Leicester-Gondar Ophthalmology Link Established

The long awaited Royal Infirmary needs assessment visit of ophthalmologists from Leicester Ophthalmology Department to its respective department in Gondar completed successfully in March 2013. The team of ophthalmologists and optometrist from Leicester was led by Geoffrey Woodruff, emeritus paediatric ophthalmologist at Leicester Royal Infirmary.

During its one week stay in Gondar, the team gave lectures to residents and staff of the ophthalmology department of Gondar University and participated in patient care with the eye care staff in the Department. At the conclusion of the visit, the Leicester team had a joint meeting with its counterpart in Gondar and discussed the long and short term activity plans of the eye link.

One of the short term activity plans given priority is the bilateral resident exchange program. With this scheme, Dr. Bethelihem Girma and Dr Teshager Wondale, both senior ophthalmology residents at the Department of Ophthalmology in Gondar will have a one month clinical attachment at the Ophthalmology Department in Leicester. Similarly, ophthalmology residents from Leicester will visit Gondar for an elective clinical attachment in the eye department.

The ophthalmology link steering groups from Leicester and Gondar Universities were established one year ago. Both teams have been working on a big project proposal to establish an official link with multiple activity plans with good financial back up through the VISION2020 LINKS program. The VISION2020 LINKS program is based at London School of Hygiene and Tropical Medicine with the aim of establishing well-funded collaborative links between eye hospitals in the UK and in Africa.

After Addis Ababa University Ophthalmology Department, Gondar will be only the second eye care centre in Ethiopia to have a VISION2020 link with a UK institution.

Written by Asamere Tsegaw, MD
Ophthalmology Department, University of Gondar
Concern about Patient Safety in African hospitals was the driving force for this WHO project. At the first “APPS Symposium” conference held in Manchester earlier this year, Sandra Kemp, for University Hospitals of Leicester (UHL) NHS Trust, who led the project in partnership with Dr Gashaw of Gondar University Hospital, showed that the work had made a difference - both in Gondar and Leicester.

The Leicester-Gondar Link was chosen by WHO Africa Region in 2009 as one of the 3 pioneer partnerships for the new programme. Five primary areas were chosen for the first 3-year plan of the project.

1. **Hand hygiene** - a critical issue giving the absence of functional sinks in patient-care areas in Gondar. Alcohol-based hand rub (ABHR) is now being made and distributed in Gondar. Audit surveys have shown that it is increasingly used by staff and carers as well as some of the patients.

2. **Safe surgical care** - the introduction of the WHO Surgical Checklist, a tool to reduce errors in operating rooms. Again audit has shown very good take-up in Gondar. It would be encouraging to show that this also reduces morbidity, but collecting accurate long-term data is not yet possible.

3. **Health worker protection** - a widely neglected aspect of African hospital management. A team was set up in Gondar with the guidance from Dr Margaret Leverment, Head of Occupational Health at UHL NHS Trust. Changes of staffing in Gondar have temporarily halted this work.

4. **Waste management** - a priority theme chosen by Gondar staff. Training was given to an individual from Gondar in Leicester but this individual left the hospital soon after return. Since then a system of separating different types of waste materials into different containers has been introduced. They are then disposed of in different ways. Safety boxes have been introduced in all areas for disposal of needles and syringes and audit has shown an improvement in dealing with this type of waste.

5. **Research** - the WHO programme is a partnership and both parties should gain from it. The partnership of Emmilie Aveling of the University of Leicester and Ansha Nega from Gondar are looking at the effectiveness of health partnerships to deliver change. This is on-going.

Despite many frustrations and setbacks, the project has had some valuable outcomes. WHO has learnt from our experience whilst expanding the programme with a second wave of partners.

Written by: Sandra Kemp
Leicester lead for the African Partnerships in Patient Safety project

---

Hand hygiene poster competition run at local primary school in Gondar to highlight issue.
Report on the Joint Efforts to Produce a sustainable Masters Degree in Clinical Laboratory Sciences in the Universities of Gondar and Jimma in Ethiopia

This ambitious project emerged from the invitation of Professor Liz Trimble to visit the laboratories in Gondar and Jimma to evaluate their potential to set up tests for the chronic diseases project led by Professor Eldryd Parry of the Tropical Health and Education Trust (THET).

