

SOUTHERN ETHIOPIA GWENT HEALTHCARE LINK

COMMITTEE MEETING

Wednesday 30th November, 2011 5-15pm

Education centre, Nevill Hall Hospital

Minutes

1. Present.

Pam Powell (minutes), Robyn Phillips, Biku Ghosh, Dave Williams (Chairman), Jill Curtis, Emma Mills, Peter Dale, Andrew Dale, Martin Wade, Essam El-Hamamy, Tony Jewell (CMO), Sandy Holt-Wilson, Brydon Williams, Melrose East.

Apologies:

Jane Hervé, Sarah Norris, Anna Cannon, Cath Butterfield (THET), Yogesh, Joni Howell

2. Minutes of last meeting.

The minutes of the last meeting were agreed as an accurate record.

3. Matters arising.

Finance. Following the receipt of £5,000 from the Health Board's Charitable Funds account, Biku has submitted a report for them.

Study leave and Pennies from Heaven. A letter was sent out this week by the Dr Tony Jewell, Chief medical Officer and David Sissling, Chief of NHS Wales, asking Chief Executives and Chairmen in health boards and NHS trusts to publicise health links, promote ideas such as Pennies from Heaven and to demonstrate in their annual report what they are doing to support health links. Also, Biku in his role as Chairman of Wales for Africa has written to all the Health Boards to ask what they are doing to support health links, Pennies from Heaven and study leave. People are still experiencing difficulties getting study leave at the managerial level.

Motorbike ambulances and Donations. A Northwest Rotary Club in England has raised the £7,000, but it has improved impossible to get a partner in Ethiopia despite trying for 6 months, so this will not be trebled. However, it has been promised to us regardless. We have been given £1,000 by a London and Southeast Christian Group towards a motorbike ambulance, and this connection came through the motorbike ambulance company. We also have now most of the money from Jill / Joni and their 3 peaks challenge. After all moneys and donations have been paid in we should have an account balance of approximately £30,000. Hopefully there will be enough money to buy 6 ambulances. Current prise is 47,000 Rand, which at the present moment is approx. £3,800. Normally air freight is £3,500, but if we can go by land, we can transport up to 8 motorbike ambulances in one 20ft container. The cost for that will not be more than £6,000, so should cost about £1,000 each. So, the total cost will be about £5,000 for each motorbike ambulance. It will go via Mombassa and then will be loaded onto trucks and this will take about 4 weeks. Then it will be another week to get through customs, so should take no longer than 5-6

weeks in total. We are planning to buy 6 motorbike ambulances, one has been promised to be donated to us by the motorbike ambulance company. Dulwich and Peckham rotary club have also agreed to support with one motorbike ambulance by February, so the container should be full.

Fundraising

3 peaks challenge. Jill / Joni and their teams raised a total of £14,389 for the motorbike ambulances.

St David's Roman Catholic Primary school in Newport raised £800 from their autumn fair money. They also had a competition, which each of the children entered, and it was to design a logo for the sponsorship form.

Blank cards. These are still being sold and generating income for the link.

Sponsored walk. The midwife from the maternity unit who did a sponsored walk has given the link a cheque for £230.

THET were unable to get us any money for a motorbike ambulance from the smaller trusts but are now looking into the bigger trusts. The new fund raiser has been in touch with Biku and wants to use Martin's excellent write up on the website and this would be a good case history.

4. Report of Link visit in November 2011.

There will be various reports of the visit and these will be published on the website, in due course, for everyone to read. Various members spoke of the work they had done and their experiences.

Midwifery. Emma said it was a privilege to have gone and that it was a very good programme that Melrose had prepared. The train the trainer's course went very well. A lot of the trainers had worked with colleagues who had been to the training previously and had taken back the skills they had learned and passed them on to others. The trainers then stayed on and joined in with the midwifery training. They did a lot of the sessions using the presentations they had done and shared these with the others and this helped with the language barriers and the feedback was good. The plans for the second week of training of the Health Extension workers (HEWs) had to be changed and the teaching was done in Yirgalem instead of Hawassa, Alaba and Sodo.. The feedback all three places were good. It was helpful to have Anna who spoke Amharic, and this was a great help.

