# Visit Gondar University Hospital, Ethiopia.
# June 2015

World Vision Ethiopia Development Agency

University of Gondar

LSTM Liverpool School of Tropical Medicine

International Safe Motherhood & Reproductive Health ISM&RH

## Contents

# 1. Introduction

*'A bleating sheep loses a bite'* Proverb from present-day Ethiopia and 16th-century England.

This introduction is written with a fresh memory of a fascinating country and a miraculously beautiful city that have left a deep impression on me. Ethiopia turned out to be different from any other place I had previously known: the proud spirit of its people, their enigmatic language and peculiar calendar, a rich culture testified by castles and churches, refreshing 'mix-ed' juices at every street corner, a tasty culinary tradition (menus full of 'firfir' in thousands of varieties), sensual 'shoulder dancing' – especially with that rigid European setting foot in a bar-, breathtaking landscapes, but above all the resilience of patients and staff at the clinic.

This is the report of a visit by the 'Working Party for International Safe Motherhood and Reproductive Health' to Gondar University Hospital, Ethiopia, that took place in June 2015. The Working Party is part of both the Dutch Society of Obstetrics and Gynecology (NVOG) and the Dutch Society for Tropical Medicine and International Health (NVTG). Goal of the Working Party is to improve the reproductive health status of women around the globe, in particular by collaborating with local health workers.

After finalizing the previous collaboration with the Association of Gynecologists and Obstetricians in Tanzania, there was a widely felt desire within the Working Party to start a new project. Following visits of several Working Party members to Gondar, including Myrrith Hulsbergen's visit, local gynecologists (dr. Genet Gebremedhin and dr. Mulat Adefris) submitted an inquisitive request for collaboration. As a first project, based on a previous positive experience with a similar endeavor in Dar es Salaam, it was decided to organize a training in Emergency Obstetric Care, supported by the Liverpool School of Tropical Medicine (dr. Charles Ameh). Around this training, other activities were planned: meetings with the objective to arrive at a 'Memorandum of Understanding' (secretary: Mimosa Bruinooge), a workshop on 'Operational Research' (by Marcus Rijken and undersigned), a visit to the hospital (with special attention for the delivery unit and the maternal intensive care unit) as well as a number of surrounding health centers, joining in at urogynecological (Jelle Stekelenburg) and oncological (Heleen van Beekhuizen) surgeries, with possible support in these areas as a side objective. Our visit had been carefully prepared by Sabine van Nievelt and was facilitated by World Vision International.

It made for an intense week. Although the sustainability of our efforts is yet to be found out, our stay was unanimously regarded as a tremendous success, both by Working Party members and local stakeholders. This is demonstrated by the signing of a 'Memorandum of Understanding', a productive brainstorm about possible relevant research questions, the overwhelmingly good reception of the training and the many promising personal connections.
However, in the end, there should be only one overarching, ambitious and essential goal to measure the success of our initiative: improving the health of the women in Gondar. Whoever has seen their clinics will agree: they are entitled to better. And there are indeed possibilities to improve, although this will also require local initiatives and political commitments. We are there merely to support these, and to do so to the best of our ability. In this report, we describe the first steps we took in that direction. May there be many more to follow.

## 2. Life Saving Skills Training

As a pilot for the start of an intense training program in Gondar University Hospital, a 3.5 day course of Life Saving Skills was organised by the Working Party of International Safe Motherhood and Reproductive Health (WP ISM&RH) in collaboration with Dr. Charles Ameh from the Liverpool School of Tropical Medicine and with World Vision.
The training aimed to train 30 health workers with different backgrounds: 20 midwifes coming from the surrounding health centres and 5 gynaecologists, 2 residents and 3 midwives from Gondar Hospital. This meant a group of people with a different background as well as a big variety of skills and knowledge, which made the training even more interesting and useful.

The course started and ended with knowledge and skills tests, to measure impact of the training on the trainees. 9 main subjects were covered by giving a short lecture, followed by intense practical training in four breakout stations. In these stations patient scenarios were played and skills were improved. The course was given in high speed to be able to cover all important subjects and to give many training moments to the trainees. The pressure in time and skills, taught the trainees to stay calm in emergencies.
The subjects covered different emergencies in obstetrics: Resuscitation, Shock and the unconscious patient, PE and Eclampsia, Haemorrhage, Sepsis, Obstetric Complications, Preventing Obstructed Labour, Assisted Delivery, Surgical Skills.