When I saw for myself the lack of facilities available it became clear that in order for any improvements to be made, there was need for a major renewal of the service, starting from the basic building blocks. It was decided that the best way forward was to provide the opportunity for continuing professional development (CPD). A network of contacts in Ethiopia was formed and a consensus reached that the best way to move the discipline forward was to by means of a professional Masters Degree, in Clinical Laboratory Sciences.

Upon my return to the UK I learned of the work with the Leicester-Gondar Link. This led to several exchanges with Professor Mike Silverman who was planning with Dr Assefa (the Dean in Gondar at the time) to initiate a Masters in Advanced Clinical Practice in various other disciplines. Discussions took place about the feasibility of putting together a UK led initiative to produce and support an MSc course in Clinical Laboratory Sciences was debated.

Using our respective networks, we were able to form a small team and set up a series of meetings aimed at fleshing out the mechanisms and responsibilities involved in a complex task such as this.

Academic interest was not enough. The ability to push the project forward depended on financing from sources that were interested in advancing the knowledge base of a developing country.

Many drug companies were approached, but sadly none provided funding. Perseverance paid off finally with an application made to the Sir Halley Stewart Foundation Trust who embraced the concept wholeheartedly.

Another meeting in Gondar put the curriculum in sharper focus and with the input from the Ethiopian Ministry of Education. A course structure was agreed upon, whilst back in the UK the team of dedicated teachers and trainers were finally put together.

The UK Institute of Biomedical Sciences (IBMS) curriculum was eventually used as a template for the nascent degree program and the individual modules formed around it.

Travel was going to be a problem, with the coordination of the busy UK volunteers involved, since it needed time allocation for teaching and travel arrangements to be made. This large and essential part of the project was handled superbly by the Leicester-Gondar Link, in the UK by Nichole Bruce and Ethiopia by Solomon Assefa. The 2 year program required arrangements to be made for transport and accommodation of 17 individuals in the specialty program and 8 in the core modules. Because of their UK duties and responsibilities, large amounts of flexibility were called for among the participants and we got through with determination and perseverance. The real stumbling block for the project, proved to be the underlying need for better equipped laboratories both in Jimma and Gondar Universities and their respective Hospitals.

Of the 21 students initially enrolled, 2 dropped out for personal reasons, and 18 managed to successfully complete the course.

Overall the project took less than 4 years from conception to completion. Over the 2 year period of the course the students came to know the teachers and gained the confidence to continue the course under their own management.

The teaching and mentoring staff indeed went the full mile. Most found it a rewarding experience, where strong bonds were formed internally and externally with the students and local University officials. This was a 2-way learning process and ended with a sense of achievement on all sides.

Written by Zahra Khatami

First graduates of the MSc in Advanced Laboratory Practice—Gondar 2011
First Impressions of Ethiopia During a Mental Health Visit

Many of you will be aware that Leicester health professionals (the NHS Trusts) and the medical and Nursing Schools have Links with developing countries such as Nigeria, India and Ethiopia. The Ethiopia links are coordinated and supported by Health Action Leicester for Ethiopia (HALE), the charitable ‘parent’ of the Leicester-Gondar Link. We participate in the mental health projects in Gondar, Ethiopia.

My interest started after a conversation with a friend who had been involved for a number of years with the Gondar project, specifically in community rehabilitation for children. I attended a number of Link meetings, wondering how my experience in learning difficulties could be useful.

I was invited to go on a group visit to Gondar in October 2012, fully reassured that my background would be useful.

I travelled with a mixed group of school teachers, a gastroenterologist, and a mental health team. They were all supportive of first-timers, arranging visits to the various projects.

