Health Partnership Scheme final report

Partnership (Lead Partners)	University of Leicester – Gondar University Hospital
Project Title	Consolidating Patient Safety
Grant ID	F6
Project Start and End Dates	01 November 2015 – 31st March 2017
Reporting Period	01st November 2016 – 31st March 2017

Guidance

This reporting template provides you with the opportunity to summarise and reflect on recent achievements, partnership development and lessons learnt. As this is your final report, we have also included sections covering the overall progress of your project since its inception and the sustainability of results as a chance to reflect more deeply on some of the overall impact of your partnership work and to celebrate your achievements.

Reports form the basis for our reporting to DFID and for your payments to be released. Submitting this final report to us on time is crucial for DFID's assessment of the current scheme in its final year. **Any delays in submitting the completed report as well as answers to our follow-up questions could affect the quality of our final HPS report to DFID and may also leave us with insufficient time to process your final grant payment.** Please note that our feedback will be sent very soon after the report is received and answers to our requests for clarifications should be answered promptly. Thank you in advance for your cooperation.

- Please read through all sections of the report before you start writing to avoid repeating content unnecessarily;
- We expect both the UK and overseas partner to contribute to this report and ask separate contributions in the Lessons Learnt section;
- If you have any questions about this narrative or the financial reporting template please do not hesitate to contact your grant manager, Peris ;
- Please complete the report **no later than [15th April 2017]** and send it to your grant manager mailto:Graeme@thet.orgat peris@thet.org.

Contents

1 Project team

Where relevant please detail any changes in responsibility in your project team:

Amsalu Mihiretu Gessese is now the Quality Officer but has been coordinator for the IPC partnership project. Yordanos Markos is now the full time IPC Officer and has been for 6 months. Aklilu Takel has responsibility for Hygiene and Sanitation in the new Gondar Referral Hospital. Yalelet Fentaw is now the Nutritionist and has some responsibility for Occupational Health and Safety and has been coordinator for the OHS partnership project

Who contributed to this report? Please include names and contact details.

Name and Position	**Contact Details**
Yalelet Fentaw	cyalelet@gmail.com
Avier Mesfin Mengistu	Mesfinavier197@gmail.com
Addisu Alemu	addisulm@gmail.com
Amsalu Mihiretu Gessese	Amsalu74@gmail.com
Aklilu Takel	Akiru2@yahoo.com
Yordanos Markos	Yordmar2010@gmail.com
Sandra Kemp	sandrakemp@btinternet.com

2 Project Activities

2.1 Progress against activity plan

- If the activity has been achieved, please replace the relevant X with a Y.
- If the activity has been cancelled, please replace the relevant X with a C.
- If the activity has not been completed as planned, please leave the X in place.

No.	**Activities**	**Timing of Activities**		
		Year 1		**Year 2**
		Month 1-6	**Month 7-12**	**Month 1-6**

		1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	n/a
1	Provide leadership and support to run an initial workshop with the IPC team, the OH team and Senior Management of the Hospital and University to establish various roles in these teams; have an understanding of the IPC and OH programmes; Gain agreement on the time frames within the project and discuss monitoring and evaluation.	Y			Y			Y				C		C		Y	Y	Y	
2	Team building and training workshops for IPC and OH teams with Hand Hygiene Champions							Y				C		C		Y	Y	Y	
3	Work together to identify training needs of IPC AND OH team with a view to increasing their knowledge through training visits, e learning, books, etc				Y							C		C		Y	Y	Y	
4	Develop a robust communication strategy to ensure that our communication is open, honest, timely, and appropriate to include identified members of staff.				Y														
5	Undertake international visits by appropriate Gondar individuals to support all of the above. Dates to be arranged –						Y			Y									
6	Work together to perform baseline assessments of identified activities.	Y	Y	Y	Y	Y													
7	Develop an audit plan together to ensure frequent monitoring of the project activities. Monthly audits with reports to be done as plan.	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	X	X	X	Y	Y	Y	Y	
8	Identify needs and develop training programmes for 500 staff to increase awareness of IPC and OH in order to improve Patient Safety. Deliver training as per plan and award certificates.		Y	Y	Y	X	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		
9	Work with the IPC and OH team, and procurement and finance, to ensure Alcohol Based Hand rub (ABHR) is always available	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	X	X	X	X	X	X	