*Results of the pre and post-tests:*
Unfortunately the knowledge test was not undertaken at the end of the course. This means we cannot give any information about the improvement of knowledge during the course.
However the skills tests, both written and practical, were done before and after the course. The written skills tests covered Postpartum Haemorrhage, fitting in pregnancy, assisted vaginal delivery and Preventing Obstructed Labour. The practical skills tests pointed at performing MVA, Breech delivery and Newborn Resuscitation. Overall we see an improvement of the whole group in all the skills, which improvement is statistically significant.



General and specific feedback by the trainees was requested as well, to be able to improve the training the coming years: ratings were given from 1 to 5. The rating was good, with overall scores from 4.3 to 4.8. More specific rating was requested about the different lectures and training stations, the feedback rated from 4.2 to 4.9.


*Conclusion*

In conclusion we can say that we have given a very intense training in life saving skills. The enthusiasm of the group as well as the significant improvement of skills stimulates us to continue the supervision and trainings for the coming five years. Follow-up will be done to measure the long-term outcome of the training, as well as research will start to measure the impact on patient outcome. The training-program will continue in collaboration with the gynaecologists of Gondar Hospital.

## 3. Gynecologic oncology in Gondar Hospital

There are five gynecologists in Gondar of whom two or three are happy to sub-specialize in gynecological oncology. It seems a very motivated team.

At this time, the gyn oncology in Gondar is supported by a gynecologist from Leipzig, who visits Gondar Hospital every three months for one week. He operates together with the local gynecologists. This concerns in particular radical hysterectomies according to Wertheim.
Major gyn oncology problems is within cervical cancer, in particular since more patients with cervix carcinoma are found through the screening program.
A cervical cancer screening unit is located in the gynecology outpatient clinic, founded by an American gynecologist who has been in Gondar for almost a year. This screening unit begins to run well. There are many women diagnosed with cervical cancer, mostly high stage. They are referred to Addis Ababa for radiation therapy. The waiting list in Addis is six months and many patients do not have funding for travel and accommodation costs.
Gyn oncologic surgery is performed in the operating theater of the fistula hospital. This is fairly adequate, but it needs some improvement, especially in terms of light, electricity & instruments.

There are plans to build a radiotherapy unit in Gondar. That would benefit patients with cervix carcinoma. Parallel to this, the gyn oncology in Gondar is motivated to start a sub specialist fellowship. They have support from Leipzig, but this is not enough. They wrote a training plan, but in my opinion, the training plan is too high tech (such laparascopic surgery, sentinal nodes etc): these techniques will be unavailable in Gondar so it is not very helpful to teach people in these techniques. However they can use support from the Netherlands; it would be good if we send a gyn oncologist from The Netherlands one week per month for the period of two years to train them in this subspeciality. In addition, they should also get funding for internships on location (eg Eldoret in Kenya and the radiotherapy department in Addis Ababa). If there is a fellowship we need to encourage and support specialisms such as internal oncology, pathology and radiotherapy to upgrade their knowledge and skills.

During the visit I assisted in two radical hysterectomies and I had the impression that the two gynecologists already have many skills, but that they lack self-confidence. I think that if they do around 20 Wertheim under supervision, they can perform the operation autonomously.

Research: this could very well be linked to a research fellowship. In a subgroup we brainstormed about topics:
1. Cluster randomized study of home-based care on quality of life of patients with (gynecological) malignancies
2. HPV subtypes in cervical carcinomas in Gondar (hospital based is already done in Gondar, but not community based)

Advice: support from gynecological oncologists in the Netherlands in the training of gynecological oncology (preferably three gynecologists) is extremely helpful. With minimal support of one week per month (a total of 24 visits) we can give people a decent fellowship. In the beginning, the emphasis will be on surgical skills, at a later stage also on improving pathology, chemotherapy,

radiotherapy.
Setting up home-based care (palliative care) and connect this to research is a big step in the improvement of quality of life of untreatable cancer patients (not only gynecology) in the developing world. It deserves our maximum support. We should contact Leipzig to seek cooperation.

What I've done:
Contact was made with two retiring gyn oncology professors to ask for physical support, but they are not able to help in the near future.
Contact was made with Luuk van Lonkhuizen, he is involved in similar project in Kenya.

