A Story of Ashageru: From Hospital Orphan to Practicing Nurse

When the first paediatric staff from Leicester visited Gondar at the start of the Link partnership, they found around 15 orphans and abandoned children living permanently on the fringes of the children’s ward. Through the kindness of the medical and nursing staff in Gondar, these children were accommodated, fed, clothed and looked after as well as possible. However despite attempts to place them elsewhere, they existed as a small band of “refugees” within the hospital grounds.

One of the first tasks of the Link was to find a home for these children – through a local charity, the Kindu Trust – and to ensure that they were properly housed, clothed, fed and educated outside the hospital. Each of the children have been sponsored by individuals in Leicestershire – mainly UHL Trust staff. Ashageru is one such child. She has worked hard, succeeding in her secondary education and recently completing a nursing degree at Gondar University. She is now a proud, hardworking nurse on the medical wards in Gondar and is now completely independent, but the friendship between Ashageru and her sponsor will continue well into the future.

Ashageru and her sponsor Dr Elaine Carter, April 2010
UHL’s Former Medical Director’s Visit to Gondar in Connection with the African Partnerships for Patient Safety (APPS) Project

By Dr Allan Cole

The African Partnerships for Patient Safety (APPS) project was set up in 2009 under the auspices of the World Health Organisation (WHO). It aims to improve the safety of patient care by setting up partnerships between African and European hospitals. Partners will share effective initiatives which have been shown to avoid harm and errors within health care. Six partnerships have been set up and Leicester together with Gondar in Ethiopia was chosen to be one of the first. We were chosen because of the existing Leicester-Gondar Link. At a set-up meeting in October 2009 in Kampala, all partners met and agreed plans. Although there were significant differences between the plans of the six partnerships, there was broad agreement that infection control and safe surgery (a WHO initiative) was common to all and were the first priorities to be tackled.

The first visit from Leicester to Gondar as part of the project, was made in March this year and was designed as a fact finding visit in order to gain a better understanding of the context and to ensure that the right people would be involved in future visits. The visitors were myself, Sue Davey, senior infection control manager and Sandra Kemp, who initiated the Leicester bid and is the project coordinator for Leicester.

So what did we find? It is difficult to condense the massive amount we learned into a few short sentences but I can summarise it rather inadequately in a few bullet points:

• Compared to the UK, the funding of Health Care in Ethiopia is tiny. The hospital in Gondar serves a population of about 3-4 million and has a total workforce of about 500 compared to UHL serving a population of less than a million, with a workforce of about 12,000. In fact Gondar is one of the better provided cities for health care because of its 50 year history in training health professionals.

• The resources available to the country mean that the infrastructure of services and buildings is poor. The management of waste and sewage is very basic, water supply and plumbing is fragile and although the hospital itself has got its own electricity supply the state of the electrical wiring is worrying. There is no ambulance service and the transport infrastructure makes it difficult for many patients to get to the hospital in less than several days, however ill they may be.

• Despite all this, the staff at the hospital manage to give remarkable care in these difficult circumstances – the number of extremely sick and advanced cases being managed every day were many more than one would see in Leicester.

• With regard to Infection Control, it is not surprising given the environment and resources available, that there were many challenges from straight forward cleanliness to difficulties encountered with toilet facilities. The sewage infrastructure just cannot support more than a very limited number of toilets. The provision of running water and sinks was limited with barely one basin per ward actually working. The plumbing fragility meant that even a new sink had a very short working life. However, hand hygiene was recognised as important by most staff in Gondar and there is basic alcohol hand rub available. Unfortunately, its use was very and improving its availability is likely to be an important aspect of the project. We felt that investing in wash-basins to any great extent might not be particularly cost effective at this stage.

• The proposal to adopt the Safe Surgery checklist was welcomed by senior surgeons, by the operating theatre staff.

“...the funding of Health Care in Ethiopia is tiny. The hospital in Gondar serves a population of about 3-4 million and has a total workforce of about 500 compared to UHL serving a population of less than a million, with a workforce of about 12,000.”
It was a great privilege to have the opportunity and to examine the difficulties encountered in health care in Ethiopia at such close quarters...

and by the anesthetists (who were trained but not medically qualified). However, it had not yet been adopted for a number of reasons and it was evident that implementation would be a worthwhile challenge and should definitely be pursued within the project.