Robyn read out a report written by Sarah, which will be put on the website. Sarah also felt that the training the trainers and midwifery training were great success. The participants this time were thought to be lot more switched on and their attitudes to midwifery practices were very commendable. Sarah enjoyed the 2nd week training the HEWs even more and felt very worthwhile.

Martin from the South Wales Argus. From a personal level he said it was a wonderful experience and a privilege to have gone along. He thanked everyone for having him and offered to continue helping with publicity and offered to do calendars. He was impressed with everyone's commitment and coping with the various changes that came along.

Obstetrics. Essam thanked Biku for asking him to go along. He and Professor Lynch spent the week teaching at the hospital. They were very impressed with the level of knowledge of the first group of MSc health officers who were very keen to learn, they just needed a bit of team work. The second group were the senior obstetrician gynaecologists. The first day they taught about hands on post partum haemorrhage management. On the second day they taught live hysteroscopy in theatre. The young obstetricians do everything and it is to be hoped that they will pass on their knowledge when they return to their workplace. Some had travelled great distances to get there.

Anaesthetists. Jill reported that there were 23 nurse anaesthetists, one each from all of the hospitals of SNNP region.. This course is the only kind of further education that they get. It was a similar course as that done in the previous years. It covered a lot of obstetrics, paediatrics anaesthesia, resuscitation, trauma and peri-operative care. There were some very talented ones in the group and the level of knowledge was good. Their knowledge and keenness to learn outweighs the level of facilities and resources available to them. They are very reliant on what the surgeon will let them do and so they are unable to get into theatre to see the patients pre-operatively. Jill took text books of anaesthesia for each them obtained through TALC. This programme was fully sponsored by the Mothers of Africa Charity.

Robyn In the first week Robyn led the workshops on 'Setting Standards' for each health centre and Worada in the Gedeo zone. It was done with support from Nenko of the Worada Zonal office. Representatives from all 32 health centres including in charge or deputy in charge of the HC and their respective woreda offices in Gedeo zone attended.

Robyn, Biku with Tony Jewell and Martin visited Yirga Cheffe and Chelelektu in the first week. Yirga Cheffe has had lots of changes of management and in some areas was not as good as previously, due to information not being passed on to new staff. Chelelektu had made some improvements especially in the delivery room and is really a good example of 'how do they manage to run a service with poor no electricity and very little water'. The generator donated by the link to Chelelektu in April 2011 is now helping. In the second week she went to Wondo Genet and Alaba. Wondo Genet was disappointing compared to previously. It was still quite clean but there had been a lot of staff changes. The new head seemed not to know anything about the link or the motorbike ambulance. They need someone to take on ownership and responsibility. Alaba had taken on some of the recommendations. There had been a small improvement in some areas.

Laboratory. Staff in the laboratory had asked David for assistance in preparing for WHO accreditation prior to their inspection. He had expected to be very busy writing up a lot of documents, but they had in fact already done a lot of preparation towards this over the last 9 months. Dave went through the Quality Manual and Policies and made suggestions on how to improve this. The microbiology laboratory, which Dave had assisted in setting up in previous visits, was no longer there as the rooms had been taken for other uses. However, a new microbiology laboratory was being prepared which looked very promising with 6 or 7 rooms with a good design for the flow and efficiency of the work. After this it is hoped that they start doing cultures again. A suggestion made by Pam and Peter on a previous visit,

to clear a storeroom and expose an exterior door, had been done and this was now much improved. This had been made into a room where the patients were bled and was now called the blood bank. On previous visits the patients, staff and relatives all went in through the same door past these patients, and was most unsatisfactory. The hospital now has 4 small 'point of care laboratories', in various parts of the hospital. Here they did basic rapid tests with very fast turn around times, thus enabling the patients to have their results very quickly. This appeared to work very well. The histology laboratory was also working well. They were looking to expand their staining and may want some assistance with that.