## 4. Urogynecology in Gondar University Hospital

Little is known about the burden of disease caused by urogynecological complaints in women in the catchment area of GUH. A study done in a rural district of Ethiopia found a prevalence of 7.8% for urinary incontinence, 6.3% for symptomatic pelvic organ prolapse (POP) and 55.1% for anatomical POP stage 2-4 (Megabiaw B, 2013). The authors concluded that the methods of assessing pelvic floor disorders in a low-income context need further development.

During my stay in GUH the following observation were made.

- Sufficient numbers of patients with urogynecological complaints report at the hospital
- The hospital has a well-running and well-organised fistula surgery programme
- Interns and residents have quite good knowledge about urogynecology
- At least one gynecologist (Birhanu) is already skilled to perform basic vaginal urogynaecological procedures like vaginal hysterectomy, anterior colporrhaphy, colpocleisis, colposuspension.
- Pelvic floor therapy is not yet practised
- Pessary treatment does not exist
- Surgical equipment and provisions in the fistula hospital are reasonably well organised

GUH gynaecologists requested for assistance in urogynecology sub specialty training. A programme with gynaecologists from France (Lyon) was also recently developed, planned to start from September 2015 with a French subspecialist to stay in Gondar for a year. Some doubts about whether this programme will really be implemented, were expressed by Dr. Mulat, since it was not yet confirmed. Additionally, it was once more stressed that Gondar staff would love to work together with us as well.

Opportunities for a Dutch/Ethiopian collaboration would be to have Dutch urogynecologists to stay in GUH for periods of minimally 3 months, working together with Ethiopian colleagues, working on the following objectives.

Patient care

1. Implementation of structured validated questionnaires for history taking
2. Introduction and implementation of the POP-Q assessment
3. Structured counselling of patients for different treatment options: expectative, pelvic floor therapy, pessary therapy, surgical therapy
4. Introduction and development of pelvic floor therapy
5. Introduction of SUI-surgery with transobturator slings (in collaboration with Ethicon?)
6. Introduction of hysteropexy

Education: Introduction of structured approach of teaching students, interns and residents

Research : Implement research ideas of Birhanu

Plan: send this report to the secretary of the 'Werkgroep Bekkenbodem' (Erica Janszen) and request for their support

## 5. Visit Health Centres

During our stay in Gondar we visited two health centres: Polyclinic in the vibrant centre of Gondar town and Maraki Healthcenter, just out of town.

Aim of the visit

Because Gondar University Hospital is outgrowing its capacity for patient care as well as teaching hospital, the OBGYN staff is considering to expand its services to other locations nearby. During this visit we could help to assess the possibilities and challenges to involve the two health centers mentioned. Furthermore, the visits could also help us to have an impression of the quality of service in the health centers and see under what condition the midwives we trained are supposed to work.

Policlinic

The Policlinic Health Centre consisted of several separate buildings, much like a small hospital.
We arrived around 11 am. at this health center and noticed it was very quiet. According to the health officer in charge the morning had been busy with 12 patients attending ANC, and patients would probably come back later in the afternoon. At the maternity ward no patients to be seen, in the morning some women had come for antenatal check-up. According to the midwife present there is an average of 15 deliveries per month. At time of visit, a midwife and two midwifery students were present.
The delivery room contained two delivery beds and a neonatal resuscitation table. There was a separate room for antenatal check-up. Essential medication, such as oxytocin was available. To get the mask and balloon for neonatal resuscitation, first a key had to be found to open the closet were the mask and balloon were found behind some boxes.

*Delivery room in Policlinic Health Center*

We were shown the rest of the health center and it turned out that quite many facilities were available, like a basic lab to conduct tests like Hb, cbc and stool examinations. The lab was not equipped for blood group typing and cross matching. One building on the compound, once built as a patient ward, was only used as storage room, with no patient to be seen.

*In conclusion*: the Policlinic Health Center as this moment is not being utilized to its full capacity. With some minor adjustments there is a possibility to serve many more pregnant and delivering women there. Because of its proximity to Gondar University Hospital, one could take into consideration to locate some of the university staff there, including some senior residents who can call for supervision to the gynecologist on call.