- A proposal was made to undertake a piece of bilateral research between academics in Gondar and the East Midlands to study the root causes of the common difficulty in changing the behaviour of clinicians to improve care. The aim would be to establish if the barriers are the same despite the huge difference in resources.

- There are other areas where a joint approach to patient safety could be beneficial – the maintenance of equipment was one, the improvement of laundry facilities in Gondar another and these will be considered in more detail as the project progresses.

Helping Gondar Graduates Moving from Study to Work

A project funded by England African Partnerships, British Council

A team led by Dr Mark Goodwin of the University of Leicester Genetics GENIE CETL Department and Gojjam Ademe of the Department of Tourism Gondar University have just completed a highly successful one year project.

Like other new Universities in Ethiopia, the University of Gondar has expanded from nothing to a sizable institution with well over 10,000 students within 5 years. Curricula have not had time to evolve appropriately, and new graduates are “on their own” once they leave the University with a degree. This project has shown how to gain information from students, new graduates, employers and tutors in order to answer the question: How should the curriculum be modified, in order to improve the employability of graduates? Many simple ways were found to improve the curriculum.

As a result of this study the University of Gondar will set up a Careers Advice Unit, something which is a well established tradition in British Universities. The Ministry of Tourism in Ethiopia will help Gondar to promote an Association of Tourism Professionals, in order to disseminate information about good practice. And here in Leicester, we have learned the importance of learning about the outcome of graduates in order to improve our own teaching programmes.

This success story brings benefits both to Leicester and to Gondar.

Left to right: Gojjam Ademe of the Department of Tourism Management at the Gondar workshop with Martin Pennington of SSDS and Craig Bartle and Mark Goodwin of GENIE
The Leicester-Gondar Medical Link is developing exciting new plans to upgrade the health centre in the town of Kola Diba, which lies 60km south-west of Gondar. The small and poorly equipped centre serves an area with a population of 480,000 people. The 2 midwives, 6 nurses and 3 health officers based at the centre see 500-600 patients per week. The Health Centre is visited once every two months by a team of two doctors and two nurses.

The main elements of the upgrade would be:

- Installation of an electricity generator and power stabiliser
- Creation of a 10-bed in-patient ward
- Upgrading laboratory equipment
- Providing better equipment for the centre’s delivery room
- Purchase of a motorbike ambulance to transport patients to the health centre and Gondar Hospital
- Training for health centre staff.

Successful implementation of the proposed project would provide the population around Kola Diba with a much improved health care facility. Life expectancy in rural Ethiopia currently averages 43 years and 12% of infants do not see their first birthday. The planned upgrade would enable improved health care accessibility and more effective diagnosis leading to a significant reduction in morbidity and mortality rates. There would be particular benefits for those most at risk, i.e. pregnant women and children under five.

This ambitious project is jointly led by Dr. Shitaye Alemu, Co-ordinator of Gondar Hospital’s Chronic Disease Programme and Dr Christine Iliffe from the UHL who visited Ethiopia in April this year to develop detailed plans. The estimated cost of the project is £42,000, with further capital and revenue funding will be required for the next five years. The regional government has been approached to seek their support to provide the additional staff required.

The project presents a significant fund-raising challenge for Health Action Leicester for Ethiopia (HALE) (the charity arm of the Leicester-Gondar Medical Link). A number of fund-raising events geared towards this project have already taken place including sponsored walk along Hadrians Wall, sponsored bike ride around Rutland Water, and Christmas raffle. Sponsorship is also being sort from a variety of NHS suppliers and other companies and providers of grant aid.

The planned upgrade would enable improved health care accessibility and more effective diagnosis leading to a significant reduction in morbidity and mortality rates.
As two British anaesthetic trainees, we have taken a one-year “OOPE” (Out Of Programme Experience, for the un-initiated) to come to work in the country’s third largest city. Amharic is the local language, but fortunately for us, the language of clinical teaching is English.

The hospital is a university teaching hospital serving a population of over 3 million and trains health professionals including anaesthetists. There are twelve BSc anaesthetists, but no physician anaesthetists in the hospital – hardly surprising in a country with fewer than 15 physician anaesthetists. The five operating theatres cover surgical specialties including general surgery, gynaecology and obstetrics, orthopaedics, urology, paediatrics and ophthalmology. Resources are limited, but currently there are pulse oximeters in all theatres.

