

## **Exemplar health centre project**

In November 2007 the Link commenced a specific project to work with and support each of three rural health centres to develop into an 'exemplar' health centre/centre of excellence.

### **Aims of the 'exemplar' health centre project**

The Link's overall aims and intended outcomes focus on improving healthcare provision for the rural population of the Southern Nations Nationalities and Peoples Region (SNNPR) of southern Ethiopia. The aims and intended outcomes relate to the United Nations (UN) Millennium Development Goals and also reflect the objectives of the Ethiopian Government's Health Sector Strategic Plan 2005/06-2009/10. The 'exemplar' health centre project applies the Link's aims and intended outcomes within the context of the health centres in the villages of Yirgacheffe (Gedeo zone), Alaba (Alaba special area) and Wondogenet (Sidama zone). Each health centre has a catchment population of approximately 100,000.

Since November 2007 the Link has been working with staff in Alaba, Wondogenet and Yirgacheffe health centres to improve the healthcare provided to the local communities by providing support, training in essential skills for staff and gap filling a shortage of resources and equipment. The local community in each area has been encouraged to participate and the whole ethos is one of a strong partnership between the Gwent and Ethiopian teams. The longer term aim is to establish Yirgacheffe, Alaba and Wondogenet health centres as 'centres of excellence/exemplars'. The project could then be replicated in other health centres across SNNPR and elsewhere in Ethiopia.

Specifically, the aims and intended outcomes of the 'exemplar health centre project are:

- to provide updating in skills training for healthcare professionals in order to enhance their knowledge and skills
- to improve the resources in each health centre so that the environment of care and care delivery is improved
- to 'gap fill' provision of essential equipment in each health centre so that care delivery is improved
- to promote each health centre to the local community so that they give their support to developments in the health centre and access the healthcare available to them
- to work with Ethiopian partners to set standards that will define an 'exemplar' health centre in Ethiopia and criteria that can assess if standards have been met
- to enable Ethiopian partners to take full ownership and responsibility for ensuring that their health centre is working towards and ultimately meeting, the 'exemplar' standards
- establish Yirgacheffe, Alaba and Wondogenet health centres as 'centres of excellence/exemplars'
- in the longer term, consider expansion of the programme to include more health centres

## **Progress of the project**

### Initial preparation and scoping:

Initial work in each of the three health centres focussed on undertaking a basic scoping exercise and needs assessment regarding existing supplies, equipment, resources and training. Assessment of needs was based on observation and then discussion and agreement with Ethiopian partners during preliminary visits to the health centres in 2007 and earlier. A 'formal' scoping exercise of the three health centres was undertaken by two members of the Gwent team in March 2007. This scoping exercise identified some important generic issues which were then shared and discussed with Ethiopian partners. Estate facilities, infection control risks, the condition of inpatient areas and maternity services and a general lack of basic, essential equipment and resources were of particular concern. A full report of this scoping exercise is available to reference.

### Work undertaken in the three health centres – November 2007 and March 2008 visits

Based on the scoping exercise and needs assessments, the purpose of the visits in November 2007 and March 2008 was for the Link to begin the process of working with each health centre and its wider community. At each visit items of equipment, surgical instruments, teaching and learning materials and other resources to meet requested/observed needs were provided to each health centre. A comprehensive record of what was given was made. One to one and small group skills training for staff took place during both visits. Meetings were held with staff to listen to their views and involve them in the process of change. Joint meetings were held with community representatives including the Mayor, health centre staff, Woreda Health Office officials and Link members to discuss needs and progress and to have feedback on how well each health centre was perceived to be providing for the needs of its community.

In November 2007 two computers were installed in each health centre with a range of relevant software to set up e-learning opportunities. Staff received training in use of the computer and the e-learning resources.

During the March 2008 visit the Gwent team facilitated a joint meeting in each area with Gwent team members, Ethiopian Link colleagues, health centre staff and representatives of the local community, plus Woreda Health Office officials. A '*memorandum of understanding*' was signed by all parties to formally acknowledge the partnership arrangements and the responsibilities of each partner. A member of staff in each health centre was identified to undertake regular monitoring in the health centre in which they worked and thereafter to provide a monthly written report on the cleanliness, availability of equipment and satisfaction of patients using the services. This work is ongoing (reports are available to reference).