Maraki Health center

This health center was located just a few kilometers out of Gondar town. Compared to Polyclinic, it is considerably smaller but better organized. There was one delivery ward, one postpartum ward and one antenatal check-up room. There was a separate under 5 clinic. At the moment of our visit, no one was delivering, but one woman was recovering in the postnatal ward: happy with a healthy baby in her arms. The wards looked clean and reasonably well equipped. The local staff was friendly and enthusiastic.

*In conclusion*: this health center has smaller capacity at the moment, but lots of space to increase. Its proximity to Gondar town, the clean environment and friendly atmosphere gives it good potential to collaborate more intensively with GUH.

## 6. Research projects in Gondar.

During the research meeting (June 6th) in Gondar university, which was attended by a large number of local staff including specialist and resident doctors and midwives, several potential research projects were proposed (see summary of research meeting - appendix). In summary there were short presentations about recent research projects from members from the working party. Next Gondar university shared some ongoing public health research projects and World Vision presented their projects in the health centers in Gondar region. All Gondar staff members were invited to share potential research ideas based on their clinical experience. These ideas were divided into 5 main themes: public health, clinical studies, communication, oncology, and training. For each theme a group of local staff and one or more advisors from the Working party formulated a research question, study method and presented their recommendations. All participants were invited to develop research questions in their own working space, and submit a proposal to the Working party (email: secretariaat.wp@gmail.com). Since then several proposals have been submitted and are listed below (table 1).

Table 1 Research proposals from Gondar university

| **WHO** | **Short title** | **Where** | **Summary** | **Temporary Advisor** | **Status** |
|---|---|---|---|---|---|
| Birhanu | PROBAAT study | Gondar university | RCT misoprosotol vs foley induction of labour | Thomas | Inventarisation |
| Birhanu | Manuscript writing | various | | Heleen | Revising papers |
| Birhanu + Jelle + (Myrrith?) | Urogynecology | Gondar university | RCT<br>Like SAVE-U | Jelle | Proposal development |
| Birhanu + Jelle + (Myrrith) | Urogynecology | Gondar university | Risk factors for prolaps | Jelle | brainstorm |
| Tadesse | interested in research | Gondar university | To be determined | Heleen | Waiting for ideas from GU |
| Genet + Mimosa | EmOC training and mentorship in health centers | Gondar + health centers | RCT training + mentor – > effect measured for PE / Obstruct Labour / PPH | Marcus | Research proposal development |
| Genet + Sabine | Evaluation of first training | Gondar university | Kirkpatrick 1+2 | Myrrith / Marcus / Charles | Analyzing / writing |

During the last weeks, several Dutch students have shown interest in a research project in Gondar University (table 2).
The ShareNet proposal includes several visits for EmONC training during one year. Ideally but not exclusively, research projects could be developed and attached to these (ShareNet funded) EmONC trainings. Charles Ameh from Liverpool School of Tropical Medicine has developed some packages of research projects.
The primary group of Gondar research advisors includes: Thomas van den Akker, Heleen Beekhuizen, Marcus Rijken and Jelle Stekelenburg.

Table 2 Students

| **WHO** | **Short title** | **Local Advisor** | **Summary** | **Temporary Advisor** | **Status** |
|---|---|---|---|---|---|
| Crissie van den Akker | Abortion | Getasew (resident) | Research elective medical student | Jelle Mulat | writing research proposal |
| Linda Barry | Barriers for referral/ EmoC Focus groups /interviews staff | Genet+ Mimosa | Research elective social science student | Marcus | Finalizing proposal |
| Marieke Meulenberg | | Genet+ Mimosa | Research elective medical student | Jelle | To be determined |

All research projects are coordinated by Marcus Rijken, who is cc-ed regularly in emails between students and advisors. Updates of research projects are shared in a drop box file, open to all members of the Gondar team. Research support could be mobilized through the research committee of the Working party and by individual universities of advisors from the Working party.
The research coordinators in Gondar University are dr Mulat and dr Genet.

Potential PhD projects will be registered primarily in Groningen University, under supervision of professor Jelle Stekelenburg.

## 7. Social programme

Gondar is a city located in the Ethiopian Amhara Region, with an elevation of 2133 meters above sea level. Its attractive groups of royal castles, dating back to 17th century, remind that Gondar once was the capital of the Ethiopian Empire. The rich history of religion, art and literature are still represented by ancient and beautifully decorated Ethiopian Orthodox churches.