10	Undertake national and international visits by UK staff for training / project management purposes.	Y			Y		Y	Y				C		C		Y	Y	Y	
11	Undertake national visits by appropriate individuals to support all of the above. Dates to be arranged – 4.x. training visits. Dates to be arranged.						X	C				C		C				Y	
12	Explore ways to involve the community to support good practice in the Hospital as well as ensuring that patients and carers understand the reasons for IPC and OH and Safety.						Y	Y	Y	Y	Y	Y	Y	X	X		Y	Y	
13	Hepatitis B vaccinations for all Healthcare staff at Gondar Hospital.			Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y			
14	Develop and carry out simple surveillance for recording Healthcare Associated Infections			Y	Y	Y	Y	X				C							

2.2 Notes on incomplete activities

Please note any activities that have not been completed as planned within the lifetime of the project. Why weren't they completed and what impact has this had on the expected results for this project? Add more lines if necessary.

Activity no.	Why wasn't it completed, what impact has this had on the project results
7	Due to staff changes and a 6 month state of emergency audits have not been completed monthly.
9	ABHR has been unavailable for the last few months due to state of emergency. There was initially increased demand then ethanol and hydrogen peroxide was unavailable in the country. The premises have been deemed unsuitable for mixing inflammable liquids so new premises are being identified.
14	Surveillance was late starting due to lack of access to funding in Gondar. State of emergency caused further problems so research project could not be completed.
ALL	The total funding (Budget) for the project has not been used because of the complicated system of Finance in Gondar University and the State of Emergency. We had planned to do further training visits in the Amhara region to share our knowledge and experience but were unable to do so because of issues detailed above.

2.3 Notes on unforeseen / unplanned activities

Please note any unplanned or unforeseen activities conducted. How did they come about and how did they contribute to the project objectives? Add more lines if necessary.

Activity	How it came about, how it contributed to the project objectives
1. IPC and OHS	The CASH (Clean and Safer Hospitals) team had the remit to transform the Hospital into a clean, safe, comfortable and welcoming health delivery institution for patients, visitors, students and the general public. They have improved access to the Hospital by having guards on all entrances to reduce the number of people coming into the Hospital and allow in only the people that really need to be there. Also there has been increased maintenance on water supplies and functioning sinks as well as putting in an extra 22 new sinks where needed. 10 new toilets have been built. Broken equipment has been removed from all areas and is now disposed of appropriately. Work has also been ongoing to ensure that electricity supplies can be maintained by having a generator.
11. National Visits	Situations in the team have meant an increase in the number of people involved in the project as explained above. This has enhanced the work that has been done around IPC and OHS. For sustainability purposes we decided that all 7 members of the team, which included the Clinical Director, would attend the training visit to Addis Ababa. We visited places of interest to the team that would help them consider their next steps when the project ends and sustainability of the project. These visits included the Ministry of Health; the Black Lion Hospital, reputed to be the best government Hospital in Ethiopia; St Paul's Hospital and the Fistula Hospital. This was a valuable time for the team to consider their next steps after the project ends. We had time to discuss each visit and how they would change things at Gondar Hospital – it gave them a vision for the future in some cases. They are a cohesive team who work very well together. This team is now called the Infection Prevention and Patient Safety team – IPPS – instead of CASH.

3 Project results

3.1 Progress against indicators

Please include the latest cumulative data for the indicators agreed during project planning and inception, as set out in your MEL plan and baseline data sheet. NB: the quantitative data provided should be broken down as specified in your MEL plan. E.g. # health workers demonstrating improved skills after training broken down by gender and cadre. We have also highlighted an indicator for which we would like you to provide a copy of a completed data collection tool, as set out in your MEL plan. **In the last two columns, please only report on progress for this reporting period and avoid repeating information you shared in previous reports.**

