

Report of visit to Ethiopia, November 2011

Robyn Phillips

Personal background and role in the Link

My professional background is varied and includes nursing, midwifery, education, research, quality assurance of professional education programmes, statutory supervision of midwives and policy development. I have worked predominantly in Wales but also as a nurse and a midwife in Australia, taught management to nurses and midwives in Kenya and undertaken some advisory work in aspiring EC countries.

I joined the Link in 2007 and made my first visit to Ethiopia in October of that year. I take the lead on monitoring and evaluation and the 'exemplar' health centre project in which four health centres have worked together with the Link to draw up a set of standards for health centres in Ethiopia. The standards measure quality of care and are a tool for health centre staff to make improvements to the care and services provided to their community. This visit was my ninth very enjoyable and rewarding experience in Ethiopia.

Specific role/contribution to the work in this visit (November 2011); personal aims and objectives

The Link's aims and objectives are underpinned by the Millennium Development Goals (MDG), particularly goals 4 and 5 and focus on improving the health care provided to a largely poor and rural population in southern Ethiopia. The Link provides support, education and training for healthcare workers plus needed equipment and resources for hospitals and health centres. The role of each Link member during a visit always relates to the needs of Ethiopian partners and the aims and objectives of the Link for that visit. My personal role/ aims and objectives for this visit were:

- a. To review progress on achieving the 'exemplar' standards in Alaba, Wondogenet, Yirgacheffe and Chelelektu Health Centres and to follow up recommendations made during previous visits.
- b. To lead a 'follow up' workshop for all Heads of Health Centre and a representatives from each Woreda in Gedeo zone on use of the 'exemplar' standards and/or implementation of action plans made during the workshop held in March.

Activities undertaken during the visit

Visits to Alaba, Yirgacheffe, Chelelektu and Wondogenet Health Centres

In each health centre Biku and I met with the person in charge for the day and we undertook a 'tour' of the health centre facilities to observe any difficulties and/or changes made since the last visit. We also looked at patient registers, delivery records and the log book for use of the motorbike ambulance. Feedback and discussion took place during and after the 'tour'.

'Exemplar' Health Centre standards follow up workshop in Dilla

I facilitated a follow up workshop to which all Heads of Health Centre and representatives from each Woreda in Gedeo zone were invited. The aim of the workshop was to share the experiences of March workshop participants in using the 'exemplar' standards and progress made in implementing individual action plans for their health centre.

Outcomes of my work during the visit

'Exemplar' Health Centres

The visits to the four health centres took place as planned. Given the complexity of the Link programme overall these were short visits to maintain contact, provide support and assess progress made (or not) on implementation of recommendations from previous visits. I also wanted to determine if the health centres had taken ownership of the standards some three years after implementation.

Key staff changes in two health centres have again made it difficult to make progress and/or sustain changes this year. Although there was evidence of small improvements in each health centre it seems difficult to maintain the same improvements so that progress towards achieving the standards can fluctuate. We had a warm welcome as always in all four health centres but only two designated Health Centre Heads were available to meet with us, one of whom was new with little knowledge of the work of the Link and unaware of the 'exemplar' standards.

'Exemplar' health centre standards workshop

Thirty three participants attended the workshop, which was intended to be a follow on from the March workshop, but only seven people had attended previously. This was partly due to all Heads of Health Centre being called to a meeting in Awassa but as each had sent a replacement to the standards workshop all health centres and Woredas in Gedeo Zone were represented. It was an excellent opportunity to introduce the standards to more health centres and individuals but this meant quickly adjusting the workshop programme to do so, as well as to allow time for those who had attended in March to present their feedback.

Ato Nenko from the Zonal Health Bureau was responsible for local organisation of venue and attendance and facilitated the day with me and ensured its success. I enjoyed running the workshop with him and listening to the feedback and problems faced by those responsible for each health centre. It is always interesting and challenging to facilitate a workshop in which discussion and debate is not always in English! It was salutary to be reminded again of the difficulties faced by those working in rural health centres in trying to provide a good level of health care for their communities. Lack of water and electricity were again highlighted as key underlying problems to delivery of a good standard of service.

I believe the workshop gave a valuable opportunity for health centre and Woreda staff to share common problems and solutions. I was pleased with the verbal feedback on the value of the workshop and the usefulness and relevance of the standards some three years after their implementation in the pilot health centres.

Additional activities and work that took place during the visit

I attended the ceremony for the Link's presentation of thirty oxygen concentrators. These will be distributed to health centres and hospitals throughout the region and will provide a vital source of oxygen for ill patients. The oxygen concentrators are a tribute to Biku's considerable skills in negotiation and marketing as the UK based company donated all thirty oxygen concentrators free of charge; the Link paid only for transportation and customs duty in Ethiopia. I understand that the presentation ceremony was shown on the local television news programme!

One of the major problems for many rural health centres is a lack of a reliable electricity supply or no supply at all. At the conclusion of the 'exemplar' standards workshop I was present with Biku when the Link donated an electricity generator to each of five health centres in Gedeo Zone. The Zonal Health Bureau chose the five health centres it felt were most in need of a generator. The Link purchased the generators locally, in Awassa.