Paediatrics. In the first week Peter assessed the paediatric ward and did some direct teaching for the nurses and doctors, and reviewed what equipment they had. He also wanted to make a contact to try and connect the College of Paediatrics in the UK to an educational link in Ethiopia. There are only about 20 paediatricians in the whole of Ethiopia covering a population of about 82 million people. The paediatric ward was very busy and there were a lot of very sick children. He praised the nurses who worked in a very difficult environment with limited resources and equipment. The ward rounds were very good and the teaching during these rounds was excellent. The neonatal room had 5 babies who were being well treated. They had 2 incubators which just needed a bit of attention and Peter got them working again, so they can now be used. The second week he spent in Wondo Genet where there were not many paediatric patients, except for immunisation. Cleanliness was generally good in most areas.

Andrew thanked everyone for letting him join in with all the activities and including him in the training and teaching. He spoke of the differences between this visit and his previous one 3 years ago. He intends to write a research study on the differences between adult medicine in Hawassa and Wondo Genet, and spent time accumulating data for this

Tony Jewell, C.M.O. for Wales. Tony said this was a very good link with something strong to build on. His aim in going was to learn how it worked and might compare to other links, and how we can make sure Wales for Africa benefits from our experiences. Also, how we can strengthen ourselves with regards to our relationship with the NHS. It is important to have leadership, continuity and sustainability, and this demonstrates itself through Biku. He remarked how our input was especially noticeable in the health centre laboratories, which were bright spots, despite often coping without electricity and water and technology. They had obviously benefited through our help over the years. Sustainability is not just through people, but also following up to see how equipment etc. is working. The focus on primary care in the community is very important because this is where the most need is. Also vaccination and prevention is the thing to be focusing on. The added value is through teaching and training, and sustaining that training is what the midwives were doing. By teaching those who had been before, who in turn were teaching others, meant that the learning was cascaded down, magnified and spread out. He suggested that branding may be a good idea and which was something that other links were doing, as a way to give identity to Gwent and Wales. He quoted Aneurin Bevan on Pennies from Heaven 'opt out if you will', and if this was done it would generate thousands of pounds for charities each month. Monies could be used to send staff to go out to work in Africa and perhaps this could include someone to help with the water supply problems, as water and hygiene are fundamental to health. It is also important to maintain contact with the political and medical structure of the local area.

Biku. Biku said it was an interesting visit and he had to keep counting everyone as there were a total of 18 visiting. Also, it was interesting to have 4 of them as observers. He has written a detailed report which is available to read on the website. He said we can never address all the problems and we need to respond to the local needs identified by our

partners. We have always tried to balance our aims towards the primary care sector and so our emphasis has been towards Health Centres and regional level. All training programmes are done directly in consultation with the Regional Health Bureau, based on their strategic target for MDG's. Biku has received letters of thanks from Ato Kare, Head of RHB for running the programmes. In terms of the teaching done on the visits it has had great benefit to the people going out to Ethiopia and these skills are brought back to the workplace. There is also learning between each other. We all come back as better trainers and teachers. He spoke about the HEW training and that they were a mixed group, with some having done a lot of deliveries and others very few, but were all accommodated for. Debrework's help with the training was much appreciated. In Sodo some of them got the date wrong despite lots of phone calls by Biku, but every effort was made to give them some training. We trained over 400 frontline health workers on this visit alone and the visit overall was a great success. In a survey of the health centres the biggest problems were identified as water, electricity and lack of ophthalmology. Surprisingly, another problem recently identified by several health centres was lack of HIV support, and this was thought to be due to the country's rapidly expanding population and health service infrastructure. It appears that the HIV program well supported until recently, is finding difficulty in keeping up with this. Biku then commented about everyone who attended the visit and the work they had done and thanked them.

Following the visit he has also arranged with Dr Aberra and Metasebia's help training of six more motorbike ambulance drivers, one from each of the health centres. The trainings are expected to be completed before December 2011. It has also been arranged for Silassie to visit Wondogenet to sort out the problem with the motorbike ambulance there.

5. Any other business.

Link in 2012 and beyond. Dave reminded members of the need to think about the future of the link. There was insufficient time for discussion at this at this meeting, but it will be scheduled as an Agenda item for discussion at the next meeting.

6. Date of next meeting.

The next meeting will be held on Monday 16th January 2012, in the Education Centre, Nevill Hall Hospital at 5:15 pm.