Indicator	**Baseline**	**Target**	**Cumulative data**	**Review of overall progress** *Has the target been reached for the indicator? If not, why?*	**Notes on data collection, management and interpretation** *Where did the data come from, how reliable is it, what challenges have you faced in collecting and managing it, how meaningful is it as a measure of progress?*
Output 1: Number of relevant staff who attend at least 3 / 4 weekly CASH meetings from January 2016 to January 2017	*0*	*4*	~~7~~	The CASH team has met regularly over the last 15 months and continue to do so. Every meeting has an agenda, notices of persons present, minutes and forward plan with timeframe. The project team are part of that group along with others. OUTPUT 1 ACHIEVED	Since the project started there has been a new CEO and Clinical Director appointed. All CASH meeting agenda's, minutes, attendance, planning, etc. has been documented in the CASH report book. The data is very reliable as all team members attend the meetings. These meetings indicate what good progress has been made.
Output 2: Number of relevant staff who attend at least 3 / 4 weekly CASH meetings from January 2016 to January 2017	*0*	*4*	~~7~~	As above- OUTPUT 2 ACHIEVED	As above. There are Terms of Reference for the CASH team and all meeting minutes in report book.

Output 3: Number of team members indicating awareness of good practice	*0*	*4*	~~7~~	Initially there were only 5 team members, one left to do academic work, and 2 more became part of the team with support and supervision by the Clinical Director. **OUTPUT 3 ACHIEVED**	There are two new members to the team: 1. The new IPC Nurse Yordanos Markos, who has been in post for the last 6 months, has already made big improvements around the Hospital with regard to Hygiene and Sanitation She has led some of the training days and is a very competent lecturer. Since her appointment we have appointed 35 more Hand Hygiene Champions who are now in most clinical areas and support the Hand Hygiene project. 2. A new Hygiene and Sanitation Officer is now managing the new referral Hospital and ensuring high standards there. Both of these individuals, along with the Clinical Director, Dr Meseret, are assets to the team and are committed to improve standards at the Hospital.
Outcome 1: IPC Plan with clear Situational Analysis, rationale, activities, timeline, responsibilities and budget, signed off by Hospital and University Leadership by March 2016	*0*	500	~~500~~	103 Nurses, 240 Interns, 157 Janitors and Cleaners have had one days training in Infection Prevention and Control. The first IPC Lead with the Hygiene and Sanitation Officer from Gondar came to the UK to get IPC training at the University Hospitals of Leicester. OUTCOME 1 ACHIEVED	Attendance sheets where each individual signs in, with genre and cadre included. IPC – 278 males and 222 females were trained. Training plans for 1 day training course. Written pre/ post training tests evaluated.

Outcome 2: OH plan with clear Situational Analysis, rationale, activities, timeline, responsibilities and budget, signed off by Hospital and University Leadership by March 2016	*0*	500	~~500~~	103 Nurses, 240 Interns, 157 Janitors and Cleaners have had one days training in Occupational Health and Safety. The OHS Lead and Health and Safety Officer from Gondar came to the UK to get OHS training at the University Hospitals of Leicester. Almost all Health Workers in Gondar have been immunised against Hepatitis B. Written policies have been approved, OUTCOME 2 ACHIEVED	Attendance sheets where each individual signed in with genre and cadre documented. OHS – 278 males and 222 females were trained. Training plans for 1 day training course. Written pre / post training tests evaluated. List of all staff who have received Hepatitis B Vaccine. Written Policies for Sharps Safety; Occupational Health & Safety; Hepatitis B vaccination
Outcome 3: Number of Hand Hygiene Champions indicating awareness of good practice and readiness to engage with staff.	0 in post	50	~~50~~	50 Hand Hygiene Champions have been appointed during the project time into many clinical areas. They all attended a seminar and are now responsible for improving and maintaining high standards in their clinical areas around the hospital. **OUTCOME 3 ACHIEVED**	2 x Celebration days with training. List of appointed people selected from Nurses, Janitors and Cleaners with names, gender, cadre and place of work in the Hospital.