On my first morning I attended the psychiatric outpatient clinic run by a mental health nurse. This clinic has a catchment population of around 5 million. Patients often walk for days to attend, sometimes accompanied and restrained by their relatives. Anyone can attend with any mental health problem. The nurse has to assess, diagnose and prescribe treatment from a small range of drugs within 10-15 mins, and then give advice to the patient and family. Access to healthcare is free but medicines have to be paid for. Once the patient returns home, there is no community follow-up and no monitoring for side effects or efficiency. The patient may return to clinic in weeks or months or never be seen again.

We were shown the site of the new Psychiatric Unit - the first such in the Region, a project being supported by the Leicestershire Partnership Mental Health Team, and witnessed the felling of a tree to make space for the new building. A crowd gathered looking on as the tree came down. Quite a few had to run to avoid being flattened!

On another day I visited a small health clinics in a village near the Sudan border. The staff explained the range of health issues they have to deal with. Part of their role is to keep statistics on malaria and HIV for the Health Ministry. We were invited to help diagnose a young police woman who probably had epilepsy. The staff explained how education programmes were helping overcome the stigma associated with such conditions.

A polio education programme was in progress during our visit. Throughout the day it stuck me that the staff imaginatively made use of few resources. How local people sat in the sun and dust awaiting their turn to be seen. As we were leaving, a man ran after us and asked us to see his cold-chain storage area. This was a room with a tin roof containing some ancient fridges with vaccines. He was very proud, explaining how the process worked and he was responsible for keeping the vaccines stored correctly.

One of the most interesting and moving days was spent with the Community-based Rehabilitation Project, run out of a small office in Gondar Hospital. Community workers work locally to provide support, help and advice to families with children who have a disability. It is partly funded by Save the Children and other charities, but again it is the commitment of local staff using very limited resources that enable it to function. On one day I was led for about 40 minutes along dusty roads and tracks to mud walled houses with corrugated iron roofs. We arrived at a house with a small yard. There we were met by a small girl of 6 with a diagnosis of autism and learning disability. We sat with her mother and the community worker while her progress was discussed. She played with and hugged us and interacted well making good eye contact, questioning the autism diagnosis. But she obviously had a learning disability. The only resource available to interact with the girl was some bottle tops to help her count. A toileting programme was in place to help improve her continence prior to her starting school.

After this visit we walked beyond Gondar, along a dried up river and then over an open sewer to another mud-walled house to see a young man of 17. He wasn’t in so we waited with his family and younger siblings in the smoky semi-lit hut. Various others joined to see the ‘Ferengi’ (foreigners). When he eventually arrived he showed us his school book...
and the teacher’s comments. It was obvious they took no account of his learning disability when marking his work. The teaching for pupils of his age is done in English, so those with a learning difficulty have to learn using a second language - not their native Amharic. This young man was due to start work with a furniture-making project. He would probably earn approximately £2 a week, enough to help provide for his family.

Over the rest of my time in Gondar I was involved presenting a session on learning difficulties and mental health to medical students, which included doing some role play to enable the students to practice diagnostic skills.

A very impressive project was run by the Kindu Trust, based in Gondar. It arranges sponsorship to maintain and educate orphans and children from destitute families. Once accepted they are supported by sponsors from the UK and elsewhere. If a child is recruited into the project, then the rest of the family become eligible for access to free healthcare. The Trust is very innovative and can provide loans and training to enable people to become self-sufficient, for example buy a sewing machine and setting up in business. Currently they are involved in a small community of 200 people with no sanitation. They are helping fund a biogas project that will use animal and human waste to generate electricity and also solve the sanitation problem. The Kindu Trust supports mothers and guardians of children in the project who are HIV positive by bringing them together via coffee mornings to discuss health education and spin cotton to produce goods that can be sold in the gift shop or local market.

This is just a flavour of the work that is being done in Gondar, but for me was an introduction to possible future involvement. Having seen what is being done there, I would certainly like to return, but next time with a more focus on the new psychiatric unit and the community-based rehabilitation project.

Written by Gordon Walker

---

The First Link Sponsored South—South Collaboration

As part of the hand hygiene part of the African Partnerships for Patient Safety (APPS) programme alcohol based hand rub (ABHR) was introduced across Gondar hospital. It however proved a severe challenge to obtain sustainable supplies of the ready manufactured solution.

