

REPORT
Visit to Gondar September 27-October 4, 2015



Members: Dr. Rob Mooij, Dr. Jelle Stekelenburg (ISM&RH)

Programme

Three months evaluation midwives/health centres after Life Saving Skills – Emergency obstetric & neonatal care (LSS-EONC) course June 2015 (September 29-30), facilitator training (ToT, October 1-2)

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Sunday September 27

Arrival in Gondar, meeting with dr. Mulat (head of OB/GYN dpt) and dr. Birhanu, gynaecologists. Positive feedback from LSS-EOC course. Dr. Mulat is away the rest of the week; dr. Birhanu is in charge of all the arrangements for the visits and ToT.

Monday September 28

National holiday (Mesqal). Visit to hospital with small tour (Labour ward, surgical wards, outpatient department). Because of non-functioning ventouse equipment, mostly forceps assisted deliveries are performed. Preparations for visits and ToT (photocopying of paperwork).

Health centre visits: 3 month evaluation, Gondar 29th-30th September 2015

In June 2015 Gondar University Hospital, World Vision, Liverpool School of Tropical Medicine (LSTM) and the Working Party International Safe Motherhood and Reproductive Health (ISM&RH) signed a Memorandum of Understanding concerning collaboration, aimed at improving maternal and neonatal health in Gondar area. One of the planned activities is rolling out the LSS-EONC course, as developed by LSTM. In June 2015 the first training was organised and delivered and 30 health workers were trained, of which 17 midwives from health centres. In the available 2 days, 4 health centres could be visited. World Vision tried to arrange for trained midwives from other health centres to come to one of the 4 centres that were visited, but this could not always be achieved. A total of 10 midwives were met with. Transport was arranged by World Vision. Team members were Dr. Birhanu and 1 resident (different on day 1 and day 2), together with Yonas Atiklt of World Vision. On day 1, also accompanied by Linda Barry (Dutch research student studying barriers in the referral system).

At each centre the schedule was as follows: starting with short meeting with doctor in charge or administrator. After that, interviews with midwives and filling in logbook of activities after the June course. A "quicksan" of the facility, consisting of short questions concerning obstetric indicators and outcomes and a short tour. Of the midwives who came to meet at a health centre which was not their own; only a written quickscan was done. Translation to Amharic by dr. Birhanu and resident. After that some hands on skills and scenario training and answering of questions.

Tuesday September 29

Visit to 2 health centres. First visit was Aykel health centre, 60km from Gondar, on the main road to the West. Only 1 midwife present. Was happy with course, but not confident in Vacuum extraction (VE, also due to problems equipment). Tour in health centre and filling in quick scan: a new neonatal resuscitation table is not used. Shortage of MgSO₄.



Second health centre is Ayinba health centre, 30km from Gondar, also located on the main road. Two midwives present. No VE or manual vacuum aspiration (MVA) done. Shortage of MgSO₄. Happy with course.



Wednesday September 30

First visit was to Maksegnit HC 62km from Gondar on the main road to the East. 3 midwives present (also from Degoma and Lemba health centres). Happy with course. 1 midwife installed a siren in the labour ward to call for help more easily.



Second visit to Yifag. 4 midwives, but one did not work last 3 months due to giving birth, so no logbook was filled. The 2 who filled in were from Ambo meda. All were happy with the course.



Some observations of the health centres

- Some health centres had a neater and more organised appearance than others.
- In all the health centres were many posters by NGOs (such as John Snow Institute) and the Ministry of Health (MoH) of summaries of management in emergency cases.
- All health centres had posters with data of the last year. Also the obstetric data for the quick scan was easily found. It seems that a lot of data is routinely collected, this could be useful for research.
- We found new equipment arranged by World Vision which was not used (resuscitation table, new beds), so if new equipment is donated to health centres, also attention should be paid to installation and instructions on how to use it. Equally, the need for health centres to have a high tech resuscitation table should be questioned.
- In one of the health centres we used the maternity waiting home (MWH) to interview the midwives and to practise skills and scenarios. The maternity waiting home is not used, which also raises questions. Was the need for a MWH properly assessed?