Goal: Examples of improved PS / OH practice as indicated by audits					
Staff Training in IPC and OHS	None	500	500	500 members of staff have been trained in IPS & OHS. Each member of staff has attended for the two day training seminars.	Training plan for IPC and OHS Attendance sheets indicating genre, cadre and signed by individuals. Pre / post training evaluation. Hand Hygiene Training is now included in the Nursing and Midwifery training curriculum but not yet the Medical school. Photographs.
Training materials	None		2 Full sets	2 Full sets of training equipment have been provided to ensure training continues.	2 x Glowbags complete with Spare UV lights; Glitterbug potions and lotions;2 x retractable brush for dusting glitterbug powder;2 x LED torches; 2 x Safe Hands DVD; 4 x Mini projectors; 4 x Air Mouse wireless presenter with laser pointer; 1000 red hand rub bottles with pump dispensers; 500 x small pocket size hand rub bottles for Psychiatry and Paediatrics.
Hand Hygiene Self-Assessment Framework (SAF)	Basic		Intermediate	Improved from Basic to Intermediate	Complete file of WHO training material and WHO book on Hand Hygiene Self-Assessment Framework
Sharps Safety - injuries	109 reported	75	28 reported	Significant improvement -over 50% since training started.	The Hep.B registration book is in OHS Office but injured professionals are registered at ART clinic and start PEP after screening.
	364 Safety boxes	500	639 Safety boxes	Big improvement in availability.	The increase in Safety boxes is because more have been put closer to the patient preventing staff needing to walk to find a box with syringe and needle in hand.
Hand Hygiene Champions	0	50	50	This has enabled us to have at least one Hand Hygiene Champion in each clinical area.	We have 39 Female and 11 Male. Now they are all appointed there will be 3

					monthly meetings with the IPC Nurse and Hygiene & Sanitation Officer.

Availability of ABHR	143		272	Although we have been able to increase access to the bottles the supply has been disrupted for the following reasons: Shortage of ethanol and hydrogen peroxide; state of emergency needing increased demand; need for new manufacturing unit.	There has been an increase in soap supplies and with the improvements in hand washing facilities / water supplies there has been a big improvement in hand washing.
Community awareness of Hand Hygiene and Occupational Health & Safety	0		30	There are plans to involve the community in Occupational Health & Safety Day in April and Global Hand Hygiene Day in May. We have been involved in the WASH project teaching school children to wash their hands properly.	Some Head Nurses have started to have training sessions with relatives of the patients once weekly to explain about Hand Hygiene and waste disposal. Very good practice on the Surgical and Orthopaedic Wards. Photographs.
Training visits to the UK	0	4	5	We have trained 2 x people in IPC , 2 x people in OHS and 1 x person in Monitoring & Evaluation	Pre and Post visit reports for all 5 individuals. Training programmes.
Staff information and reminders	29 posters	100	229 posters		These are to remind staff and are pictures not written as English is their 2nd language.
Lack of support committees	0		1	The CASH (Clean and Safer Hospitals) initiative was started at the beginning of this project and has incorporated the IPC and OHS into the meetings so all of the team attend every week. The IPC Nurse, Hygiene and Sanitation Officer and OHS Officer also attend Management meetings every week.	The agenda, minutes, attendances, plans of action and progress are minuted every week in the book. It is now changing its name to IPPS (Infection Prevention and Patient Safety) committee.
IPC Office and OHS Office	0		1	There is now an IPC Office complete with Computers x 2, Printer and Photocopier which is also used by the OHS Nurse.	This enables the team to have access to everything they need in one place.

Situational analysis – IPC **Situational analysis - OHS**					
Situational Analysis - IPC	0			The IPC Nurse has had training in the UK	There were no policies or guidelines when the project started and now there is a Hand Hygiene Policy and a written protocol for changing, handling and re using bed linen. There is also research based surveillance of infections, which has just started and has not been part of this project.
Situational analysis - OHS	0			The OHS Nurse has had training in the UK	There is now a system for vaccinating staff against Hepatitis B. The following policies and guidelines have been written: Sharps Policy; Guideline for Implementing supportive Supervision; Occupational Health & Safety Policy; Hepatitis B Immunisation; Health Screening questionnaire (pre-employment)

3.2 Project achievements

3.2.1 Other project achievements within the reporting period

The agreed indicators are the core quantitative data that we expect to demonstrate progress in your project, but your project plan and grant application set out other anticipated results. Please summarise below any significant progress, anticipated or not, which you have observed during this reporting period that relates to the project objectives. Maximum 300 words.