A Gwent team member comprehensively monitored and recorded the changes made between November 2007 and March 2008 as part of a THET funded evaluation of the work of the Link (evaluation report and full findings available to reference). An individual

progress report was written for each health centre following the March visit. (These reports are also available to reference). Simple criteria were identified for assessment at the October/November 2008 visit, based on advice, teaching and findings in March, for example the incorrect positioning of an examination couch or the poor standard of cleanliness of an area. These areas were identified for follow up at the next visit. Together with the regular self monitoring exercise, a cycle of 'evaluation-review and reflection-action planning' was established.

#### Work undertaken in the three health centres, October/November 2008 visit

Work continued on 'gap filling' with essential equipment and resources; staff skills training took place in each health centre. Meetings were held between all parties to discuss needs and progress. A motorbike ambulance was presented to the health centre in Alaba and the health centre in Yirgacheffe. Health centre staff discussed with visiting Link members the proposed standards for an 'exemplar' health centre so an assessment tool could be developed to pilot at the proposed March 2009 visit. A Gwent team member continued to monitor and record the changes made in each health centre between March and October/November. Monitoring focused on answering simple questions relating to the aims and objectives of the project and the initial activities/work undertaken, i.e. was the training being put into practice; were knowledge and skills being passed on; was the equipment provided suited to needs and was it being used, correctly; was there a more positive attitude to the health centres from the local community; did the community use the services of the health centre. An individual written progress report was sent to each health centre following the visit (these progress reports are available to reference). Staff from the three health centres who were each responsible for the monthly monitoring exercise were given an opportunity to meet for the first time and exchange experiences and examples of good practice.

#### Work undertaken, March 2009 visit

Provision of equipment and resources continued. One to one skills training of health centre staff also continued and health extension workers from associated health posts received training in 'clean and safe' delivery. The draft standards for an 'exemplar' health centre, developed since the visit in October/November 2008, were piloted in each health centre. A motorbike ambulance was donated to Wondogenet Health Centre. Staff from Yirgacheffe and Alaba health centres visited Wondogenet Health Centre for the first time. Again, an individual written progress report was sent to each health centre following the visit by a member of the Gwent team. A report of the pilot assessment of the 'exemplar' standards was also shared. (These reports are available to reference).

#### Work undertaken October/November 2009 visit

Provision of needed equipment and resources continued as did staff training in each health centre, however the training at this visit was predominantly focused on health extension workers and training in 'clean and safe' delivery. Staff in each health centre participated in

the training with Link colleagues. Bicycles were presented to the health posts associated with Yirgacheffe Health Centre and with Wondogenet Health Centre. As previously, the community and Woreda Health Office officials were very much involved in the presentation ceremonies.

The 'exemplar' health centre standards were formally assessed for the first time using the agreed assessment tool (see appendix 1). Link team members from Ethiopia and Gwent also visited three other health centres, matched in size and geographical location to Wondogenet (Leku Health Centre), Alaba (Shone Health Centre) and Yirgacheffe (Gedebe Health Centre), but which were not supported by the Link. Descriptive information, based on the elements of the exemplar standards, was collected for each health centre so that some simple comparisons could be made. The 'descriptor' form is attached as appendix 2. Completed descriptor forms for all six health centres are available to reference.

### **Assessing impact of the project**

Much written and photographic evidence has been collected over the past two years which documents 'before and after'. The data is too great to include in this report but detailed accounts are given in field notes of each visit and in the written six monthly progress reports for each health centre. For this report however a collective overview of the findings in Alaba, Wondogenet and Yirgacheffe health centres in October/November 2007 and then again in October/November 2009, based on the 'descriptor' areas, is given. These provide examples of some of the changes that have taken place in the initial two years. A collective baseline description of Gedebe, Leku and Shone health centres in October/November 2009 is then provided for some comparison.

### **Alaba, Yirgacheffe and Wondogenet health centres in October/November 2007**

#### Philosophy of care/values and mission statement

Each health centre displayed the regional values and mission statement; there was no separate statement for the health centre drawn up by health centre staff.

#### Services provided by the health centres

Each health centre provided the expected range of services.

Only Alaba Health Centre provided an eye clinic with surgery for trachoma.

A pharmacy service was available in each health centre but did not cover weekends or nights. In-patient beds were available in each health centre.

All rooms were labelled in Wondogenet Health Centre and there was labelling of some rooms in Alaba and Wondogenet.