In the afternoon of Friday the 5th, after completing the training and health center visits, we turned into tourists for a few hours and visited the picturesque ruins in Fasil Ghebbi (the Royal Enclosure), from which the emperors once reigned. Many of us were overwhelmed by the mystic atmosphere and amazing ceiling in the Debre Birhan Selassie Church.


Downtown Gondar shows the influence of the Italian occupation of the late 1930s. The main piazza features shops, a cinema, and a nice bar on a hill good for delicious fruit drinks or St Georges beer.


One of the best reminders of Italian occupation is the Caffe Macchiato, served anywhere in Gondar.

Another type of drinking coffee is the traditional Ethiopian Coffee Ceremony, which has a ritual way of making and serving The coffee ceremony is one of the most recognizable parts of Eritrean and Ethiopian culture. Coffee is offered when friends are visiting, during festivities, or as a daily staple of life.

There are many stunning views over the historical city of Gondar, for example from the Goha hotel, where we had dinner with the Gondar University staff and the team of World Vision Ethiopia.

During one of the evenings, we were introduced to the Eskista dance, which is a traditional Ethiopian dance performed by both men and women. The dance is legendary for its unique emphasis on intense shoulder movement: rolling the shoulder blades and bouncing the shoulders. Each of us performed the highly technical form of traditional dance at the closing diner at the famous “Four sisters” restaurant.
During daytime, from 1 am Ethiopian clock (the day starts at 6 am as opposed to 12 am, concurrently with sunrise), we enjoyed the national Ethiopian dish, Injera, traditionally made out of Teff flour.

Unfortunately not all of us were able to spend some days at the jewels of Ethiopia: such as the rock-hewn churches in Lalibela, the city of the Queen of Sheba:Aksum, Lake Tana and Bahir Dar, Blue Nile Falls, Simien Mountains, or Addis to name some. We should return.

## 8. Conclusion and future plans

After reading all these beautiful and motivating stories, the conclusion is clear: we are very happy and proud that our visit has resulted in a Memorandum of Understanding of 5 years with 4 parties: Gondar University, World Vision, Liverpool School of Tropical Medicine and the Working Party of International Safe Motherhood and Reproductive Health.

During the week of trainings, visits and discussions in June 2015, we have seen that the (medical) staff in and around Gondar is very strong in their enthusiasm and motivated to improve quality of care to women. This gave a huge boost to our motivation, which is still running through our veins. At the moment we are all working hard to make the future wishes come true: improvement of maternal health by building up a good training system with the gynaecologists of Gondar Hospital, starting up research to measure the expected improvement and to give people the possibility to learn to perform research and write articles as well as working on subspecialty training for better care for women. Many ideas have raised about ICU improvement in combination with research, Health Center upgrading and making a good fellowship. Together we must be able to reach our goals.

Since we have managed to receive a grant from ShareNet (thanks to Marcus with his never ending enthusiasm), we have financial support for the coming year. Together with all parties we need to do our upper best to show ShareNet that the Grant is worth to be continued the coming years. This will help us to give continuous support in Gondar Hospital.

Thank you all, and wish you a lot of strength to continue working on this beautiful project

Myrrith Hulsbergen

Addendum 1.

**Face map of Gondar research team**

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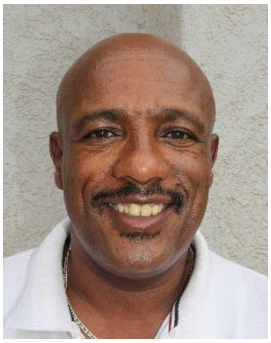

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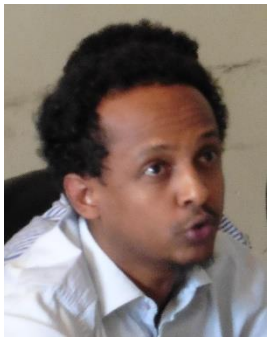

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## Addendum 2: program LSS-Training