The Link signed an initial 'memorandum of understanding' (MOU) with Awassa University College of Health Science in March this year. The College now wishes to make some amendments to the MOU in light of changing roles and a new focus for the College. Biku, Dave and I attended a meeting with the Head of College and senior staff for a frank discussion of the College's requirements for future/ongoing partnerships. The College will forward its revised draft of the MOU for the Link's consideration in due course.

This was the first visit when under Biku's guidance I was largely responsible for all the accounting and finances for the trip. I was able to experience first hand the meticulous need to account for everything, no matter how small, with a receipt, the planning and estimation of potential costs and ensuring that we had enough cash to pay for all elements of the Link's work including purchase of the five new electricity generators. I learnt a great deal from my new role as 'banker'.

The cleaners and guards in Wondogenet Health Centre have always been an important part of the team in that health centre and do an excellent job. In past visits I have been pleased to be able to personally respond to a request for warm jackets. The guards also needed shoes. Jane Herve's father died this year and Jane and her mother generously donated six pairs of excellent quality men's shoes that I was delighted to present on their behalf to the guards in Wondogenet Health Centre

As usual there were opportunities for informal networking, meeting with colleagues and learning from each other at various dinners and lunches. These are always enjoyable occasions.

I have learnt a new Amharic word – 'yelem' – meaning not available and usually applied to an item on the menu!

Three key impressions from the visit

The smooth running of the 'exemplar' standards workshop was largely due to the organisation and input of my Ethiopian colleague Nenko. For me personally, it was again an interesting experience to facilitate a workshop conducted for the most part in Amharic language. I was particularly struck by the fact that the majority of health centres still have profound difficulties with supply of water and/or electricity; providing clean and safe care is an enormous challenge in such circumstances. I greatly admire my Ethiopian colleagues for managing in such difficult circumstances. I was pleased with the feedback from workshop participants and Nenko that the 'exemplar' standards were felt to be a very useful, practical and relevant tool for measurement of quality.

The midwifery teaching undertaken by Jane, Sarah, Anna and Emma with the assistance of Dawit in the first week and Debrework in the second was an inspiration to all. Over the two weeks, with little respite, they taught with great enthusiasm and patience midwifery teaching skills to midwife lecturers from eight different Universities/Colleges, obstetric emergencies to midwives from across SNNPR and 'safe and clean' delivery with

recognition and management of complications to nearly three hundred Health Extension Workers in three different zones of SNNPR. They coped with unusual venues, unknown and flexible numbers and teaching through translation as well as the usual tiredness that comes with constant travel, the odd bout of illness and cold showers. They were a great team and I enjoyed their company.

Not for the first time, Biku's superb organisation of a trip with so many different strands of work being undertaken by different teams and his care of us all through out the visit made a huge impression. The work of each team went well but only because of Biku's organisation and communication before and during the visit. I had a greater insight into the background work as I accompanied Biku to meetings and managed and accounted for the finances for the first time; I learnt a great deal. In addition to practical organisation Biku looked after us all whether ensuring we wore sunscreen, reminding us to take our anti-malarial tablets, drank enough water, were well – and administering medication and advice if not- or giving us little treats like a visit to Haile Hotel for sunset drinks, taking us to the hot spring baths in Yirgelem, presenting Alaba hats for those initiated into Alaba and buying chocolate bars for us all in Sodo. We were all safe and well cared for and were thus able to give of our best to the work of the Link during the visit.

Future work plans, priorities and actions arising from this visit

It is three years since the 'exemplar' health centre standards were first implemented as a pilot scheme in Alaba, Yirgacheffe and Wondogenet Health Centres. Chelelektu Health Centre has been using the standards for the past year. Despite difficulties and fluctuations there are demonstrable improvements in each health centre through use of the standards tool as a measure of quality and need and with the Link 'gap- filling' needs to enable standards to be achieved. Through the 'exemplar' standards workshops the standards have now been introduced to staff in all health centres and Woreda's in Gedeo Zone and to the Zonal Health Bureau through Nenko. I recommend that it is now appropriate for the Zonal office to consider formally adopting the standards (or a modified version of them) as a quality measure of the standard of care and services provided in each health centre in Gedeo Zone. I also recommend that it is timely for the Heads of the four 'exemplar' pilot health centres to take full ownership and responsibility for continually monitoring and measuring quality of care and services with the standards tool rather than report back through the Link.

Personal benefits of working with the Link

I particularly value the partnership approach of the Link where the emphasis is on facilitation and enabling local ownership of change. It focuses on 'gap filling' needs identified by Ethiopian colleagues and supports care in rural areas where simple measures can have great effect. I believe these factors are real strengths of the Link and key to its sustainability and success. It is also good to be able to see where scarce resources are spent, to know that they are used solely for the benefit of the Ethiopian people and to use this information to generate awareness and support for the Link's work from friends and family.

It is a real privilege to be part of the Link team and wonderful to be welcomed back to Ethiopia by colleagues such as Dr Aberra, Debrework and Metesabia who have become friends.