There has been significant progress in the development of the IPC & OHS Team both in their personal and professional development. They chair meetings now with an agenda, take minutes, create action plans and review progress. Their leadership skills have improved and they take ownership and responsibility for their actions.
There has been a lot of progress with regard to water access, maintenance of pipes and general tidying up of the Hospital compound.
Alcohol based hand rub (ABHR) bottles have increased in the clinical areas have risen from 143 to 272 that are now available with more in the stores.
Policies and guidelines have been created and approved for IPC and OHS.
Hepatitis B immunisations have been offered to all staff as 3 immunisations and round 3 is just taking place. The Ministry of Health have agreed treatment for all health staff found to be Hepatitis B Positive. There are now far more reminders about Hand Hygiene around the Hospital.
2 members of the team, Amsalu and Yalelet, were invited to attend a Symposium in Tanzania, where one of them did a presentation about our project. They returned having felt confident that they had done well and had really enjoyed meeting many different people from other African countries.

3.2.2 Overview of project highlights

Within the lifetime of your grant, what have been your project's most significant results and why? Think widely about the influence that your project has had, which may be beyond the objectives stated in our project plan (outputs, outcomes, goal).

Maximum 300 words.

Phase 1 of the new referral hospital has recently opened and all out patients are now looked after there. Areas around the old part of the Hospital have been tidied up including removal of visible waste and rubbish. There are improved toilet facilities and access to hand washing facilities, with sinks being repaired and new sinks installed where needed. There has also been a reduction in the number of visitors inside the Hospital compound as guards are at every entrance to ensure only close family come in. There are also new shelters with seating for relatives to sit down. Celebrations have taken place on "Global Hand Hygiene Day" and "International Health & Safety Day" with community people being invited to join in and listen to presentations on relevant issues. The usual coffee ceremony was also shared amongst everyone that attended. There have been community involvement days whereby we worked with another NGO to introduce Hand Hygiene into schools called the WASH project.

3.3 Sustainability of results

Please rate the sustainability of each of your project outcomes and goal and include brief notes on evidence, barriers and lessons learnt. Select your rating by highlighting the relevant value on the scale from 1 (= not sustainable) to 5 (=fully sustainable).

Indicator	On a scale from 1 to 5, how sustainable are your project outcomes/goal?	What is your evidence of sustainability and any barriers identified?	What have you learnt through your efforts to sustain these results?

Outcome 1: IPC Plan with clear Situational Analysis, rationale, activities, timeline, responsibilities and budget, signed off by Hospital and University Leadership by March 2016	1 2 3 4 5	There is an organised system to sustain IPC. There is full human resource, budget and also the department. Barriers – Turnover of staff; Lack of awareness; Lack of good attitude of the staff in implementation of the IPC Plan.	Difficult to create system to sustain the IPC Plan because some of the Medical staff are ignorant about IPC. (They thought the IPC Plan doesn't have any outcome for the patient). Hand Hygiene needs to be part of the Medical Curriculum.
Outcome 2: OH plan with clear Situational Analysis, rationale, activities, timeline, responsibilities and budget, signed off by Hospital and University Leadership by March 2016	1 2 3 **4** 5	There are no other OHS Offices at country level to share experience and other work related activity. Even the Ministry of Health does not have information about any other OHS activity. There needs to be a development of the OHS Officer role and a network of committed individuals.	There should be an in country successful programme ensuring that there are : Set standards Mentoring of staff Regular performance monitoring Consistent support by Management A system of feedback and reward Replication of best practice and Role Models.
Outcome 3:Number of Hand Hygiene Champions indicating awareness of good practice and readiness to engage with staff	1 2 3 4 5	There is sustainable training in IP (Hand Hygiene). The staff has good awareness about Hand Hygiene. Barriers- Shortage of alcohol hand rub and fixings to mount the hand rub bottles.	Some staff thought Hand Hygiene doesn't have any outcome for the patient – for the staff to prevent the cross contamination. Lack of water, sinks, ABHR is the reason for not to practice proper Hand Hygiene.

Goal: Examples of improved PS / OH practice as indicated by audits	1 2 3 **4** 5	Initial challenge from staff: There is no time to apply the standard; Nobody understands; Who is responsible Belief that change is not good for the organisation or the staff. Evidence – low infection rate in the OR.	Mentor the effectiveness of the training by: Spot check how staff are performing any new procedures; Assess whether recommended practices are being followed; Ensure necessary equipment and supplies are available and being used properly. Create awareness to staff about OHS activity. Decreased sharps injury from baseline. Vaccination for almost all staff. Treatment for those staff with positive Hepatitis B positive results.

