



Supporting the Leicester-Gondar Link

PROJECT UPDATES

Project Name : *(please highlight accordingly)*

- Operating Theatre (Jane & Peter Aires)
- **Bio-Medical Engineering Dept (Nick Brown)**
- Ophthalmology (Geoff Woodruff)
- University Projects (Mark Goodwin)
- Patient Safety (THET/DFID) / Nursing & IPC (Sandra Kemp)
- Orthopaedics & Trauma (Laurence Wicks)
- Mental Health (Lynn Wroe)
- Kolladiba (Christine Iliffe)
- Collaborative Teaching Programme / Endoscopy / Dietetic (Barrie Rathbone)
- Laboratory – Microbiology (Steve Hardy)
- Global Women's Health Collaborative (Doug Tincello)

Period Covered : 9th November 2017 – 15th March 2018

Gondar Hospital Maintenance Support Project – Feb 2018

This year, the hospital's administration has been assigned to work under the umbrella of the University of Gondar resulting in a few changes here and there in Administration. Biomedical Engineering (BME) has been assigned to liaise directly with the Clinical Director and all under the watchful eye of Dr Sisay, Dean of the Medical School and new Vice President.

On the maintenance front, the hospital welcomed back from Debre Marcos three diploma-level biomedical technicians including Hailu and Kassa who were well known (as electricians) around the hospital some years ago prior to leaving for college. All have just completed three years of full-time college education (run by the Swedish NGO group Human Bridge) giving them training in electrical and some biomedical equipment technology.

In addition, two recently qualified Biomedical (graduate) Engineers have been accepted by the hospital. If deciding to stay, then their duties will not only be to help with repairs on both a low and a high technical-level, but will also be expected to take part in setting up and running, under the current 'Lead' engineer, the existing workshop, possibly following guidelines implemented by the Korean Biomedical Project that should still be active throughout Ethiopia's University Hospitals.

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The clinical confidence in the team of the department requires building up due, in part, to their newly qualified team. They need to develop the necessary practical skills and expertise in their new field. The department looks forward to continued support from the new hospital administration, along with some firm leadership at its helm. If this is forthcoming, hopefully those technicians and engineers currently here and those who join later, will enjoy the daily challenges and decide to stay in Gondar – something so far rarely seen from the many graduate engineers who have already ‘passed through’ Gondar.

It should also be said again that the difficulties experienced by the department are due in large part to the intermittent electricity supply in the Gondar area. Until this number one ‘killer’ of much general medical and para-medical equipment and, in particular, the higher-tech systems of which there are now many is dealt with much equipment will remain out of service and, consequently shelved. The BME department will not only continue to fail in effecting in-house repairs, but will also be seen by others to fail to provide an effective repair service, a reputation they need to change soon.

The departmental benefits from the collaboration offered by the Korean aid project KOFIH. Already they have provided a new workshop building, some furniture, tools, some essential test equipment and finally, given some specialized training. Our workshop was inaugurated last summer. However, due to the delayed opening of the new Paediatric Hospital in which it is situated, the maintenance personnel have not yet been given access to their new premises.

The Link’s present contribution on this tour has continued to focus again on multiple challenges when sharing knowledge and practical expertise with personnel found in all the various maintenance areas in the hospital and, in particular, with new arrivals in the Biomedical Engineering workshop. In addition, time has again been given to the high-tech area of Radiology in which the new CT scanner is now up-and-running. In this area there has been a need to review the stream-lining of the Reporting Area’s network backbone, the need also to provide UPS backup for all reporting computers, and the plan to model the area for group reporting. This all improves the daily handling of all modalities - CT, General (digital) X-Ray, Ultrasound and, soon, MRI.

Owing to the mixed compliment now of both technicians and engineers in the department - all of whom have had a considerable number of years training in college and University - they now together have the opportunity on a daily basis to start to show themselves in the clinical arena. In return, they will get the much needed practical exposure in all aspects of work presented to those working with general electrical (and some mechanical) equipment repairs, but also with clinical equipment breakdowns that will soon start arriving at the door of the department workshop. Since they are all from the Gondar area, we look forward to those technicians and engineers that are here now, staying with the department well into the future.