**CMNH Emergency Obstetric Care & Newborn Care Course**
**(Gondar, Ethiopia – June 2015)**

**DAY 1: MONDAY 01-06-2015**

**Morning Session**

**08.00** **Preparation and meet in-country facilitators**
**12.00** **Lunch**

**Afternoon Session**

**12.30** **Registration**
**13.00** **Welcome Address**
**13.15** **Introductions & Purpose of the Course** **Charles**
**13.35** **Pre-Course Knowledge Test**
**14.15** **Pre-Course Skills Test**

**14.55** **Lecture** ABCs & Maternal Resuscitation **Marcus**
**15.15** **Demonstration** The ABC Approach: **Marcus, Jelle, Heleen, Myrrith**
**15.35** **Lecture** Care of the Newborn **Mimosa**
**15.55** **Breakout Stations**

| **Room** | **1** | **2** | **3** | **4** |
|---|---|---|---|---|
| **Faculty** | *Marcus,…* | *Jelle, Thomas* | *Mimosa, Charles* | *Heleen, Myrrith* |
| **Station** | **Airway** | **CPR- Basic Life Support** | **Care of the Newborn** | **Venous Cutdown (incl surg knot)** |
| **15.55** | A | B | C | D |
| **16.15** | D | A | B | C |
| **16.35** | C | D | A | B |
| **16.55** | B | C | D | A |

**17.15** **General Feedback from Participants & Closure**
**17.45** **Faculty Meeting**

**DAY 2: TUESDAY 02-06-2015**

**Morning Session**

**07.45** **Faculty Meeting**
**08.30** **Registration & Recap of Day 1**

**08.45** **Lecture** Shock & The Unconscious Patient **Marcus**

**09.05** **Breakout Stations** Shock & The Unconscious Patient (scenarios)

| Room | 1 | 2 | 3 | 4 |
|---|---|---|---|---|
| **Faculty** | *Marcus, …* | *Jelle, Thomas* | *Mimosa, Myrrith* | *Heleen, Charles* |
| **Station** | **Unconscious** | **Hypovolaemia** | **Septic Shock** | **Cardiogenic Shock** |
| **09.05** | A | B | C | D |
| **09.30** | D | A | B | C |
| **09.55** | C | D | A | B |
| **10.20** | B | C | D | A |

**10.40** **Group Work** Communication, Triage & Referral
**10.55** **Feedback from Group Work**

**11.10** **Tea & Coffee Break & Meet Your Mentors**

**11.25** **Lecture** Pre-Eclampsia & Eclampsia **Mimosa**
**11.45** **Breakout Stations** Pre-Eclampsia & Eclampsia (Scenarios & Workshops)

| Room | 1 | 2 | 3 | 4 |
|---|---|---|---|---|
| **Faculty** | *Mimosa, Charles* | *Jelle, Thomas* | *Myrrith, ..* | *Heleen, Marcus* |
| **Station** | **Recognition** | **Management – BEOC** | **Management – CEOC** | **BP & Fluid Balance** |
| **11.45** | A | B | C | D |
| **12.05** | D | A | B | C |
| **12.25** | C | D | A | B |
| **12.45** | B | C | D | A |

**13.05** **Lunch & Meet Your Mentors**

**Afternoon Session**

**13.50** **Lecture** Haemorrhage **Myrrith**
**14.10** **DVD** Active Management of 3rd Stage of Labour
**14.25** **Breakout Stations** Haemorrhage (Scenarios & Workshops)

| Room | 1 | 2 | 3 | 4 |
|---|---|---|---|---|
| **Faculty** | *Myrrith, Charles* | *Jelle, Mimosa* | *Marcus, Thomas* | *Heleen, …* |
| **Station** | **Volume Replacement** | **Atonic Uterus** | **Placenta Abruption** | **Placenta Praevia** |
| **14.25** | A | B | C | D |
| **14.50** | D | A | B | C |
| **15.10** | C | D | A | B |
| **15.30** | B | C | D | A |

**15.50** **Lecture** Sepsis **Myrrith**

**16.10** **General Feedback from Participants & Closure**
**16.30** **Faculty Meeting**

## DAY 3: WEDNESDAY 03-06-2015

**Morning Session**

**07.45** **Faculty Meeting**
**08.15** **Registration & Recap of Day 2**

**09.00** **Breakout Stations** **Sepsis (scenarios)**

| **Room** | **1** | **2** | **3** | **4** |
|---|---|---|---|---|
| **Faculty** | *Myrrith, Charles* | *Jelle, Mimosa* | *Marcus, Thomas* | *Heleen, …* |
| **Station** | **Sepsis in Pregnancy** | **Sepsis after Delivery** | **Newborn Sepsis** | **Severe Sepsis** |
| **09.00** | A | B | C | D |
| **09.20** | D | A | B | C |
| **09.40** | C | D | A | B |
| **10.00** | B | C | D | A |

