Southern Ethiopia Gwent Health Link
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Report of visit to Ethiopia, October/November 2008
Robyn Phillips, November 2008

Personal background and role in the Link

My professional background is in nursing, midwifery, midwifery education, teacher training, research and more recently, statutory supervision of midwives, quality assurance of professional education (nursing and midwifery) and policy development. I am currently employed by the Welsh Assembly Government and based in Healthcare Inspectorate Wales, Caerphilly.

I have travelled all my life and am familiar with conditions in less developed countries. Much of my travel has been in Asia and Africa. I have done some educational and advisory work in Kenya and in aspiring EC countries.

I was invited to join the Link in September 2007 and made my first visit to Ethiopia in October 2007. My role in that visit was to lead three sessions on ‘the principles of teaching and learning’ during the CME skills workshop for clinical nurses and midwives and to support my Link colleagues by facilitating small group work in other sessions.

Following my first visit I have become considerably more involved in the work of the Link. Apart from attending Link meetings and representing the Link at other events and conferences, I have active input into the development of proposals and bids for funding. A successful bid to the Tropical Health and Education Trust (THET) for monies to undertake an evaluation of the work of the Link resulted in my taking the lead on collecting and analysing data and writing the evaluation report, submitted in June 2008. I have continued to take the lead on monitoring and evaluation work, including preparing individual post visit progress reports for the three health centres supported by the Link as well as drawing up for discussion and agreement, draft criteria and standards that might define an ‘exemplar’ health centre within an Ethiopian context.

Specific role/contribution to the work in this visit (October/November 2008)

My key role in this visit was to continue with the monitoring and evaluation work with staff in each of the three health centres (Yirgacheffe; Alaba; Wondogenet). Specifically this meant: reviewing and collecting information/data/evidence to demonstrate that progress was being made (or not); discussing the individual working/progress report written following the March visit; discussing and agreeing the criteria and standards that might define an ‘exemplar’ health centre. As an addition to the evaluation work and following a very helpful reflection workshop with Gwent Link members facilitated by Link colleague Lynne Mc Donnell, I hoped to try to explore with Ethiopian colleagues some of the same issues relating to aims, values and the work of the Link. This would form a useful comparison and contribution to ongoing evaluation of the Link’s work.

I played a small part in the CME skills workshop for clinical nurses and midwives by leading two sessions on teaching/training skills. The workshop was held in Awassa.

I acted as scribe and general ‘recorder of information’ throughout the visit, accompanying Biku to meetings, taking notes, recording team debriefing and feedback sessions and taking photographs to record events (for example

handover of equipment and donation of the motorbike ambulances). I tried to capture the daily activities of Link colleagues and changes being made in the health centres.

With my colleagues, I witnessed the ceremony for presentation of the motorbike ambulances for the health centres in Yirgacheffe and Alaba. It was humbling to witness the gratitude of Ethiopian partners and the local communities and a privilege to be part of the celebrations.

Personal objectives for work undertaken during visit and how these relate to the Link aims and objectives

The Link aims and objectives relate to the Millennium Development Goals and are focused on improving the health care provided to a largely poor and rural population in three areas of southern Ethiopia – Yirgacheffe, Alaba and Wondogenet. The Link aims to do this by providing education, training, resources and support for the health centres and staff in these areas. The local community is encouraged to participate and the whole ethos is one of partnership between the Gwent and Ethiopian teams. The Link's longer term aims are to enable Ethiopian partners to have full ownership of the work in the three designated health centres, to establish these health centres as centres of excellence/ 'exemplars' and to expand the Exemplar Health Centre project to include more health centres.

My key objectives for this visit were to continue to collect evidence/data in each health centre that would enable the Link to evaluate to what extent its aims and objectives were being met, to measure progress being made in each health centre, and to document changes and record impact, particularly in relation to patient care and outcomes. In simple terms, was the training being put into practice, were knowledge and skills being passed on, was the equipment provided suited to needs and being used, was there a more positive attitude to the health centres from the local community and did the community use the services provided to a greater extent.