Gondar Hospital decided that in order to ensure a cost effective secure and sustainable supply of ABHR solution to best course of action was to manufacture the solution on the hospital site. The hospital made a commitment to ensure that there is a budget allocated to purchase all of the ingredients needed and to integrate all of the activities into the hospital systems.

To this aim, supported by the World Health Organization (WHO) funded APPS programme Endalkachew Admassi and Fekade Haile, two Gondar Hospital pharmacists, travelled to an APPS partner hospital in Kamuzu in Lilongwe, Malawi to receive training on the production of ABHR.

The objectives of the training were to:
- review best practice protocols for the use of ABHR as an infection prevention tool.
- learn how different disinfectants can be sustainably acquired
- learn how ABHR is produced in Kamuzu
- observe the communication lines between pharmacy unit and Wards in Kamuzu hospital
- share experiences on safe disposal of waste pharmaceuticals and other hospital waste in an environmentally friendly way

The team managed to formulate 10 litres of ABHR during the training.

The Gondar team were able to share their experiences and common challenges of using ABHR in Gondar Hospital and Kamuzu. One problem in Kamuzu is the loss of individual small dispenser bottles. Gondar hospital actually use larger bottles fixed to each patient’s bedside which avoids this problem.

On returning back from Malawi, the team plan to:
- develop protocols for the disposal of pharmaceutical waste
- run a staff education programme on the use of ABHR.
- Start the production of ABHR for Gondar Hospital

Both Endalkachew Admassi and Fekade Haile expressed gratitude towards the partners in Malawi for hosting and looking after them during this training and for the support and funding from the APPS partners in Leicester and the WHO.

Written by Edalkachew Admassi and Fekade Haile

---

Leicester—Gondar Link Newsletter—July 2013
Adopting novel ways of delivering midwifery training

I am a midwife from Brecon Birth centre, Mid-Wales. Last November I was invited to organise and participate in a two week Gondar/Leicester Midwifery training project, part of the Koladiba Community Project run by Christine Iliffe and Dr Shitaye. The Leicester-Gondar Link had immediately struck me as organised, dynamic and dedicated (all the things I aspire to be!) so I jumped at the chance. I met up with Becki Crook and Zaheera Essat - two lovely midwives from Leicester and we liaised with Tatek and Endeshaw - our Ethiopian midwifery colleagues. Together we devised a midwifery training workshop aimed at encouraging ‘safe birth’ practice and coping with obstetric emergencies.

My main contribution to the week came in the form of a pair of old tracksuit trousers, a pink sleeve from a jumper and a plastic baby doll. In the UK we use mannequins to train our midwives, however they cost £1000’s, so I devised kit for £3.00 which was slightly more portable! I fashioned a uterus from the sleeve with the baby doll inside and put them in the trousers. We took it in turns to wear the trousers and practice ‘giving birth’ in different positions. It is usually safer and more effective to push your baby out in an upright position - just like going to the toilet! But many countries including our own adopted the custom of women giving birth on their backs with their feet in stirrups. This can feel very impersonal, undignified and exposed - try it at home! Over time hospitals and mothers have started to realise that the original ways were the best and women will naturally adopt an upright position if left to their own devices. This way gravity, the position of the baby and the mothers movement aid the birth rather than hinder it.

Anyway, back to my main point... In Gondar, we were trying to sow the seeds of confidence in the local midwives, to allow women to give birth adopting a birth position that was beneficial for them and with more privacy, dignity and respect. This in turn would have the potential for improving the mothers recovery and neonatal outcomes. We would also hope it would encourage a mother to return to the hospital for her next baby. All the midwives we met were very knowledgeable and it was a pleasure to work with them devising ways to make the local mothers experiences more positive and less frightening.

Written by Rachel Gasgoine, Midwife from Mid-Wales

Reflections on supporting midwifery training in Gondar

I have been a midwife for just over two years and currently practice in an obstetric led maternity unit in Leicester, which is the home of many diverse cultures and religions. My role involves caring for both high and low risk women during the intrapartum and immediate postnatal period. Saving women’s lives through safe holistic practice is a key area in my passion for midwifery, therefore travelling to Ethiopia to share my passion with others and transfer our knowledge through a pioneering Midwifery training course was an outstanding opportunity that I had to grasp.