#### Delivery practice

Episiotomy was normal practice; delivery in lithotomy position was normal practice. There was no bed linen, sanitary towels or towels for drying babies after delivery. Only Wondogenet Health Centre used plastic sheeting to protect mattress covers from soiling.

There was a lack of essential equipment in the delivery room of each health centre, including items for resuscitation of a baby and management of post partum haemorrhage.

#### Emergency room practice

There was a lack of essential equipment in the emergency room of each health centre and lack of appropriate suture materials. In each health centre the examination couch was against the wall, making it difficult to examine a patient fully. Staff seemed unaware of the importance of being able to examine a patient from different stances.

#### Cleanliness of the health centres

Alaba Health Centre and Yirgacheffe Health Centre were not very clean. Wondogenet Health Centre was quite clean throughout. Cleaners were employed in each health centre but their duty hours did not provide 24 hour cover. The supply of bleach and cleaning materials in each health centre was limited. All health centres disposed of waste by burning it in large pits.

#### Equipment

There was a serious shortage of equipment, particularly surgical instruments and delivery items and some of the equipment that was available was out dated or in a poor state of repair, for example mattress covers. There were no digital thermometers or digital BP monitors and a minimal supply of sterile and non sterile gloves. There was no equipment for resuscitation of adults or babies. The laboratories lacked essential equipment such as well functioning microscopes and stain reagents.

#### Store rooms and cupboards

Store rooms and cupboards were disorganised and not very clean. There was a lack of essential items. Staff were unaware of what items were kept in the store rooms.

#### Maintenance of grounds and paths

Roads leading to each health centre were unmade and rough. The internal road within each health centre, two in particular (Alaba and Yirgacheffe), were rough. Grounds were generally neat and tidy although there was a large amount of rubbish and broken equipment in some areas of the grounds of both Alaba and Yirgacheffe health centres. Wondogenet Health Centre had an attractive garden.

#### Seating for patients

Benches were provided in all three health centres and there were additional areas of grass that could be used when the weather was dry.

### Toilet facilities

Toilet facilities were available in each health centre but they were not clean. Some lacked doors for privacy and there was no separation of facilities for men and women. Water was not always available for personal washing or hand washing.

### Estates and maintenance

Although all health centres had access to a piped water supply poor plumbing created difficulties and electricity supply was erratic; only Alaba Health Centre had a functioning generator. There was little, if any, maintenance programme in any of the health centres.

### Privacy and comfort for patients

There were a few screens but no curtains at windows to ensure privacy. Doors of clinic rooms/classes were observed to be left open; staff did not knock before entering rooms. There was no bed linen for in-patients.

### Staff monitoring of standards

There was no monitoring of standards of services by staff.

### Record keeping

Good statistical records were displayed on the walls but few records were made of staff meetings and actions agreed. Records of patient attendance at clinics seemed comprehensive but few records were made of in-patient observations. No records were kept of patient outcomes after referral.

### Teaching resources

There were regional treatment guidelines in the form of posters on display but no teaching resources and few reference books in any of the health centres.

### Staff training

There was no formal training programme in any of the health centres and few opportunities for staff to go elsewhere for updating their knowledge and skills. There was no opportunity for staff from one health centre to observe practice in another health centre and exchange ideas.

### Staff meetings

Staff meetings were held regularly in Wondogenet Health Centre and less frequently in Alaba and Yirgacheffe health centres. Minimal records of meetings were kept.

### Communication between the health centre and the community

There was little communication between the health centres and the local communities they served, although Alaba Health Centre had a patient 'suggestions' box in the outpatient registration area.

### Transport

There was limited, if any, transport to bring labouring women to the health centre from rural areas, similarly for the transfer of those women experiencing complications that health centre staff were unable to manage. Other patients who required more specialised services and care within a hospital environment faced the same difficulties regarding transportation. Wondogenet Health Centre had some access to an ambulance owned by an NGO. Patients were required to pay for this service.

## **Alaba, Yirgacheffe and Wondogenet health centres in October/November 2009**

### Philosophy of care/values and mission statement

All three health centres were continuing to use the regional values and mission statement. This was displayed in each health centre. Staff in Yirgacheffe Health Centre reported that they had discussed how the regional statement could be applied in their health centre.

### Services provided

Each health centre provided the expected range of services.