My personal aims for work in the health centres were therefore:

- to collect information relating to the impact on staff knowledge and patient outcomes of the teaching undertaken during previous visits (October/November 2007; March 2008), either in the workshop or in the health centre/s
- to collect information relating to the use of equipment and other resources provided at previous visits
- to use the simple baseline criteria/measures, established for each health centre at the March 2008 visit, to assess progress and changes made (or not)
- to collect additional information/evidence that would inform ongoing evaluation of the work of the Link
- to work with staff in each health centre to agree the criteria and standards for an 'exemplar' health centre and to support them to work towards achieving these standards

- to support and advise staff in each health centre on their ongoing monitoring and evaluation work and to facilitate their communication and influence outside the health centre

The aims of my teaching input into the CME workshop for clinical nurses and midwives were to introduce workshop participants to the basics of teaching and learning and give them some simple training skills to enable them to effectively pass on knowledge and skills to others.

My personal objectives for the visit included:

- through interview, observation and examination of written documents, collect data that would inform ongoing evaluation of the implementation and effectiveness of skills training to date
- review the teaching logs (left at November 2007 visit) to assess implementation (or not) of a teaching programme in each health centre
- assess availability, state of repair and use of equipment previously supplied to each health centre by the Link
- ‘interview’ users of the health centres to obtain their perceptions of the positive and negative aspects of health care provision in each and any changes observed
- ‘interview’ students regarding their experience of the individual health centres as a practice placement experience
- discuss with members of staff working in each health centre their experiences, training and resource needs and to document these
- review the draft criteria and standards that could define an ‘exemplar’ health centre and agree a working definition with staff in the three project health centres
- discuss with health centre staff the monitoring and evaluation exercise they commenced in March 2008
- review the positive aspects and action points for each health centre as identified in the individual working reports and discuss changes made
- using Lynne’s reflection questions as a guide, explore the Link’s aims, outcomes and impact with Ethiopian colleagues
- lead the sessions on ‘teaching and learning’ in the CME workshop

Activities undertaken during the visit to meet my personal objectives

My activities largely followed the same format in each health centre although varied in terms of ‘where and when’, depending on availability of staff, the activities of colleagues and the working day. I focused on collecting information and meeting with people. I did a great deal of looking/observing, talking/discussing and ‘interviewing’. I asked many questions, took hundreds of photographs to record events and current situations and made copious field notes. I tried to gain a comprehensive overview of the situation in every area of each health centre but also relied on my colleagues to make detailed observations and recommendations in their own field. My specific activities included:

- Recording statistical data kept by each health centre, particularly statistics relating to ‘top 10 diseases’, delivery and maternal and child

health for the previous year. These statistics were usually recorded on hand written wall charts and displayed in the health centre office. I therefore made a point of spending time in each office, photographing the wall charts where possible and recording relevant information. The office also gave me an opportunity to review other records, for example, records of staff meetings and to observe what went on in the office. It also gave me an opportunity to ask questions of passing staff.

- I made informal, unaccompanied visits to all areas of each health centre. During these visits I took photographs and made written notes of my observations, for example cleanliness, availability and state of equipment, general layout, my observations/impressions. In the delivery room and other areas I looked at the record books. If patients were being seen in a particular area I respected their privacy and left, to return when the room was empty. From my checklist compiled from the March visit I was able to observe if changes had been made and whether advice and teaching had been followed. These tours gave me an excellent opportunity to observe the interaction between health centre staff and patients and I was also able to observe and photograph my colleagues teaching.
- I accompanied Biku (and sometimes also Peter and Melrose), on a ‘formal’ visit to all sections of each health centre, including laundries and store cupboards. We were usually joined by the Health Officer in charge. Other members of staff, including the cleaners, were involved in reviewing their particular area. In Yirgacheffe a Clinical Nurse was in charge and he made the formal tour with us. These were particularly helpful visits as in each area we systematically reviewed the state and use of equipment previously provided and assessed the general cleanliness and functionality of the area. I recorded our observations/findings. Praise was given where changes had been made and I recorded any evidence of change. My colleagues also used these tours as a means of teaching/giving advice on how to make improvements. As in the March visit I recorded this teaching/advice as an element for assessment at the next visit. The ‘formal’ tours of each health centre also provided staff with an opportunity to convey their individual needs for equipment and resources and I noted these.
- I made a note of the equipment provided to each health centre and took photographs of its ‘handover’. I also recorded any advice given, for in some instances equipment had been safely stored at the expense of needed use. Again, we will be able to use this information as an assessment measure for the next visit.
- I undertook opportunistic interviews with groups of patients waiting in outpatient clinics. I was assisted in these with translation by staff members from the individual health centre.
- I undertook opportunistic interviews with health centre staff as they were available and as I met them when observing in clinical areas. Discussion in English was usually satisfactory with some staff translating for others but particularly for me.