Many patients present late in the course of their disease and therefore a high proportion of surgery involves complex major procedures. Particularly common general surgical cases include gastrojejunostomies (for gastric outflow obstruction secondary to very common peptic ulcer disease) and thyroidectomies (endemic goitre is common and severe). The latter group often present with massive goitres and distorted airway anatomy. In addition, occasional thoracic, neonatal and neurosurgical cases are undertaken. Post-operative care is provided by the surgical interns in the recovery room.

During our time here we have been involved in a number of different projects throughout the hospital involving expected (and often unexpected) challenges. Our roles have included clinical and formal teaching of very attentive anaesthetic students and graduates, designing and introducing drug administration charts to the hospital, conducting a number of audits, advising on a medical HDU and constructing and mending anaesthetic machines.

One of our major roles is to develop further training for the BSc graduates.

The key goals are to improve clinical practice as well as promoting evidence-based anaesthetics, increasing involvement in continued professional development and improving staff retention. In order to achieve these goals in the Ethiopian context, an MSc course is generally considered to be the most appropriate solution. We have written the curriculum and teaching will start in September 2010. One critical feature of the proposed curriculum is that it will be very clinically relevant and theatre-based, in contrast to the original BSc in Anaesthesia which contains a large theoretical component.

In Gondar, there is a small community of expatriates contributing to a very social and supportive atmosphere and benefiting from wonderful Ethiopian hospitality. We have all been bemused by a calendar system in which it is only 2002! Our excursions to the nearby Simien Mountains and Lake Tana have been memorable highlights.

Overall, we have had a varied and challenging time both inside and outside the hospital. However, what has made our trip so rewarding has been the chance to improve clinical practice, develop individual skills and have some influence on the direction anaesthetic practice is taking more widely in Ethiopia through the MSc development.

To succeed, the MSc course will need tutors from Britain, for periods of 3 months to a year (or more) from February 2011 to June 2012. Senior trainees (post-FRCA), consultants or retired anaesthetists in the UK would be ideal. This is an opportunity to provide relevant clinical teaching without having specific clinical commitments. The set-up will enable an interested anaesthetist to settle in rapidly, such that their time here is productive and rewarding. For anyone considering working in a developing country, this is somewhere you could have an incredibly beneficial role.

If you have any interest in this project, could consider working in Gondar or would just like to know more, please contact us at b.silverman@doctors.org.uk or j.cheong-leen@doctors.org.uk or the Leicester-Gondar Link administrator, Nichole Bruce, at nb50@le.ac.uk
I am an academic staff member of the University of Gonder Ophthalmology department currently pursuing postgraduate training at Addis Ababa University Medical Faculty. My detachment from direct involvement in the academic and other activities of my home institution in Gonder for the last four years has not affected my keen interest in new developments there. The Gonder-Leicester-Medical Link is the main overseas link established by the University of Gonder. Thanks to the dedicated staff at the University of Leicester, the link has so far undertaken several fruitful collaboration activities in Gonder. Because of this, I have been actively following developments related to the link as I am interested to be part of this fruitful process in the future.

But it was my wish to gain a short term clinical experience in a western eye care set up and to supplement my current study in Addis that lead me to apply for International Council of Ophthalmology (ICO) fellowship program and naturally Leicester Ophthalmology Department was the ideal host institution for a clinical observership.

Due to Dr Sandy Holt-Wilson’s generous support and Leicester eye surgeons’ kind consideration of my application, I got support for a one month (May 2010) clinical elective attachment at ophthalmology department of Leicester University. I am sure anybody with modest knowledge of eye care services in Ethiopia knows Dr Holt-Wilson and his efforts as well as his accomplishments to improve eye care in Gonder and Ethiopia at large.

Before my travel to Leicester, I met professor Mike Silverman, here in Addis Ababa. My stay in Leicester became successful because of Professor Silverman’s and Nichole Bruce’s kind support and help in arranging my accommodation as well as their continuous support throughout my stay in Leicester.

My clinical attachment was mainly focused on diagnosis and treatment of vitreo-retinal diseases and I did most of my attachment with Dr Somnath Banerjee, the retinal surgeon. I also had attachment at the Ophthalmic Imaging Department and observed newer and high tech eye imaging technologies such as ocular coherence tomography, fluorescein retinal angiography, computerized keratovideography. These technologies are not currently available in my training institution at home and it was valuable experience for me to be familiar with them as it is likely that we will start to use them in Ethiopia in the near future.