Yirgacheffe and Wondogenet health centres reported a new service for eye surgery but eye surgery services had been suspended in Alaba due to staff changes.

Pharmacy services were available in each health centre Monday-Friday, day time only although there were ongoing discussions in Yirgacheffe Health Centre to extend the pharmacy service to include weekends.

Each health centre had provision for in-patients but this was reduced compared to 2007 due to the need in Alaba and Wondogenet health centres to house feeding stations for malnourished children. Implementation of a very recent regional policy will remove in-patient beds entirely from all health centres as there will be a requirement for patients to be discharged home or referred to hospital after eight hours of care in the health centre.

Rooms in each health centre were labelled and there was signposting in Yirgacheffe Health Centre. Wondogenet and Yirgacheffe health centres each had the name of the nurse responsible for the clinic/class written above the door of each room. Staff in Yirgacheffe had copied the example seen during a visit to Wondogenet Health Centre.

### Delivery practice

The delivery room in all three health centres was clean. All had delivery beds in good condition. There were curtains and screens for privacy. Delivery records showed that few women had episiotomy. This was a particular change in Wondogenet Health Centre where episiotomy was the norm in 2007. Necessary delivery equipment was available in the

delivery room but some emergency items, for example IV fluids were still stored elsewhere. There was a neonatal ambu bag and mask for resuscitation of babies in each delivery room and Alaba and Wondogenet health centres had made a flat area available for resuscitation. Each delivery room had a cot for a newborn baby and Alaba Health Centre was using the clean cot sheets provided by the Link.

#### Emergency room practice

The emergency rooms in Wondogenet and Yirgacheffe health centres were clean, well organised and well equipped; the emergency room in Alaba Health Centre was lacking in equipment, including an examination couch. The room was not very clean. Each health centre had an oxygen concentrator located in either the delivery room or the emergency room. Records in each health centre showed that the oxygen concentrator had been used.

#### Cleanliness of the health centres

There was a definite improvement in overall cleanliness of each health centre, particularly the two which had the greatest improvement to make (Alaba and Yirgacheffe). The emergency room in Alaba Health Centre was one room that could have been cleaner. Sharps boxes were generally in place throughout each health centre and were being used correctly. Rubbish bins were being used correctly. There was much more attention to detail in terms of tidiness and cleanliness, particularly the risk areas of the laboratory, delivery and emergency rooms. Mats for wiping feet, supplied by the Link, had been placed at the entrance to these areas in each of the health centres. Wondogenet Health Centre had purchased additional mats for other areas. Cleaners in each health centre had appropriate equipment and supplies of bleach and Omo as well as gloves, gowns and boots for their self-protection. Water was available at some but not all sinks in each health centre and there was no soap on any sink. All three health centres reported a regular cleaning programme in which all staff participated.

#### Equipment

Each health centre had a very good supply of equipment although this was not always out for use in the clinical rooms/classes. A functioning oxygen concentrator was available in each health centre and at least one functioning microscope of good quality. The three laboratories had the required reagents and equipment with the exception of glucose strips in Alaba and Yirgacheffe. Supplies were renewed by the Link. The laboratory in Alaba was also lacking a haematocrit centrifuge and tubes and a haemometer for measuring haemoglobin.

#### Store rooms and cupboards

Store rooms were clean and well organised in all three health centres. Alaba Health Centre in particular had made good efforts to improve the organisation of stores. There was however a great deal of equipment kept in the store rooms of all three health centres that

could have been made available for use. Staff seemed unaware of the items that were in the stores.

#### Maintenance of grounds and paths

The grounds in each health centre were attractive and well maintained. A new garden had been planted in Yirgacheffe Health Centre and was doing well. Roads within the health centre grounds had been improved in Yirgacheffe and Wondogenet; there was still a large ditch at the entrance of Alaba Health Centre which was difficult for vehicles to cross. There was much less rubbish in the grounds than two years previously.

Although not within the control of health centre staff, the approach road to the health centre from each village remained unmade and very rough.

#### Seating for patients

There was a good amount of seating for patients and relatives in all three health centres. Additional seating had been added in Wondogenet and Yirgacheffe health centres in the past 18 months.