LSS-EONC Training of Trainers course, Gondar 1st-2nd October 2015

Introduction

In June 2015 Gondar University Hospital, World Vision, LSTM and the Working Party ISM&RH signed a Memorandum of Understanding concerning collaboration, aimed at improving maternal and neonatal health in Gondar area. One of the planned activities is rolling out the LSS-EONC course, as developed by LSTM. In June 2015 the first training was organized and delivered and 30 health workers (gynecologists, residents and midwives) were trained. The current training was organized to further develop 8 participants of the first training in the direction of becoming certified LSS-EONC trainers.

Participants

1. Dr. Getachew Shiferaw, consultant O&G
2. Dr. Genet Gebremedhin, consultant O&G
3. Dr. Yeshiwas Abebaw, consultant O&G
4. Dr. Birhanu Abera, consultant O&G
5. Dr. Zelalem Birhan, resident O&G
6. Dr. Simegnew Admassu, resident O&G
7. Sr. Meaza Hailu, midwife
8. Mr. Kifle Yohannes

Facilitators

1. Dr. Jelle Stekelenburg
2. Dr. Rob Mooij

Venue

We used the Skill development lab of the department of midwifery, which was recently renovated by ICAP Ethiopia. The venue was appropriate for this training and can be made appropriate for the February-training as well. It consists of a rather small lecture room with 5 attached rooms that are perfectly well appropriate for outbreak stations. A better projection screen should be arranged and toilets should be made available somewhere close to the venue. Better to provide lunch for all participants close to the venue in order to shorten the lunch break and to facilitate continuous mentoring.



Program

Thursday 1st October

9.00 – 9.30 hrs.	Welcome, registration and introduction (Birhanu and Jelle)
9.30 – 10.15 hrs.	Lecture adult learning and introduction TOT (Jelle)
10.00 – 10.30 hrs.	Demonstration + feedback (Jelle en Rob)
10.30 -11.00 hrs.	Break
11.00 – 11.20 hrs.	Lecture Facilitation Skills breakout session (Rob)
11.20 – 12.30 hrs.	Exercise in 2 groups (breech delivery/vacuum extraction)
12.30 – 13.30 hrs.	Lunch
13.30 – 13.45 hrs.	Lecture scenario facilitation (Jelle)
13.45 – 14.45 hrs.	Exercise with scenario facilitation in 2 groups (Jelle and Rob)
14.45 – 15.00 hrs.	Plenary feedback – What have we learned? (Rob)
15.00 – 15.30 hrs.	Tea break
15.30 – 15.45 hrs.	Lecture ‘How to be a good lecturer’ (Rob)
15.45 – 16.00 hrs.	Allocation of lectures and preparations for the next day (Jelle)

Friday 2nd October

9.00 – 9.15 hrs.	Opening and summary of the day before (Jelle)
9.15 – 10.15 hrs.	Lecture 1 to 4 (15 min. Presentation and 5 minutes feedback)
10.15 – 10.30 hrs.	Break
10.30 – 11.30 hrs.	Lecture 5 to 8
11.30 - 12.00 hrs.	Closure (Jelle)



General impressions

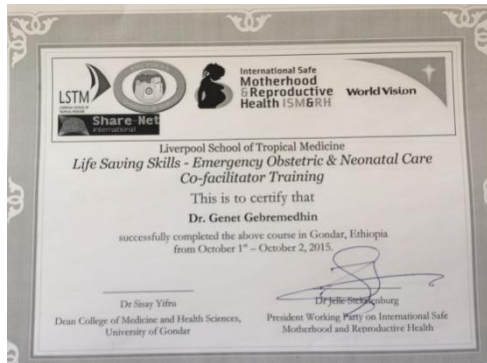
The course went well and was well received by the participants. As in June, the participants, in the verbal evaluation, expressed that the structured approach of the course and the teaching style of the facilitators is appreciated and challenging.

Room for improvement was identified in preparations of the training; complete training equipment, training guides should be available and well organized before start of the training. Time management should also be improved. In the February training late-coming cannot be accepted.

The general level of teaching and facilitation skills is acceptable. Participant 1-5 will, without any doubt, be able to play their role as co-facilitators in the next course.