3.4 M&E review

What has worked well with regards to your M&E activities since the start of your project? In light of any challenges experienced, what would you do differently? Maximum 300 words.

Staff training plans consisted of 1 x full day training in IPC and 1 x full day training in OHS for 500 staff. Training equipment was provided, which will sustain the training for a few years to come. A register of attendees with cadre and gender was maintained for both days and it was reported that all staff enjoyed it, learned a lot and have improved. If possible we would like to see Hand Hygiene as a part of the Medical Curriculum but we would see the training days to continue as they are.	
Celebrating the global Hand Hygiene Day and the global Occupation Health & Safety Day went very well with members of the Community attending on both days. Demonstrations and talks were given and everyone joined in and enjoyed the refreshments afterwards. We would definitely do these again and invite schools to come along.	
Hand Hygiene Champions were trained and appointed by the team. Each Champion was given a Hand Hygiene Champion badge and expected to promote Hand Hygiene in their clinical areas with all staff and improve compliance. We have not yet started the 3 month meetings with the Hand Hygiene Champions but they should start soon. Initially we only appointed Nurses but since then we have included cleaners and janitors.	

The CASH (Clean and Safer Hospitals) team met weekly with an agenda, minutes, plans, responsibilities and time frames – there have been many improvements throughout the hospital through this meeting including, number of working sinks with soap and water throughout the hospital. Improved toilet facilities, for patients and staff; creation of a placenta pit; improved environment of the hospital compound. Also reduced numbers of people coming into the hospital compound through the main entrances.	
With regard to the challenges our biggest was the availability of Alcohol Based Hand Rub components in the country – it was very difficult to get Ethanol 96%; Hydrogen Peroxide 3% and glycerol 98% all at the same time. Very often the glycerol was available and had to be mixed with 70% alcohol so soap procurement was increased and hand washing became more apparent. The State of Emergency caused some of these problems and it lasted for 6 months.	

3.5 Project beneficiaries

3.4.1 Beneficiary feedback

Please provide us with at least two quotes from overseas health workers, partners, stakeholders, patients, UK volunteers, etc., giving comments on the project or the progress achieved. Please include only those quotes that describe change in practice, rather than course feedback. Add more lines if necessary.

Full name, location and job title (if applicable)	Quote
Member of staff I met in the Hotel	I took my wife to the Maternity Ward for a follow up and the ward was very clean, staff washed their hands before examination and there were new delivery beds and a very clean delivery area.
Bikes Desita – from Gondar University Hospital Environmental Department.	Bikes Desita is a PhD student who has a special interest in waste disposal and helped do the baseline assessment. He is now a 2nd year PhD student and came back this week to observe the Hospital after I year of the project and said that there was a big improvement in Hand Hygiene and ward waste disposal system. He appreciated the change and took sample pictures for the purpose of his thesis and said to keep up the improvement and forward his deep admiration for everyone involved as the change agent.
Dr Yordanose (Intern)	Before the training, honestly speaking, I didn't have any knowledge of sharps injury, waste disposal, segregation of waste or skill and practice. After the training I have acquired a lot of knowledge, skill and good practice about Infection Prevention and Occupational Health.

3.6 Volunteer and Training Numbers

Each of the health partnerships has been asked by THET to gather standard data on training numbers, training days, volunteer numbers and volunteer days. These requirements are also included in the M&E work plan. Please complete the tables and questions below. ***In case of doubt about definitions and which numbers to include, please refer to the narrative reporting FAQ provided by THET. Please be careful not to double-count data you have previously reported.***

3.6.1 Number of health workers participating in training or mentoring

Please aggregate numbers for all training and mentoring conducted in this reporting period – there is no need to report each training course separately. Use the different columns, a – d, to disaggregate the training figures by who the trainees were trained by e.g. were nurses trained by local trainers (your ToTs) or by the UK trainers (volunteers)? NB Local trainers are those previously trained by the UK team (TOT trainees). Where a trainee has received some training from the UK team and some from local trainers, please only fill in the 'UK & local trainers' column. ***For guidance on which numbers to include please review the FAQ.***