#### Toilet facilities

The toilets in Yirgacheffe and Wondogenet health centres were clean and clearly labelled male/female/staff. Doors closed for privacy and there was a bucket of water and a jug for washing. In Alaba Health Centre the toilets were temporary, pending the building of a new facility. The temporary toilets were not very clean and there was no water for washing.

#### Estates and maintenance

Each health centre reported that there could be disruption to the water supply and also to the supply of electricity. All three health centres had a generator but capacity issues and maintenance of the generator were reported problems.

#### Staff monitoring of standards

A member of staff in each health centre had taken responsibility for monitoring key aspects of the health centre, for example cleanliness and patient satisfaction. Results of the monitoring were shared in staff meetings. Written reports were available to read.

#### Privacy and comfort of patients

There were clean curtains and screens available in each health centres although screens could have been better used in the in-patient ward in Wondogenet. Staff in all three health centres demonstrated an increased awareness of the need for privacy and were observed closing doors and ensuring that patients only had one relative to accompany them. Clean bed sheets and blankets were available in each health centre. Small sheets were available for baby cots and towels for drying babies. These were stored in locked cupboards until needed.

### Staff monitoring of standards

Nominated staff in Alaba, Yirgacheffe and Wondogenet monitored standards in their health centre on a weekly basis and wrote a written report for the Link co-ordinator. Staff said that they discussed the findings with colleagues at 'morning meetings' or staff meetings. A monthly report has been written for the Link co-ordinator since monitoring commenced in March 2008.

### Record keeping

Good statistical records of the number of cases and statistical targets were kept in all three health centres, as was the case in 2007.

Records of clinic attendance were recorded in registers. Only Wondogenet Health Centre had in-patients during the visit; records made of the care given to these patients were minimal. Yirgacheffe Health Centre was making excellent progress in recording the referral of women to hospital with complications of labour.

All three health centres had a log book for recording use of the motorbike ambulance and the log book was up to date. Log books for recording use of the computers and other learning resources were not completed although staff in Yirgacheffe Health Centre were making good attempts to record teaching and training sessions for staff that were held in the health centre. Staff in Wondogenet Health Centre made a note of shared learning in the 'morning meetings' book.

Some records of staff and other meetings were kept in all three health centres but these tended to be brief and did not record action plans and outcomes from the meeting.

### Teaching resources

A good range of teaching and learning resources was available in each health centre and each had a room set aside for use as a library. In Alaba Health Centre the room had dedicated use for learning and was particularly spacious and well organised. In Yirgacheffe and Wondogenet health centres the rooms had dual purpose. All health centres had at least one functioning computer and a range of e-learning packages.

### Staff training

Yirgacheffe had one person who had taken responsibility for training in the health centre. There were good records to show what training had taken place. In Wondogenet and Alaba a regular training programme was less well developed but staff in both said that they taught each other and shared information during staff meetings. All reported that the learning resources and books were used but staff did not record use.

The members of staff from each health centre who were involved in the weekly monitoring had met with each other and the Link co-ordinator to share practice and discuss progress on achieving the 'exemplar' standards. Staff from Alaba and Yirgacheffe had made a visit to Wondogenet Health Centre to observe the practice and organisation of that health centre.

### Staff meetings

Regular staff meetings were held in all three health centres.

### Communication between the health centre and the community

A 'health centre development committee' was established in each area in 2008 but the frequency of meetings had declined in recent months. The committee had representation from the Mayor's office, the Woreda Health Office, the community and the health centre. The aim of the committee is to discuss and resolve difficulties relating to the health centre and health service provision.

Weekly monitoring of standards took place in each health centre and patients were asked for their views as part of the process. There were records of the monthly monitoring reports. Yirgacheffe Health Centre had a 'suggestions' box.

### Transport

Each health centre had a motorbike ambulance. Priority use was for pregnant women or newly delivered women. The motorbike ambulance was kept securely within the health centre grounds. Trained drivers were responsible for the bike and its maintenance. All three bikes were clean, well maintained and functioning.

### **Comparison with similar health centres- Gedebe, Shone and Leku Health Centres, October/November 2009**

#### Philosophy of Care/ 'values and mission' statement

Each health centre used the regional 'values and mission' statement. Leku Health Centre also had its own 'values and mission' statement written by health centre management staff. This statement was on display at the entrance of the health centre.

#### Services provided

All three health centres provided a range of essential services but there was no provision for an eye clinic with surgery for trachoma. Staff in Shone Health Centre had been trained in eye surgery but they lacked equipment.