Certification

At the end of this course all 8 participants received a certificate showing that they have successfully attended this co-facilitator training course. They were informed that the next step can be to become a certified trainer after positive assessment of co-facilitatorship in a next course.



Conclusion LSS-EONC evaluation and ToT

A well organized and well appreciated, both by HC staff and ToT-participants and facilitators, second step was made in the process of rolling out the LSS-EONC training course in Gondar region.

Research and other projects

On Saturday 3rd October progress of the several ideas for research were discussed. There are several ideas for cooperation in research.

Research

Linda, social science student at University College Utrecht, is currently doing research in Gondar under the supervision of Genet, Marcus and Mimosas. Her project is entitled "Recommendations to improve services to pregnant and childbearing mothers in rural health centres according to the perspectives of local health care workers in north Gondar, Ethiopia." The project tries to discover what health centres perceive as challenges to the quality of the care they provide, also in relation to the referral system.

Meeting with Public Health Representatives

On Saturday October 3, Dr. Jelle Stekelenburg, Linda and Dr. Birhanu had a meeting with Dr. Abewaw Gebeyehu and Dr. Gashaw Andargie Bikis, from the Public Health Department of the University of Gondar, and a representative from the Ethiopian Ministry of Health. In this meeting, led by Birhanu, the representatives from the public health department expressed an interest to join the collaboration between the working group and the University of Gondar.

Dr. Jelle Stekelenburg summarized the collaboration so far: the two past trainings, the peer-to-peer training organised for February 2016 and plans for future research. Next, Linda introduced her research project on the quality of care as perceived by health care providers in rural health centres.

The representatives from the public health department noted that there is a big gap between what is really known about the functioning of health centres and what is reported, since different institutions and authorities report different data. As of yet, it is unclear whether health centres perform the services they are supposed to perform and whether they are effectively connected to hospitals through the referral system or not. Both representatives noted that there is a big need to improve the referral system between facilities. They further stressed the need for a clinical trial to connect health centres to hospitals and noted that they have already been in contact with representatives from the Hawassa, Mekele and Addis Ababa University to discuss this. Lastly, they

showed interest to participate in future research. Dr. Abebaw and Dr. Birhanu will look at the possibilities for a clinical trial.

The representative from the MoH further noted that the MoH, which currently offers 21 days in-service trainings to and capacity building trainings by health workers to health centres, is looking for ways to improve the delivery of these trainings without compromising on the quality of the trainings. He further stated, that a clinical trial and further research on the matter is not only in the interest of the University but also of the MoH.

Subspecialty training

Progress in organising Subspecialty training were discussed with Dr. Birhanu. Dr. van Beekhuizen and Dr. Stekelenburg both are busy attempting to encourage senior (retired) subspecialists in gynaecologic oncology and urogynaecology respectively to contribute to the development of Subspecialty training in Gondar. Input of French and German urogynaecologists remains unclear. After leaving Gondar Prof. Mark Vierhout positively responded to this request. He is available for a period of about 3 months, starting from February 2016.

Social program

Trips to Fasil Castle and Joha hotel with Dr. Birhanu.

On Friday October 2nd visit with dr. Zelalem, dr. Simegnew and Linda to local bar with traditional dancing and after that to Nirvana bar.



General Conclusion

About 3 months after the signing of the Memorandum of Understanding, the start of the cooperation programme and the initial LSS-EONC training a first follow up visit was conducted. The programme of the visit was well prepared by Dr. Birhanu and ran smoothly. World Vision took care of transport.

Four health centres were visited and a facilitator training (ToT) was conducted for 8 participants. Initial enthusiasm which was experienced by all involved in June, could still be felt.

Continuous efforts will be needed to keep communication lines open; appointment of Dr. Birhanu as a payed project coordinator will definitely help.

Focus should be on the roll out of the LSS-EONC training and several research projects to be further developed in the next months.

A possible stay of professor Vierhout for 3 months, starting in February 2016, will give a booster to the Urogynaecology subspecialty training. Contact with French and German urogynaecologists should be initiated by Dr. Genet, in order to coordinate activities.