Cadre	**No. of Health Workers trained by**							
	a) Local trainers		**b) UK trainers**		**c) UK & local trainers**		**d) Other**	
	Female	**Male**	**Female**	**Male**	**Female**	**Male**	**Female**	**Male**
Interns	59	181						
Janitors / Cleaners	105	52						
Nurses	58	45						
Audit Officer				1				
Project team			1	3				

Please report the total number of training days provided by the project in this reporting period. This includes on-the-job training days, mentoring time, practical training and classroom based training multiplied by the number of health workers trained. You can use the comment box to explain how you calculated these figures. Add more rows if necessary.

Cadre	**Total number of training days provided (no. of trainees multiplied by training days)**	**Further comments**
Example: Nurses	*20 (2-day training programme multiplied by 10 nurses attending training)*	
Interns	240 x 2 days	
Janitors / Cleaners	157 x 2 days	
Nurses	103 x 2 days	
Project team	5 x 9 days	UK based training
Project team	7 x 3 days	Addis Ababa based training
Project team workshops	6 x 1 - 4 days	

Hand Hygiene Champions	50 x 1 day	
IPC Nurse and OHS Nurse	2 x 2 days	Symposium attendance in Tanzania

3.6.2 Volunteering Data

Volunteer initials	Gender	Cadre	Agenda for change band / medical grade	Days spent volunteering in UK	Days spent volunteering overseas
SK	Female	Project Lead		62	32
Please add lines as necessary					

	Days spent in the UK by overseas partners
Female	
Male	

3.6.3 Volunteer professional development

THET and others have worked with Health Education England to produce a toolkit to help international health volunteers collect evidence of professional development while on placement. Please encourage your volunteers to access the toolkit at http://bit.ly/1CX8K0s before they go, and to fill in the anonymous online survey at https://www.surveymonkey.com/r/VolunteerAppraisalHPS once they have returned and had an annual appraisal / PDR / revalidation.

In these final stages of the HPS, the response rate to this survey is still quite low considering the number of UK health workers who have volunteered through health partnership projects. To ensure that robust evidence on the benefits of international volunteering for the UK health system can be presented to DFID in the HPS Completion Report, we would greatly appreciate if you could circulate the survey link to all your volunteers for past and present HPS projects and encourage them to complete it if they haven't already done so.

In order for THET to assess the response rate to the survey, please complete the table below.

Survey dissemination data (please provide cumulative figures)	**No.**
No. of UK volunteers appraised since returning from their overseas placements	
No. of UK volunteers you have sent the survey link to	

No. of volunteers who completed the survey	1

4 Partnership Development

4.1 Changes to the partnership

If your health partnership has developed in other significant ways in the last six months, please summarise them here. Maximum 200 words.

Our partnership has increased in numbers over the last 6 months. Our original IPC Nurse, Amsalu, was moved to the Quality Officer post, with some responsibility for IPC, and Yordanos Markos was invited to be the IPC Nurse so Amsalu remained on the team. Giziew, Health & Safety Officer, left to take up an academic post at the University. Aklilu was given responsibility for Hygiene and Sanitation in the new Referral Hospital so he joined our team. Avier, Addisu and Yalelet remained in post so we continued as a team of 7 with full support from Dr Meseret, Clinical Director. This team, under the guidance and support of Dr Meseret, is now a fully functioning independent team.
The project started with almost total dependence on me from the team in Gondar and ended with equality and the Gondar staff taking full responsibility for the future of IPC and OHS in their hands.

4.2 Partnership overview

How has your partnership evolved through the lifetime of the project in terms of quality and capacity to deliver?

Our partnership has greatly developed over the lifetime of the project. In the beginning I offered a lot of leadership, management and support. Coming to the end of our project although I still give mentorship the Gondar team have now taken full responsibility for the project, they lead their own meetings, they make all the action plans and follow everything through as a team. They have delivered everything we put in our project plan and more besides. In terms of quality they have completed work to a high standard and have developed staff in terms of Hand Hygiene, Infection Prevention and Control & Occupational Health & Safety.