It was evident that the customary teaching methods in Ethiopia are directive, where the students acquire prescribed subject matter, rather than being self-directed and student-centred learning. The course we delivered introduced experiential learning and alternative teaching styles through role-play, active discussion and student-led group work, thus attempting to adopt student-centred approach. I fell strongly that practical immersion is key in influencing practice. This experiential learning often created debate and discussion in the group, which enabled us to obtain information about current obstetric practices in Ethiopia and therefore allowed our teaching to be relevant and contemporary. During the four-day training period it became apparent that the two vital concerns were the theory-practice gap and the communication between families, traditional birth attendants (TBA’s), health extension workers (HEW’s) and midwives.
Many of the midwives had a significant theoretical background and could answer the academic questions, however application to practice was somewhat disjointed. We felt this may be related to poor practical exposure during their student training.

Occasionally we visited the labour ward where the situation looked rather dire. Yet in the midst of grime and pain, the women’s resilience shone through.

They smiled and invited us into their lives. The women were not given analgesia, as pain is viewed as a part of life, and limited funds need to contribute towards other vital medicines and equipment. However, in the UK much of my practice involves pain management, as women consider analgesia to be part of their childbirth package.

A particular heart-breaking case involved a woman, who had an emergency caesarean section for uterine rupture and foetal death of her first baby. She cried out in pain. She was placed in the same room with other women and their newborns; she had no analgesia, yet I think the physical pain was not as deep as the emotional pain of losing her baby and being exposed to other live newborns. She lay empty and childless. In the UK stillbirth is approached with much sensitivity. The woman is allocated a separate room, free access to visitors, a memory box, professional photos and time with her deceased baby at her discretion. However, stillbirth and neonatal deaths are more common and so are normalised in Ethiopia. So the situation is not approached in a woman-centred fashion. The woman is allocated a separate room, free access to visitors, a memory box, professional photos and time with her deceased baby at her discretion. However, stillbirth and neonatal deaths are more common and so are normalised in Ethiopia. So the situation is not approached in a woman-centred fashion. This left me feeling raw and that her rights to basic needs had been violated. Emotional wellbeing and mental health wasn’t talked about, yet in the UK the woman would be offered counselling, follow up and subsequent pre-conceptual advice. I just hope that the women in her village care for her closely, as it is common for women to be ostracised due to childlessness, whether that be through infertility or loss.

I want to highlight that this is not a reflection on the staff, as it was evident that staff morale was low. They are aware that the care and facilities are dangerous and poverty is causing their jobs to be strenuous and demanding. Indeed practice could be improved through training. The nurses and doctors are willing to learn, which is encouraging for the future. What I witnessed in Ethiopia will live with me forever and it has positively affected my overall perception on life and encouraged me to be thankful for the outstanding work of the NHS.

I feel I have developed more in the two weeks in Ethiopia, than I ever have before. I hope I will continue to develop and grow and Ethiopia will always be a tangible part of my life. I have learnt that I could continue to give aid, however aid isn’t sustainable. What the team and I gave to the midwives were tools, to plough the field of their expertise. It is the transfer of skills and knowledge that will equip them and improve their practice. This in turn will ultimately affect women’s lives in a positive way. Through the partnering of education, we have given midwives the tools to empower other healthcare professionals in disseminating their knowledge and skills. Also we hope they will empower women and their families towards achieving a safe birth.

Many Thanks to the Leicester-Gondar Link for inviting me to be a part of this inspirational and influential journey to Ethiopia.

Written by Becki Crook, Midwife from University Hospitals of Leicester (UHL) NHS Trust

The Maternity Ward in Gondar Hospital
Building a New Psychiatric Ward in Gondar

There has been exciting progress on building the new psychiatric ward. When we visited in October 2013 the land was being prepared and now through the hard work of all those in Gondar, the ward is nearly finished.