**10.20** **Lecture** Obstetric Emergencies **Jelle**
**10.30** **DVD** Breech

**10.40** **Tea & Coffee Break & Meet Your Mentors**

**11.00** **DVD** Shoulder Dystocia
**11.10** **Breakout Stations** Obstetric Emergencies

| **Room** | **1** | **2** | **3** | **4** |
|---|---|---|---|---|
| **Faculty** | *Jelle, Marcus* | *Charles, Mimosa* | *Myrrith, Thomas* | *Heleen, …..* |
| **Station** | **Breech** | **Shoulder Dystocia** | **Cord Prolapse** | **Twins** |
| **11.10** | A | B | C | D |
| **11.30** | D | A | B | C |
| **12.00** | C | D | A | B |
| **12.20** | B | C | D | A |

**12.40** **Lunch & Meet Your Mentors**

**Afternoon Session**

**13.30** **Lecture** Preventing Obstructed labour **Thomas**
**13.50** **Breakout Stations** Obstructed labour & use of Partographs (Scenarios & Workshops)

| **Room** | | **1** | **2** | **3** | **4** |
|---|---|---|---|---|---|
| **Faculty** | | *Marcus/ Thomas* | *Jelle, ….* | *Myrrith, Mimosa* | *Heleen, Charles* |
| **13.50** | Obstructed Labour 1 | A | B | C | D |
| **14.15** | Obstructed Labour 2 | D | A | B | C |
| **14.40** | Obstructed Labour 3 | C | D | A | B |
| **15.05** | Obstructed | B | C | D | A |

| | | | | | |
|---|---|---|---|---|---|
| | Labour 4 | | | | |

**15.30** **Tea & Coffee Break & Meet Your Mentors**

**16.00** **Lecture** Assisted Delivery **Thomas**
**16.20** **DVD** Vacuum Delivery
**16.30** **General Feedback from Participants & Closure**
**16.50** **Faculty Meeting**

## DAY 4: THURSDAY 04-06-2015

**Morning Session**

**08.00** **Faculty Meeting**
**08.30** **Registration & Recap of Day 3**

**09.00** **Breakout Stations** Assisted Delivery (Skills)

| **Room** | **1** | **2** | **3** | **4** |
|---|---|---|---|---|
| **Faculty** | *Marcus, Thomas* | *Jelle, ….* | *Myrrith, Mimosa* | *Heleen, Charles* |
| **Station** | **Vacuum Delivery** (Instruments, pre-requisites, indications) | **Vacuum Delivery** (Determination of position, cup application) | **Vacuum Delivery** (Cup application & Delivery) | **Vacuum Delivery** (Failed vacuum, complications, contraindications) |
| **09.00** | A | B | C | D |
| **09.25** | D | A | B | C |
| **09.50** | C | D | A | B |
| **10.15** | B | C | D | A |

**10.40** **Tea & Coffee Break & Meet Your Mentors**

**11.00** **Lecture (Doctors)** Surgical Skills **Heleen**
**Lecture (Midwives & Nurses)** Post Abortion Care & Perineal Repair **Jelle**

**11.20** **DVD (Doctors)** C-Section
**DVD (Midwives & Nurses)** Post Abortion Care

**11.40** **Breakout Stations** MVA, Retained Placenta, C-Section & Perineal Repair

| **Room** | **1** | **2** | **3** | **4** |
|---|---|---|---|---|
| **Faculty** | *Jelle, Thomas* | *Marcus, …* | *Myrrith, Mimosa* | *Heleen, Charles* |
| **Station** | **MVA & ERPOC (and disc Family Plann)** | **Retained Placenta** | **Difficulties at C-Section** | **Episiotomy Repair, 3rd & 4th Degree Tears** |
| **11.40** | A | B | C | D |
| **12.05** | D | A | B | C |
| **12.30** | C | D | A | B |

| | | | | |
|---|---|---|---|---|
| **12.55** | B | C | D | A |

**13.20 Lunch & Meet Your Mentors**

**Afternoon Session**

**14.00 Post-Course Knowledge Test**
**14.30 Post-Course Skills Test**

**15.00 Handing out of certificates**
**15.30 Group Photograph & End of Training Course**

**KEY – Faculty Initials**

## Addendum 3 : Short summary research meeting

- Introduction
- Presentation recent PhD research Working Party:
  *Marcus (malaria in pregnancy and task shifting) and
  * Thomas (research in Gondar: yes you can)