4.3 The future of the partnership

How do you plan to work together in the coming months and years?

In our final training session in Addis Ababa we talked about the future. This full report will guide Senior Management in Gondar to continue the work that this project has developed and all have said they want to work together on another aspect of Patient Safety. We intend to apply for grants when possible and work together on that.

5 Lessons learnt

In this section we would like you to reflect upon the last six months and tell us about some other lessons you have learnt. They might relate to partnership development, project implementation, project and financial management, monitoring and evaluation or other aspects of your work. They may relate to very specific experiences (eg a meeting or conversation) or larger pieces of work.

We have asked the UK and the overseas country lead partners to report separately, so that we may understand more about your different perspectives. However, if the UK partner's lessons are the same as the overseas country partner's, please note it – there is no need to repeat yourselves.

5.1 Overseas country lead partner's perspective

Describe one piece of work that went better than expected	**What made it so successful?**
In our final training session in Addis Ababa we had the chance to communicate with the Ministry of Health, especially the IPC responsible person but there is no one at office level for OHS. We met with Dr Desalegn Tigabu about OHS, especially about occupational injury, like sharps and contacts with body fluids.	The good thing, but not expected, is that about the treatment of those staff with positive Hepatitis B results. We already discussed with delegated person at the Ministry of Health and Dr Belay came to the Hospital last week and rearranged drugs about occupational injury for the staff and community.
Describe one piece of work that went worse than expected	**What did you do to address it?**
Our project had difficulties following the plan because of access to finance in Gondar followed by the State of Emergency.	Communicate daily with the finance office and personnel to achieve our project goal and objectives on time. We also discussed among the team and the Hospital CEO and Clinical Director.

5.2 UK lead partner's perspective

Describe one piece of work that went better than expected	**What made it so successful?**
Team Development	Regular team meetings and workshops + good communication
Describe one piece of work that went worse than expected	**What did you do to address it?**
Finance was transferred to Gondar but the team were unable to access funds for 3 months. This happened again during the project once and despite e mails from the UK Lead things continued to be difficult. The UK Lead could not do a visit because there was a State of Emergency in the country.	Communications / Meetings. Finally one of the Gondar team communicated with Finance daily and it improved

6 THET's Performance

How satisfied you are with the support you have received from THET in the last 12 months? Please fill out a short survey (only two questions) by clicking on the link below. All your answers will remain anonymous.

https://www.surveymonkey.co.uk/r/THETassistance16-17

7 Finances

Were the funds solely managed in the UK or were funds transferred to an overseas partner and managed by both partners?

Some funds were transferred to Gondar University from Leicester University and managed by each partner. Access to funds by the Gondar team was delayed due to a complicated funding system. This was overcome by the UK partner meeting with the Finance Department whilst in Gondar initially but reverted to problems during the State of Emergency.

Please reflect on the chosen financial management arrangements that were implemented for this project and detail any particular challenges you faced in relation to managing the project budget and expenditure within the partnership (eg. transferring money overseas, exchange rates) and how these were overcome.

Financial management at Gondar University is managed very differently to the UK. It would appear that they have three different audit systems within the Finance department which I think did not help the project but did explain why it was so difficult to get copies of the receipts. The first funding was transferred from Leicester University in February 2016 but could not be accessed by the Gondar team until April/ May 2016. UK Project Lead visited in May and met with Finance Director but it took 3 more months to get copies of receipts from Gondar, which were in Amharic and needed further communication to understand the receipts and to identify spending. We have received no receipts from Gondar since May 2016 despite many requests. During visit in February 2017 a meeting took place and Project Lead was told that receipts would be sent soon. Receipts have started to arrive.

8 Other sources of information about your partnership and project

Please use the table to give summary information that is not limited to the HPS project and which will help THET to build a picture of your Health Partnership e.g. articles published, marketing or fundraising materials, photos. This information will provide valuable context for our work advocating the health partnerships model. Add more lines if necessary.

Source eg publication title, website name	**Where we can access it eg hyperlink, attachment**
Leicester Gondar Link Newsletter	Leicester Gondar Link website - next due May 2017
Teaching and Training	Photographs
Community involvement	Photographs

Visit to the Ministry of Health, Addis Ababa	Photograph