Rooms in each health centre were labelled but there was no signposting.

The laboratory service at Gedebe Health Centre was suspended so patients had to access laboratory tests at private clinics. Leku Health Centre lacked a centrifuge in the laboratory but all other tests were provided; Shone Health Centre provided the expected laboratory facilities but was extremely busy with tests for malaria.

Gedebe and Shone health centres still had provision for in-patient beds but the facilities were very poor. Leku Health Centre had very recently discontinued in-patient wards in line with the new regional policy.

A pharmacy service was available Monday-Friday, day time only in each health centre. Leku and Shone Health Centres reported some shortage of supply of anti-malarial drugs and Shone Health Centre a shortage of antibiotics.

Gedebe Health Centre had a mortuary.

#### Delivery practice

Comparatively few women attended Gedebe Health Centre (less than 40 per annum). Leku Health Centre was the only health centre where ventouse deliveries were undertaken. Routine episiotomy was the norm in Leku Health Centre and undertaken less frequently in Shone and Gedebe health centres.

The delivery rooms in each health centre all had traditional delivery beds. The beds in Shone Health Centre were quite old as was the very basic equipment available in Gedebe and Shone health centres; some essential equipment was lacking, for example neonatal ambu bag and mask in Gedebe Health Centre; stethoscopes and bp cuffs in all three; only Leku Health Centre had a baby cot. Emergency items such as IV fluids were not kept in the delivery room in any of the health centres. The delivery rooms in Shone and Gedebe health centres were not very clean. Each of the health centres had either curtains or screens but none had an adequate amount of both for privacy.

There were no postnatal beds in Gedebe Health Centre – staff reported that a mattress was placed on the floor of the delivery room if needed.

#### Emergency room practice

Each health centre provided an emergency service. The emergency room in Shone Health Centre was combined with the in-patient ward. The emergency rooms in Shone Health Centre and Gedebe Health Centre were not clean. Each emergency room had some essential equipment but suture materials were not appropriate for skin sutures and IV fluids needed to be obtained from the pharmacy.

#### Cleanliness of the health centres

Leku Health Centre was quite clean throughout. The cleanliness of both Gedebe and Shone health centres could be improved. Sinks were particularly dirty and walls were stained. There was contaminated rubbish on the floor of some rooms.

#### Equipment

There was some equipment in clinical rooms in each health centre but a number of essential items were in short supply, for example digital blood pressure monitors and stethoscopes.

#### Store rooms and cupboards

It was only possible to view the store rooms in Gedebe and Shone health centres. These seemed well stocked but there were items in the stores that could have been out for use in the clinical rooms, for example digital thermometers.

### Maintenance of grounds and paths

The grounds in all three health centres were well maintained and generally clear of rubbish except in Shone Health Centre where there was quite an amount of rubbish scattered in the grounds away from the health centre buildings. The road to Shone Health Centre was rough and the steep access road leading to Gedebe Health Centre was extremely slippery and difficult in wet weather. All three health centres looked quite attractive from the entrance, particularly Leku which had a planted garden and a clear sign indicating the health centre. There were no signs giving directions to Gedebe or Shone health centres from the respective towns.

### Seating for patients

All health centres had an adequate number of benches outside clinical rooms as well as areas of grass. Shone had a large covered waiting area in addition.

### Toilet facilities

There were separate toilet facilities for staff and for patients. The toilets varied in cleanliness, some being particularly dirty and offensive. There was no water for washing. There was no separation of male/female toilet facilities.

### Estates and maintenance

All health centres had a functioning incinerator.

Only Gedebe Health Centre had a generator and staff reported no difficulties with electricity supply. Shone Health Centre did not have a generator but again, there was no reported difficulty with supply of electricity. There was a disruption to the electricity supply in Leku approximately twice a week; there was no generator in Leku Health Centre.

Leku Health Centre had water in all rooms and no reported difficulties with water supply. Problems with the water supply occurred frequently in the other two health centres and there was no water in either on the day of the visit. Staff reported that buckets of water were used if there was no piped water; both Gedebe and Shone had a small rain water tank and Gedebe Health Centre had a well.

### Privacy and comfort for patients

There were some screens and curtains in all three health centres but not in every room in Shone and Gedebe .

