## Ethiopia 2006 Theory Update Programme

Angela Hatherill-Smith was a Molnlycke award winner in 2005 who should have travelled with FoAN to Kenya that year, but was delayed by need for surgery and was delighted to be asked to accompany me on the first visit to the country for peri-operative theory update.

We arrived in Addis Ababa to be greeted by torrential rain for the first 48 hours. We had asked to visit two hospitals before we stared the course in order for both of us to get grounded in our delegates reality, so on the first morning after a weekend of torrential rain we visited the Black Lion Hospital and the Fistula Hospital where we were expected and warmly greeted. Medical staff at the Black Lion Hospital were very supportive of the programme for the theatre nurses and looked forward to the results of the update.



Ethiopia was named the "Fistula Belt" many years ago, and we were related many very emotional patient stories about the dreadful situation these women face after long and troubled labour. Ethiopia is a mountainous country many villages being at least two hours from any road and mules are the main beast of burden and transport. Hospitals for difficulty in childbirth are far from remote villages and many babies and women die around labour. We were privileged to meet Dr Catherine Hamlin one of the founders of the hospital and Annette Bennett an Australian nurse-midwife. Annette kindly gave a presentation to our nurses during the week for them to better recognise fistula and teach their midwifery colleagues. www.fistulafoundation.org Tells more about the hospital.

29 nurses attended from all over the country some taking three days by road to travel for the course and they all stayed at the Ghion Hotel where we ran the programme. All the facilitation was ably provided by the Equatorial Business Group (distributors of J&J products in Ethiopia) through Arega Wondimu - we were grateful for all his support and assistance in so many ways. FoAN paid for all the delegates' travel, accommodation food and daily allowances which is quite a task to sort out! Amharic is the language most widely spoken in Ethiopia although all our nurses spoke reasonably good English, which was just as well, but we were especially grateful when one of the delegates from Addis Ababa, Dessalegn Fekadu agreed to act as our interpreter for occasions when there was difficulty in communication. Each day, the nurses grew in confidence as did Angela's as she relaxed into teaching on her first trip to Africa and by the end of the week had loved the experience and was keen to stay involved with FoAN work. The nurses' theatre experience ranged from six months to 32 years, several having worked overseas for short periods of time.

The nurses started to compete for prizes which were given for the best feedback from workshop presentations at the end of each day and their evaluations at the end of the week showed that each one of them felt that they had learnt a great deal, had enjoyed the new network of colleagues that had been formed and said that they would have liked to have had a two week course rather than just the one. We did tell them that we do this in our holidays, which they hadn't realised before.

At the end of the week, certificates of attendance were presented to the nurses by the President of the Surgical Society of Ethiopia. There is no Chief Nursing Officer in Ethiopia. The nurses were so kind, they presented Angela and I with gifts of a traditional shirt, handbag and shawl and a small wall-hanging of Ethiopia. Given their very low salaries, we were very moved by their generosity.

The second visit is planned for May 2007 with Clare Evans, also a Molnlycke award winner travelling to help with the practical benchmarking and education programme.

Lesley Fudge December 2006