Report on Gondar, Ethiopia

Working Party ISM & RH

1-8 September 2017

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Introduction:

After one and a half year of interruption, three members of the Working Party on International Safe Motherhood & Reproductive Health (WP ISM & RH) visited Gondar again. Due to political unrest, the visit was delayed twice.

Dr. Birhanu, gynaecologist at Gondar University Hospital (GUH) and our counterpart in organising the course gave us a very warm welcome. It was great to see each other again and to work together. Dr. Birhanu had arranged the venue for both the Teach the Teachers (ToT) and the Life Saving Skills-Training (LSS), as well as most of the necessary equipment.

Our visit started with the ToT, since the need for skilled local trainers was high. Afterwards the Life Saving Skills Training was given by the newly formed trainers under our supervision. The Health Centre visits had been planned in the week before our arrival.

Health Centre (HC) visits: 28 September 2017

The health centres were visited by Dr. Birhanu and a team of people from WorldVision (WV) Ethiopia. WV had arranged and announced the visits in advance; however in only one health centre an interview could be taken and skills could be practiced. This visit took place in Tehara, where one trainee was met who had joined the training 2 years earlier.

The other 4 health centres visits failed (Ambesamea at 160km away, Entranze, Yitag and Maksegnit). Two health centres were run by midwifes who had never joined the training at all, one health centre used to have a midwife who joined the training but she left the centre. Finally HC Enfranze had a trained midwife but she was not around.

Concluded, the health centre visits are not well organised, either by bad communication with the health centres or by disinterest on the midwifery site. The effort put in these visits is high, so failure of the visits is completely unacceptable. Also when these visits fail, data collection will not succeed. This way we will not be able to prove the strength of the LSS training.

Points of improvement:

- Improvement of data-keeping by WV concerning the trained midwives and the place they work
- Improvement of communication between WV and the health center midwifes.
- Aim should be to visit 4-5 health centers, with the result of 10 or more interviews and skills trainings.

Teach the Teachers (ToT): 1-2 September 2017

Teachers: Jelle Stekelenburg, Heleen van Beekhuizen, Birhanu Ayana, Myrrith Hulsbergen

Trainees: Adhena Molla, MD**;** Thinsay Genet, MD**;** Shumaye Admasu, MD**;** Meaza Hailu, midwife**;** Kifle Yohannes, midwife; Rekiya Ebrahim, midwife**;** Getanesh Birihun, midwife.

The ToT, which program can be found in addendum 1, lasted 1.5 days. All participants received a hard copy of the facilitator's manual.

The program was intensive for both the trainees and the trainers. Training was given on how to be a good lecturer, and during the practical sessions the trainees practised to switch their role from trainee to trainer. During these days we saw the participants grow into their new role. In the end, the trainers practised their lectures and feedback was given by the group to improve the quality of lecturing. The quality of the ToT was evaluated by the participants and the ToT trainers, which resulted in points of improvement as written below. One participant was not ready to be trainer yet, so the ToT resulted in 6 facilitators to join the LSS training.

It proved to be useful to give a ToT just before the LSS training. The training gives a bond and a safe environment, which results in a solid facilitator group. This should be included in every visit.

Points of improvement (advised by the faculty or the ToT trainees)

- The original facilitator manuals should be available next time, as well as a soft copy.
- The by WV copied manuals need to be checked beforehand since the papers are missing or not in the right order.
- The skills from the obstetric emergency breakout stations should be included in the ToT program.
- The aim of the ToT should be more clearly explained to the participants beforehand.
- The ToT might be a bit longer (2 days?).
- Concerning the LSS training program: antenatal care should be included, the 3 phases of delay should be in the obstructed labour lecture, and some slides should be updated.
- Evaluation forms need to be filled in clear handwriting.
- There should be clearness about allowances (WV).

Life Saving Skills Training: 4–8 September 2017

The detailed program can be found in the addendum 2.

The LSS training started on Monday the 4th of September. After preparing on Sunday morning, the last steps were taken and the ABCD demonstration was practised. 27 people joined the training. We welcomed 10 midwifes from GUH/Midwifery School, 4 residents from GUH and 13 midwifes from surrounding health centres. They received a copy of the participant manual of the LSS training at entering the course.

The knowledge and skills testing at the beginning of the training seemed to be easier for this group of trainees than it was in 2016; however the results need to be evaluated.

The local faculty members were very serious taking their tasks. They were giving lectures of acceptable and good quality and were preparing their breakout stations pretty well. It seemed to be difficult for them to understand why the stations need to be prepared immediately after finishing the former session. However they really did their best, were available at the venue and enjoyed their role. The facilitators understood that the hands-on during the training was part of their responsibility; so the focus should be on hands-on and not on discussions. This was something they learned during the training. Two of the Gondar gynaecologists joined the training alternatively, Dr. Birhanu and when necessary Dr. Getu.