- Data collection within World Vision (Tigist)
- Presentation by Gondar Public health team

- Research topics in Gondar as suggested by the audience:
  <u>Clinical:</u>
  *Indications for CS ; meconium?*
  *Mortality and morbidity: audit?*
  *Obstructed labour: reason? Intervention?*
  *Prevalence serious maternal morbidity*

  <u>Public health:</u>
  *Home delivery; why die mothers at home?*
  *Utilization of services available; Family planning*

  <u>Communications/Referrals</u>
  *Improving communication: GU call center; Missed opportunities in continuity of care*
  *Referrals : quality of care HC – hospital*

  <u>General</u>
  *Evidence Based Medicine in one country may not fit another setting : eg corticosteroids?*
  *Urogyn surgery, oncology, symphysiotomy*

- Based on the research questions suggested above 5 groups were created:
  And each group had the task to formulate 1-3 research questions and suggest a proper methodology to conduct the research and come up with a recommendation.
  1. Public health. Public health doctor / Jelle
  2. Clinical Mulat / Thomas
  3. Communication Genet / Mimosa+Myrrith
  4. Oncology Tadesse / Heleen
  5. Teaching / Health centers Yeshias + Tigist / Marcus + Sabine

- Closing remarks by Jelle

**Details of group discussion:**

**Ad 1 Public health**

- Question1: what are the barriers mothers are not coming for institutional delivery ? How can we help women to overcome the barriers? Could a MWH help?
  Methods: Mix of methods qualitative and quantitative, Cross sectional, All mothers who are currently pregnant and postpartum period
  Recommendation: to carry out the research

- Question2: what are the possibilities for increasing uptake of cervical cancer screening programmes?
  Methods: Cross sectional, policy makers, Health care workers, HEWs
  Recommendation: do the study

**Ad 2 Clinical**

A. CS and treatment outcome - Tool
What are the prevalence/incidence and indications for CS hospital/community level?
Separate tool

1. What is morbidity of mortality postoperatively/maternal and fetal outcomes? Separate tool
2. What are perceptions of women undergoing CS at Gondar University hospital? Mixed methods
3. Comparison with other hospitals/regions?

B. Obstructed labour - Tool

4. What is the prevalence of obstructed labour?
5. Which are the causes? CPD, malpresentation etc.
6. What are the outcomes? Maternal and fetal
7. Parthograph use in preventing obstructed labour: how many women present with a partograph at the hospital? Barriers for health workers? Alternatives?
8. Experiences of women in fistula ward

C. Family planning at facility level

9. What is the quality of family planning at preconception care, ANC and postnatal care?
10. How to integrate family planning into other services? Mixed methods

**Ad3/ Communications**

Research questions: What is the quality of referral, Why is the quality like this, How can we improve
Methods:

- Base line assessment
- Focus group discussions
- Train
- Fixed phones
- Call center
- Mentoring

**Ad 4 Oncology**

Research questions: home based care in palliative oncology trajectory
RCT home based care vs standard care

**Ad 5 Teaching / health centers**

Research questions:

1. Evaluation of EmOC training
   Method: Kirkpatrick 1 and 2
2. What is the impact of EmOC training or EmOC training plus mentorship on neonatal and maternal health?
   Method cluster RCT health centers in EmOC training and EmOC + mentorship

**Previously mentioned potential research projects:**

Liverpool PE monitoring charts. Comments of the team – they use a chart already which is quite similar, they would like to introduce the LSTM chart, but studying the introduction of it will show very little impact.

Much interest of Gondar in further PE studies; prevention (aspirine), prediction of high risk women etc.

Gondar team will discuss among themselves the priority list and name project leaders (obstetricians and / or residents). They will send project proposals to: **secretariaat.wp@gmail.com**
**Then an advisor from the working party will be assigned to the project.**