In the UK we have been doing more events to help raise funds for the building. We have had a Chinese buffet and auction, held concerts, packed bags at supermarkets, given talks to meetings, had non uniform days at school, organised a sponsored walk and sold wrist bands. Each event has raised funds and gradually we have reached our goals. We are also very grateful for a donation that was given by one of our Leicester based charities, Norton House which exists to provide housing and support for people recovering from mental illness in Leicestershire.

We are hoping that it will not be long before the new ward is able to take in the first patients. This work will build on the existing work that has been done in the psychiatric clinic which has been running for many years with some very dedicated staff. As well as providing a service for patients it will increase the opportunities for students and trainees to do clinical practice in Gondar. Over the next months and years we hope that we will see an increased service for people with mental health problems living in and around Gondar.

Written by Heather Dipple, Chair of the Leicester-Gondar Link and Lead on the Mental Health Projects with Gondar.

Dr Kesetebirhan Admasu, Minister of Health Visits the New Psychiatric Ward

The Minister of Health his Excellency Dr Kesetebirhan Admasu, the North Gondar Administrator and University of Gondar Management visited the University of Gondar.

The reason for the party’s visit was primarily to see the challenges, solutions and need of the health service in the Amhara region, including Gondar Referral Hospital.

His Excellency mentioned and admired the commitment of Dr Heather and her colleagues in taking this humble idea to fruition for the benefit of public service in Gondar. He also mentioned that when the psychiatry ward is completed, the service will be the first in the Amhara region.

After a complete tour of the finalized building, he again thanked Dr Heather and her colleagues.

Written by Solomon Assefa

Fundraising events are still being organized and run to support psychiatric care in Gondar. Please keep checking our website www.le.ac.uk/gondar as these are updated regularly.
Leicester Ophthalmology & Radiology Groups Assessment Visit to Gondar

Geoff Woodruff, recently retired Consultant Paediatric Ophthalmologist; Nita Odedra, Optometrist at LRI; Tim Smith, a retired G.P. with Ophthalmology experience; and Hilary Smith, retired Consultant Radiologist.

There are good reasons to visit Ethiopia; for a start it is warm and has sunshine. Our reason to visit was to make a needs assessment of the Ophthalmology Department and the Radiology Department of Gondar University Hospital on behalf of the Link programme.

What an experience, uplifting, frustrating and upsetting at times; the late presentation of diseases, poverty and its consequences, but good work, care and aspiration, in the face of difficulties.

The Ophthalmology Department is recently built, has good clinical and training facilities and well trained staff. The spectrum of eye diseases is similar to that in the UK, but herpes simplex keratitis and trauma are commoner. Along with trachoma result in corneal scarring. Glaucoma often presents late and consequently little can be done. Cataract surgery is performed at the unit and in peripheral units but the volume of cataract surgery performed is too little to treat the number of people affected. The resulting prevalence of blindness is high for the region and the impression is that in the wider community there is a large unmet need, particularly as the visually impaired/blind have largely to fend for themselves.

By comparison the Radiology Department is still housed in old buildings with out of date dark room processing along side modern CT and Ultrasound machines. With this the team of two Radiologists and their trainees provide as a good service as they can to the whole hospital.

Coming from a country that has a long history of being able to develop its infrastructure and institutions, and is still wealthy, it is too easy to criticise a country much less fortunate. The Leicester Gondar Link is well established in many areas and hopefully this assessment visit will develop links with Ophthalmology and Radiology.

Written by Dr Tim Smith, Retired GP

Help us to make more of a difference

Support one of our Events
Keep your eyes on the fundraising pages of our website for events being run to help support all of the various projects run through the Leicester-Gondar Link at www.le.ac.uk/Gondar.