- Interviews with student nurses and student midwives were anticipated but there were none on placement in Yirgacheffe and Wondogenet. In Alaba Health Centre however I was able to meet with three groups of qualified clinical nurses who were undertaking a one year programme of updating and were placed in the health centre for one month's clinical experience.
- I sat in various parts of each health centre and observed 'daily life' and the activities taking place, recording my observations and impressions.
- I recorded the discussions and decisions that took place in planned meetings, for example, meetings with members of the newly formed Health Centre Development Committee in each area.
- I noted informal feedback from my colleagues regarding their work and recorded the discussions of team meetings held at the end of a working day.
- A review of the teaching logs, left in November 2007, was undertaken.

In addition to the work in the health centres I led two sessions in the CME workshop for nurses and midwives and accompanied Biku to meetings with Woreda officers, Mayors, community representatives, Zonal officials and others.

Outcomes of the visit and my work

To a large extent, I was able to achieve my objectives. In each health centre I met with the person in charge and reviewed and agreed with them the draft criteria and standards for an exemplar health centre. We discussed the working report provided after the visit in March and the ongoing monitoring and evaluation work that staff in each health centre commenced in April. In Yirgacheffe the responsibility for ongoing monitoring and evaluation was assumed by the midwife and he was therefore included in the discussions along with the Clinical Nurse in charge. Due to time constraints and competing requirements during the visit there was no opportunity to hold reflection sessions with health centre staff and other colleagues in Ethiopia in the way Lynne had facilitated for the Gwent team. I therefore left a copy of the questions in each health centre and asked the Health Officer/Clinical Nurse to discuss these with staff as well as with members of the Health Centre Development Committee and to feed the responses back to me by email or post.

My field notes record specific details about my observations in each health centre and these, together with the observations of my Link colleagues, will be included in the working report I will prepare for each.

Additional/ad hoc/unplanned activities and work that took place during the visit

Most of my activities were undertaken as planned but it became clear through discussions on use of the motorbike ambulances that it would be helpful and indeed important, to have some clear guidance on their use. Drawing on the discussions that had taken place in the health centres and the

issues raised, I therefore drafted some initial criteria and guidelines. These were agreed with minor amendments and will serve as ‘rules’ for the first six months until use of the motorbike ambulances can be evaluated.

At Wondogenet I was introduced to two Canadian charity workers by one of the community leaders. The Canadian couple have experience of working with orphans in Tanzania and want to develop and support an orphanage in Wondogenet. We had interesting discussions about their plans and how these fitted with the policies of the Ethiopian Government.

Organizing lunch for seventeen (as I thought) Health Extension Workers in Yirgacheffe Health Centre became an interesting experience when seventeen became thirty five – after lunch was ordered. A hasty journey back to the hotel and excellent service by hotel staff ensured that everyone was seated for a tasty hot lunch.

With my colleagues I attended several meetings with Woreda and Health Service personnel in Awassa. These meetings were useful for strengthening communication links and ensuring that the work of the Link was known at local health policy/government level.

Melrose, Biku, Brydon and I visited the health centre in Awassa run by the Family Guidance Association. It was helpful to view another health centre. During the visit we were able to see a new motorbike ambulance, the production of which was commissioned locally by ‘Safe Hands for Mothers’/the Family Guidance Association. The bike has yet to be tested so it will be interesting to hear how well it functions. Although cheaper than the e-ranger the Link has purchased, it also seemed to be much heavier and less easy to manoeuvre.

We all participated in a visit to Hwassa Referral Hospital to donate equipment and supplies. The hospital now has one incubator and a much needed phototherapy unit, courtesy of the Link.

I went with Biku, Melrose and Aberra to purchase a new stretcher for Alaba Health Centre and a neonatal cot for Wondogenet and for Yirgacheffe. Unfortunately the store in Addis Ababa was closed so Aberra will purchase these on behalf of the Link at a later date.