Apart from my clinical experience, I met other ophthalmologists in Leicester and discussed about how to strengthen the link between the ophthalmology departments of Gonder and Leicester in the future. I was especially pleased to meet Dr John Sandford-Smith, the retired Leicester eye surgeon who has extensive experience in eye care in Africa and wrote two books about ophthalmology in Africa which are used by all ophthalmology students throughout Africa. It was also very important for me to meet Dr Geoffrey Woodruff, the Pediatric Ophthalmologist in and to hear of his keen interest to be involved in the Link and I am hopeful that he will be of great help for us in Gonder as there is a plan to establish a regional pediatric ophthalmology center in Gonder next year.

My attachment in Leicester was, as I expected, an eye opening experience of a high tech and advanced eye care and training. It was an important supplement to my current study at home and will have a profound effect in my future effort to further develop professionally.

To contact Asamere Tsegaw email asameret@yahoo.com
Physiotherapy in Gondar – New Trainees for a New Service

This great success story for the Leicester-Gondar Medical Link partnership began some 12 years ago. A survey carried out by Dr John Moore from Leicester and Dr Girmaye of the Department of Surgery Gondar, highlighted the enormous level of physical handicap in Ethiopia. In contrast, there were no physiotherapy or rehabilitation services at the time.

The Link sponsored two young nurses Engadaye and Manayesh to spend 3 months in Addis Ababa training as physiotherapy assistants. Meanwhile a Physiotherapy Department was constructed with Link resources and when they returned, they established the first rudimentary physiotherapy department in the area. 5 years ago, a full training programme for physiotherapists was set up in Gondar leading to a BSc in Physiotherapy. Again we sponsored Engadaye and Manayesh to enrol on the course, and they were amongst the first batch of graduates.

There is now a fully fledged physiotherapy service, with a well appointed therapy area constructed with support from the Link, by the charity dndi.

Clinical Audit – A First for Ethiopia

Clinical Audit is a core process within the NHS. It is an everyday part of working life. Questioning what we do, examining the evidence and working to improve the quality of care through the Audit Cycle has almost become an automatic reflex. Not so in Ethiopia – until recently!

A group from the CASE team (Carmel Archdeacon and Chris Braybrook) working with Dr Elaine Carter, paediatrician LRI, and Dr Sisay Yifru a paediatrician and currently the Dean in Gondar, set up a Clinical Audit in Gondar which was the first in Ethiopia.

After 3 years of successful work, and with many clinical audits to their credit, this year a National Workshop was held in Gondar, funded from Link resources. Representatives of 5 other training centres together with the Ministry of Health attended and as the result of a very successful workshop, the Ministry has decreed that clinical audit will be introduced throughout Ethiopia!

In a resource-poor country like Ethiopia, cost-effective measures to improve quality are clearly vital. Clinical audit is one of these. It costs little for people to reflect on their practice, and to use audit tools to improve. Again this is an example of the way in which a small investment of resources provided by the Leicester-Gondar Medical Link, has led to a great impact. A wave of interest in clinical audit has spread from Gondar to the rest of Ethiopia.

Leicester Students’ Union Works to Help Ethiopia

This year the Students’ Union has been very keen to support the Gondar Link and various fundraising events. We have started conversation with the Students Union Association in Gondar and are keen to continue exploring links between Leicester students and those in Gondar.

At the beginning of the academic year we launched the “Recycle your mobile phone” initiative. The Raising and Giving (RAG) Association were extremely helpful in logging the old mobile phones. This is an on-going project, so for those of you that still have old phones cluttering up your desk please pop them in the internal mail addressed to Kate Newton, Students’ Union, University of Leicester.

More recently I participated in the sponsored bike ride around Rutland Water and whilst this was meant to be a sponsored 17 mile ride, we ended up doing 25 miles which was totally hilarious on a tandem bike and even included an ice-cream break by the picturesque Normanton Church! The event attracted over 30 riders on a fabulously sunny day with a sumptuous picnic provided at the end. Most of the participants were not students but judging by the success of the event, I look forward to exploring further fundraising events to include more of Leicester’s students such as Cricket Matches over the coming year!

If you would like further information about the Leicester-Gondar Link, please contact our Link Administrator, Nichole Bruce on Telephone 0116 252 5321 email nb50@le.ac.uk or see our website at www.le.ac.uk/gondar

Kate Newton
Welfare and International Executive Officer
University of Leicester Students’ Union
Advancing Clinical and Laboratory Practice in Gondar

The Medical Link between Gondar and Leicester has always had professional development at its heart.