Suggest or Run an Event
If you have an idea for a fundraising event or would like to organise a fundraising event to benefit either the Leicester-Gondar Link as a whole or one of its individual projects, please contact Nichole Bruce our Link Administrator on nb50@le.ac.uk or Tel: 01162525321

Get involved
If you would like to offer your own skills or expertise and get involved with one of our projects, or have an idea for a new project, please contact Nichole Bruce our Link Administrator on nb50@le.ac.uk or Tel: 01162525321 with details.
In October last year, I escaped the wintry cold of Leicester for Gondar, to begin the first phase of data collection for a two-year research study. I spent 6 weeks in Gondar working with Ansha Nega, lecturer at Gondar University, researching on-going efforts to enhance the quality and safety of care at Gondar Hospital.

Both hospital staff and Leicester-Gondar Link partners were, as always, a huge help in facilitating the research and ensuring that it went as smoothly as fieldwork ever can (one stolen phone aside). Working with Ansha also meant spending time with (and juggling work around) her beautiful new baby boy; indeed, he joined us for most of our meetings – surely a progressive maternity policy?!

This trip I also visited the Kindu Trust for the first time, enticed by Sandra Kemp’s touching stories of her ‘family’, and the lure of Christmas gifts for those at home. ‘Touching’ doesn’t come close. Not only did I come away with a clutch of beautiful Christmas presents, but also a promise to sponsor a little boy who would be ‘twinned’ with my little nephew.

So now, as I head back for some follow-up work in April, I will also be taking with me a letter from one six-year old to another: “Dear Merkamu, My name is Matthew. I am 6 ¾ years old and I live in Australia...” As Rick said to Lou-

written by Dr Emilie Aveling
Department of Health Sciences, University of Leicester
An Evening of Jazz at Holbrook Memorial Hall, Leicester

On 30th June once again we had a very successful evening of jazz and good food at Holbrook Hall. This was organized by Sue Talton and friends who prepared a buffet-style vegetarian meal, with delicious home-made food, and accompanied by local jazz musicians including yours truly.

The atmosphere was “cabaret”, and the alcohol was flowing (bring-your-own!). Sue Eato provided lovely vocals to the small jazz band and there was also a great “free” improvisation session.

The event was sold-out well before the date, and the evening raised £883 to support the work of the Leicester-Gondar Link funds, in ticket-sales and a raffle, including star-prize of a “solar-powered Queen Elizabeth II statue”.

Special thanks to Sue Talton and her team, and all the musicians, for a great evening.

Written by Peter Houtman
Leicester-Gondar Link and HALE Trustee and Treasurer

Forthcoming Visits

Visits from Gondar to Leicester

<table>
<thead>
<tr>
<th>Name</th>
<th>Department</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bethlehem Girma</td>
<td>Ophthalmology Trainee</td>
<td>1st–30th Sept 2013</td>
</tr>
<tr>
<td>Teshager Wondale</td>
<td>Ophthalmology Trainee</td>
<td>1st–30th Sept 2013</td>
</tr>
<tr>
<td>Baye Gelaw</td>
<td>PhD Student</td>
<td>June / July 2013</td>
</tr>
<tr>
<td>Worku Negash</td>
<td>PhD Student</td>
<td>Summer 2013—TBC</td>
</tr>
<tr>
<td>Dr Mulat</td>
<td>Gynaecology</td>
<td>Oct 2013—TBC</td>
</tr>
<tr>
<td>Dr Genet</td>
<td>Gynaecology</td>
<td>Oct 2013—TBC</td>
</tr>
</tbody>
</table>

If you would like to meet any of these visitors from Gondar during their stay in Leicester please contact Nichole Bruce—nb50@le.ac.uk

Visits from Leicester to Gondar

<table>
<thead>
<tr>
<th>Name</th>
<th>Role</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Charles Turner</td>
<td>Nurse Tutor</td>
<td>Feb–Jul 2013</td>
</tr>
<tr>
<td>Carol Greenway</td>
<td>MSC Nursing</td>
<td>August Dates TBC</td>
</tr>
<tr>
<td>Mike Silverman</td>
<td>MSC Nursing</td>
<td>August Dates TBC</td>
</tr>
<tr>
<td>Sarah Cross</td>
<td>MSC Nurse Tutor</td>
<td>Sept–Dec 2013</td>
</tr>
<tr>
<td>Wendy Corbin</td>
<td>MSc Nurse Tutor</td>
<td>Sept–Dec 2013</td>
</tr>
<tr>
<td>Heather Dipple</td>
<td>Mental Health Team</td>
<td>Autumn 2013—TBC</td>
</tr>
</tbody>
</table>