I attended several meetings in Addis Ababa. I accompanied Melrose and Brydon at a meeting with the project leader for introduction of misoprostol in the SNNPR region of Ethiopia and at a meeting with the midwifery adviser for ‘Jaigo’, an NGO working to train Health Extension Workers. These meetings provided useful background and context to the Link’s work and it is helpful to expand the network of local contacts and awareness of the Link. We all met with the DIFID adviser to Ethiopia to discuss the work of the Link and how our knowledge of health care needs and delivery at local level could be fed back to DIFID for use in policy level discussions.

I stayed on in Ethiopia after my colleagues had returned home and spent ten days travelling the historical route (Addis Ababa – Lake Tana – Gondar – Axum – Lalibela – Addis Ababa) in northern Ethiopia. Roads were rough, accommodation basic at best but the landscape remarkable. Local villagers are generally more used to tourists than where we work in the south and there was always pressure to give or buy. However, people were friendly and there

are some excellent initiatives to encourage co-operatives and marketing of Ethiopian crafts and products. It was a fantastic experience and really helped me to appreciate the scale of the difficulties in Ethiopia regarding providing clean water, sanitation, health care, education and effective communication and transportation throughout this vast country. It also reinforced what a privilege it is for Link members to have the contacts and relationships with Ethiopian colleagues and the local communities in the south.

Three key impressions from the visit and further actions arising from these

1. The commitment and enthusiasm of the staff in each of the three health centres and the changes they have been able to make in a relatively short period of time; their desire to learn and work with us; the warmth of their welcome and their hospitality; leadership in the three health centres is at different stages of development but there is huge potential in all
2. the reaction of the staff and communities to receipt of resources and equipment, particularly on this occasion the motorbike ambulances, but equally their appreciation of support and the feeling that we are working together as colleagues to achieve change
3. The scale of difficulty for Ethiopia as a whole in achieving its policy targets for healthcare across the nation

Future work plans, priorities and actions arising from this visit

My immediate priority is to write up all the field notes from the visit as these provide an ongoing record of the Link's work. I will then review the field notes and together with the recommendations from my Link colleagues, produce a working report for each health centre. The reports will document the findings made at the visit and make recommendations to the individual health centres regarding key action points/objectives for the next six months. The reports can be used as a baseline for discussion and assessment at the next visit.

Collecting information in each health centre remains an ongoing activity and through Biku I will try to monitor its progress and support those involved.

With my Link colleagues, I will continue to work with and support staff in the three health centres to enable them to achieve the standards for an 'exemplar' health centre. I will also try to increase the awareness of others of the needs in Ethiopia and how they may contribute to meeting these.

I would like to master more than two words (currently 'thank you' and 'ok') of Amharic before my next visit and have purchased a text book on 'Amharic for foreign learners'.

I would like to spend more time in Ethiopia to increase my knowledge and understanding of this unique country and its people.

Personal benefits/employer benefits/influences on my life of working with the Gwent/Ethiopia Link

Working with the Link has enabled me to put into practice something I have wanted to do for a long time. I was selected by World Vision to go to

Somalia many years ago but war broke out and aid visits/work was suspended. Since that time there have been various other work and/or personal priorities that seem to have made it more difficult to become involved. I thought it would have to be a retirement option. I am therefore very grateful to be able to have an earlier second chance to contribute.

I particularly value the partnership approach of the Gwent/Ethiopia Link where the emphasis of the work is on facilitation and enabling local ownership of change. I see this to be a real strength of the Link and a key factor in its sustainability and success. Biku’s assurances that the Gwent team are there ‘for the long run’ is obviously greatly appreciated and he has built up wonderful relationships in Ethiopia. It is a real privilege to be part of the team. 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.

In this visit, it was a privilege to witness the ceremony for the donation of the motorbike ambulances and to be welcomed as a friend in each health centre. I enjoyed the contact with local people but wished I spoke even a little Amharic. I have learnt a great deal from my colleagues and enjoyed their companionship and support on the visits. It feels good to think that what I do might make some very, very small contribution to the improvement in health care provision in a country without the basic privileges I sometimes take for granted.

My employer will benefit from my renewed enthusiasm for insisting on quality and standards. I have always been fairly adaptable but stepping outside one’s own workplace and comfortable life style enables you to refocus on priorities and issues that matter on your return. My experience with the Link has confirmed for me that this is an avenue of work I wish to pursue further, either within the employment of the Assembly or outside, which may/ may not be good news for my employer!