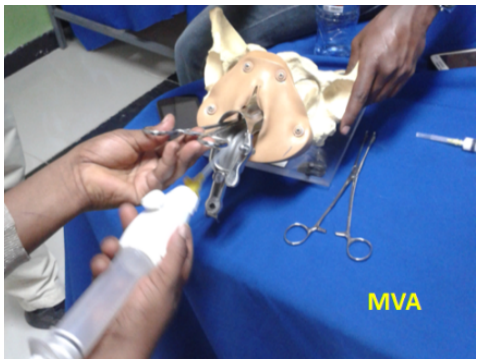
During the complete training, quality assessment was done on the performances of the facilitators in both lecturing and in the stations. Also we managed to select around 10 trainees to join the ToT next time

The electricity was on and off absent during the course. When necessary two laptops were replacing the screen to show the presentations given.

The training was evaluated by the participants, this still needs to be evaluated. However the cadre of medical staff was often missing, which results in more difficult interpretation of the results.

Points of Improvement:

- Early preparation of the breakout stations
- Focus on hands-on training
- Check the completeness of the evaluation forms to get better feedback
- Venue: if possible 4 separate break-out rooms
- Equipment for Venous Cut Down
- Participant Manuals original, no copies



QUALITY ASSURANCE REPORT of the Life Saving Skills Training

Introduction

This third LSS-EOC/MC in Gondar was organised as part of a wider collaboration between Gondar University Hospital, World Vision Ethiopia and the Working Party International Safe Motherhood & Reproductive Health. The first training was organised in June 2015, the second in February 2016. Unfortunately, planned trainings in autumn 2016 and spring 2017 had to be cancelled because of political unrest in Ethiopia.

Methods

A variety of quality assurance tools provided by the Liverpool School of Tropical Medicine was used.

Quality assurance tool (annex 1)

Individual assessments of new instructors (annex 2)
Assessment of TOT trainees by facilitators (annex 3)
Quality assurance feedback forms (annex 4)

Course Director's feedback (annex 5)

The contents of the lectures were assessed by the QA-officer (the undersigned).

Results

The overall quality of the course was according to or above standards and expectations. The team of facilitators did a good job and showed progress in their skills during the course; also the quality of the teamwork increased during the course.

The venue and the equipment are according to the standards. Some of the mannequins and other equipment need to be replaced. Sanitary conditions were below standards.

Suggested adjustments in the lectures will follow soon.

Discussion

A successful course has been given and one more step is necessary before completely handing over the organisation of the course to the Ethiopian team, which is to train and assess an Ethiopian Course Director. During the next two courses in 2018 that can be taken care of. An Ethiopian course director has already been identified. The major challenge will be to make sure that the course director is

available throughout the course, does not have any other duties and can fully concentrate on the smooth running of the course.

Visit to gynaecological oncology department:

1. Lectures to gynecologists and residents (morning session):
   Gestational trophoblastic disease
   Cancer in pregnancy (especially cervical cancer)
   Technique of radical hysterectomy
2. Surgery done
   1 radical hysterectomy
   1 large ovarian mass
3. Patients seen together with GU gynecologist: 5

Two gynecologists from GU are currently trained as fellow gynecological oncology and will do their final exams in September 2017. They were on study leave for these exams and not present during my visit in the University hospital.

A gynecological oncologist from Leipzig University makes 6 monthly visits to GU for supervision and on the job training. She does not want to give lectures.

Only four patients were selected and waiting for surgery. Two of them were not ready (one no histology back and on clinical examination not typical cervical cancer, one in advanced stage). Surgery on other two was uneventful. The lack of patients may be due to the prolonged rainy season.

We brought a full radical hysterectomy set (donation), they were very happy with it.

The theatre is well equipped. Four brand new laparoscopy units are in place but not in use yet due to lack of skills in surgery and maintenance of equipment.

Future

Radiotherapy unit is not ready yet. There is no official multidisciplinary meeting with oncologist, radiologists and pathologists yet. In the future when radiology is started a longer visit together with oncologists and radiologists may be very helpful. Now the advanced cervical cancer patients are referred to Addis Ababa where they have a waiting list of 6 months.

Since the two fellows will be finalizing their training soon, the direct help of a European oncological gynecologist to perform cervical cancer surgery and train gynecologist in surgery is less urgent. However help with development of protocols, set up of multidisciplinary meeting and set up palliative care is still very useful.

When a visit from a gynecological oncologist is wanted a clear request should be asked and the two local gynaecologic oncologists should be present and we should go after or before the rainy season.

Conclusion

After one and a half year of silence, a visit to Gondar University Hospital has been undertaken again. A ToT was organised, The LSS training was given with the expected quality assurance, and some operations and training were given in the gynaecological oncology department. It was a very fruitful visit, with many ideas, but with points of discussion and improvement as well. These points of discussion can be found in the different sections of this report.