If you would like to meet any of these visitors from Leicester during their time in Gondar please contact Solomon Assefa—solomonazezo@gmail.com
Ways to Support our Work

Through the Post
You can send cheques made payable to “Health Action Leicester for Ethiopia (HALE)” to the treasurer at the address below:-

Nichole Bruce
Leicester-Gondar Link Administrator and HALE Accounts Assistant
International Office
University of Leicester
University Road
Leicester LE1 7RH
Tel: 0116 252 5321 - Email: nb50@le.ac.uk

By Credit/Debit Card
You can donate either as a one off or regularly online with your debit or credit card through virgin money giving.

Scan this code with your smartphone to be taken directly to our Virgin Giving page.

Please specify with project you wish to support in the comments box, else your donation will go for general funds to aid project start-ups.

Note: Please send us a copy of the receipt with your name and address and registration number so we can match this to our bank records (you can complete the back page donation form to send your details); alternatively you can email nb50@le.ac.uk with all the details.

Donate by Bank Transfer
You can make a donation by standing order, or direct bank transfer. Details:

Bank: CAF Bank
Account: Health Action Leicester for Ethiopia (HALE)
Sort Code: 40-52-40
Account Number: 00017188

Please send details of your donation along with your name and address and which project you would like to support so we can match this to our bank records and ensure that your donation goes to the right cause.

Current projects include:

⇒ Mental Health Fund
⇒ Kola Diba Community Health Centre
⇒ Nursing
⇒ Children’s Ward
⇒ Patient Safety Programme

giftaid it

Where possible please complete a gift aid declaration and make your donation work harder at no cost to yourself.

Please see our website: www.le.ac.uk/gondar and go to support our work, donating and you will see a highlighted link for the donations form which includes the giftaid declaration.

Important Leicester-Gondar Link Contacts

General Contacts:
Leicester : Nichole Bruce—nb50@le.ac.uk
Gondar : Solomon Assefa—solomonazezo@gmail.com

African Partnership for Patient Safety (APPS):
Leicester : Sandra Kemp—sandrakemp@btinternet.com
Gondar : Dr Yonas—yonii@yahoo.com

Mental Health Project:
Leicester : Heather Dipple—Heather.dipple@leicspart.nhs.uk

Laboratories
Haematology
Leicester : Christine Iliffe—christine.iliffe@uhl-tr.nhs.uk
Microbiology
Leicester : Steve Hardy—steve.hardy@uhl-tr.nhs.uk
Histopathology
Leicester : Tony Sims—tony.sims33@gmail.com
Gondar : Dr Weghata Tesfay—weghataTesfay@yahoo.com

MSc in Advanced Clinical Nursing Practice
Leicester : Carol Greenway—c.greenway@dmu.ac.uk
Gondar : Mignote Hailu—elatman.hailu6@gmail.com

Clinical Audit
Leicester : Elaine Carter—elaine.carter@uhl-tr.nhs.uk
Gondar : Addisu Alem—addissualiem@yahoo.com

Ophthalmology
Leicester : Somnath Banerjee—sbeyedoc@yahoo.co.uk
Gondar : Dr Asamere—asameret@yahoo.com

Kolladiba Health Centre
Leicester : Christine Iliffe—christine.iliffe@uhl-tr.nhs.uk
Gondar : Dr Shitaye Alemu—shitayea@yahoo.com

University Link
Leicester : Dr Mark Goodwin—majg1@le.ac.uk
Gondar : Dr Desalegne Mengesha—desmen96@yahoo.com

Nursing Link
Leicester : Sandra Kemp—sandrakemp@btinternet.com

Gynaecology
Leicester : Prof Douglas Tincello—dgt5@le.ac.uk
Gondar : Dr Mulat—mulatadefrisw@gmail.com

Our Link Partners

University Hospitals of Leicester
Leicester Partnership
University of Leicester