For example, some 7 or 8 years ago, with a grant from the British Council, the Masters Degree in Public Health (MPH) programme was created in Gondar. Many Gondar staff spent time in Leicester (at the old Epidemiology Department – now the Department of Health Sciences) to create the curriculum. At the time, this was an innovative scheme: Gondar led the way in part-time, flexible, professional, postgraduate training! The MPH has since evolved from a single track into a flexible, multi-track degree with; a common core phase followed by specialist tracks leading to degrees in: Maternal and Child Health, Public Health, Epidemiology, Nutrition, Health Service Management and Health Informatics. This self-sustaining programme is a prime example of the way in which the Link operates at its best.

Ethiopia has invested vast amounts in basic training for health professionals. However, postgraduate support has been patchy. There is no regular in-service training for health professionals. One nurse in Gondar recently told us that during 30 years of continuous service, she had never received training to update her skills.

This problem has been recognised by Gondar University, the Ethiopian Ministry of Health and Leicester-based members of the Link partnership. The result is a brand new MSc degree in Advanced Clinical and Laboratory Practice which will recruit its first intake of students in September this year. The first intake will include:

- Physiotherapists
- Midwives
- Anaesthetists
- Clinical Laboratory (Biomedical) Scientists

Curricula have been prepared and the teaching will be conducted jointly by Ethiopian, UK and Gondor staff. Some of the staff from Leicester, for instance will visit to teach and assess individual modules while others will remain in Gondar for periods of between 3 months and 12 months to teach and practice their specialist skills. The first term will consist of core modules. All of the students will learn together, this multi-professional teaching should help to break down barriers.

This is a novel programme for Ethiopia. It will act as a model for the rest of the country. In particular, whereas many courses in Ethiopia have a high theoretical content, this programme will be intensively practical. It will introduce active learning methods into Ethiopia, and assessment by means of assignments rather than formal examinations.

The graduates will become the clinical and laboratory leaders of the future. Next year there is a plan to add an MSc in Clinical Nursing and an MSc in Clinical Pharmacy.

Meet the Administrators

Gondar

My name is Solomon Assefa and I have worked as a Nurse Gastrointestinal Endoscopist at the Gondar University Hospital for the last eight years. During this time I have familiarised myself with the varied nursing function and I believe that my practical work experience and educational background enable me to make a valuable contribution to the Gondar University Hospital.

I have experience of providing practical instruction for nursing students from various levels at the Gondar University, and my nursing experience in the Hospital has also afforded me great exposure with the added opportunity to participate in various procedures.

I have also worked closely with the Gondar College of Health Sciences information and communication technology department for the last five years and with other health professionals by supporting them to store, share, transmit and analyze clinical knowledge and data. I am well versed in the areas of Health Informatics and I am greatly enjoying the challenges my dual role has to offer and in this unique position I am working collaboratively with a talented group of IT professionals. In addition to this I am studying for my Second Degree in Health Informatics.

My final role is as the Ethiopia-based Administrator and Co-ordinator for the Gondar- Leicester Link, which has required commitment, time management and, often, a well regarded sense of humour. I am responsible for ensuring effective link communications, facilitating and organizing visits from UK to Gondar and link activities as well as coordinating and ensuring the productiveness of visits of staff from Leicester to Gondar.

Leicester

My name is Nichole Bruce and I have been employed in varying administrative capacities within the University of Leicester for 10 years. I started working for the Leicester-Gondar Link as its’ UK Administrator in September 2008, attracted into applying by the fantastic work the Link had been undertaking. I had the privilege of travelling to Ethiopia during March 2009 seeing first-hand some of the ground-breaking achievements of the Link, which galvanised my resolve to help ensure the Link grows and flourishes.

In my role I am responsible for ensuring effective link communications, producing the biannual newsletter, fundraising efforts as well as coordinating and ensuring the productiveness of visits of staff from Gondar to Leicester and sourcing and arranging travel for staff visiting Gondar. I also serve as secretary for both the University and Medical Link Committees and support the Chairs of both committees in all Link related work.

Outside my role at the University, I am treasurer and trustee for a local charity helping to support and promote children's musical education as well as studying by distance learning for my first degree in English Literature and Language.