment, if nurses are given training coupled with modelling and importantly with recognised qualifications, then these nurses have authority to implement change far beyond their particular roles.
- 2) It proof tested a new intervention in nursing. In Liberia the nurses in training demonstrated that working with pregnant women to enable women to monitor their own fetal progress was possible and protective; in Uganda nurses demonstrated that creating a safe space where decisions about palliative care for children could be planned and delivered meant that communities, practitioners and hospital managers moved from fear of discussing and therefore planning for end of life care for children because of the stigma and anxiety, to actively integrate child focused care services into service design without fear.
- 3) It modeled an equitable partnership focused on understanding the centrality of the role of the nurse within every health system and service and understanding the centrality of the perspectives of patients and their families. Partnerships built with a commitment to working ethically and equitably have long term impacts for each of the participants, and for all those who benefit from the work carried out by the participants. The testimonies of each of the nurses who engaged with the programme either in Uganda or Liberia indicated that formal training, collaborative work

and being mentored gave them authority. This authority was not about having power over others, but about certainty and assurance that their knowledge and skills were an essential part of the healthcare system. Nurses spoke of a renewed confidence in their profession, nurses working in exceptionally challenging conditions, for example caring for Sudanese refugee and displaced communities in Northern Uganda talked of their ability to get alongside families and understand how to help them work with the various authorities and services who were intervening in sporadic and disjointed ways in their care.

Our work also showed the importance of consistent support. Separate to the challenges that all lower resourced health services are facing because of the fractured global investment in partnership to support universal healthcare, there is a common challenge faced by all countries. The challenge of a changing and moving workforce. Staff trained in one area do not stay there for ever. While the local mobility of the nurse population in many countries has been lower than the mobility of other professions, nurses still describe how those who had training 10 years ago are now in different jobs, and roles, and the gaps that were filled for a time have opened again.

Nurses ask not for constant mass training but for investment support in individuals who can become the ongoing training, who have the security that their practice and their knowledge base is impactful, and that they have the right to speak out and define the how and the what of quality care. The very bespoke work we did supporting individual nurse journeys speaks to this. Each of our cadre of leaders are carrying a new responsibility, each of those who received a clinical and academic qualification have for these next years a purpose and commitment to share. In Uganda our nurse leaders, because they ran individual projects speak of their ability now to commission other projects and planned work because they have skills in research and in establishing the metrics for accountability.

It is nurses who not only hold the health system together on a day to day basis, it is nurses who understand how to make the connections in community, and across hospitals and services so that future health can at least be maintained, and for each of them strengthened.

With immense thanks from the University of Edinburgh to the Burdett Trust for Nursing for your support, dedication and trust in shaping and delivering this critical nurse led capacity building programme. We look forward to receiving your feedback and welcome any discussion on the success of IGNITE and potential future opportunities to deliver global impact through Edinburgh Global Nursing Initiative at the University. Thank you.