Shone Health Centre was the only health centre with bed linen – clean blankets and a pillow were on the in-patient beds. Bed linen was said to be provided in Leku Health Centre but only for children in the feeding centre.

### Staff monitoring of standards

There was no systematic monitoring of the standards of care given in the health centre.

### Record keeping

Only Shone Health Centre had in-patients at the time of the visit. There were no records of care for the one in-patient.

Very detailed registers were kept of patient attendance at clinics but there seemed to be some gaps in the recording of information in two of the health centres.

All health centres had detailed statistical charts and targets displayed on the walls.

Records of staff and other meetings were said to be held but there was little evidence of this in any health centre.

### Teaching resources

There were no teaching and learning resources in any of the health centres.

### Staff training

Staff in Leku Health Centre were said to undertake updating every six months; staff in Shone and Gedebe health centres reported very few opportunities to update knowledge and skills and no planned programme. There were no opportunities to visit other health centres to observe practice and exchange ideas.

Shone Health Centre and Leku Health Centre regularly provided placements for a large number of students from different professions. Gedebe Health Centre only provided a placement for laboratory students from a private college.

### Staff meetings

Staff meetings were held in each health centre. The frequency of meetings ranged from weekly to monthly. There were few records kept of meetings with discussion and action points noted.

### Communication between the health centre and the community

None of the health centres had a forum for meeting with the Mayor, community representatives and representatives of women's groups or patients.

### Transport

None of the health centres had transport for patients. The Link donated a motorbike ambulance to Shone Health Centre during the visit.

### **Summary of differences**

It can be seen that circumstances in Gedebe, Leku and Shone health centres in October 2009 were not dissimilar to those of Yirgacheffe, Alaba and Wondogenet health centres in October 2007. Although the changes may seem small and more time and support is needed to be able to conclude that changes have been sustained and to demonstrate longer term positive effects of intervention and support, Yirgacheffe, Alaba and Wondogenet health centres were better resourced and cleaner compared to two years previously. There was also

more support from the community and staff within each health centre had improved their knowledge and skills. There was also evidence of a developing ownership and pride in the health centre and the service that each provided to the community.

It is difficult to demonstrate a direct 'cause and effect' between the Link's involvement and any changes made as there are other influencing factors outside the support given by the Link. However, the field notes and visit reports can directly relate advice, support, training and/or provision of equipment to changes made between one Link visit and the next. There is evidence of improvement in the cleanliness and attention to detail in all three health centres following advice and training and the provision of cleaning materials. Staff demonstrated an increased awareness of the need for privacy. The delivery room in all three health centres was clean and all had delivery beds in good condition; there were curtains and screens for privacy. Necessary delivery equipment was available in each delivery room, including a neonatal ambu bag and mask for resuscitation of babies. Delivery records showed that fewer women had episiotomy. This was a particular change compared to what was the norm in 2007. There are examples of where equipment and training has transferred into direct care and improved outcomes for patients, for example using new skills to manage shoulder dystocia and resuscitation of a baby using the oxygen concentrator and/or a neonatal ambu bag. The three motorcycle ambulances donated since November 2008 have already made over 400 journeys, sometimes over distances of 50 km, to bring seriously ill pregnant women to a health centre to be managed by trained midwives thus saving the lives of many women and babies.

### **Conclusion/way forward**

Development of each health centre is on-going and the 'exemplar' standards were used for the first time in October/November 2009. There is evidence from the first assessments that each health centre was meeting some of the criteria for each of the standards and that there had been definite improvements since 2007.

Perhaps inevitably with staff changes and the pressure of work in the health centres the momentum can be lost at times. Some changes have been slow and others have been made once and not continued, but there is good evidence to show that standards overall have improved and that the reputation of each health centre is greater, such that community members now support staff, use the services with increasing frequency and speak positively about their experiences. There have been some excellent changes in practice, for example women no longer have a 'routine' episiotomy for delivery and staff in each health centre take responsibility for monitoring and ensuring good standards.

A second formal assessment of the 'exemplar' standards will take place in October/November 2010 with an interim, formative assessment for development purposes in March 2010. Further comparisons with the baseline of October/November 2007 can then be made to demonstrate any sustained changes.

Link members believe that 'gap filling' needs identified by Ethiopian partners for equipment, resources and staff training in health centres will in time make a difference to improvements in patient outcomes in line with the Ministry of Health's Strategic Plan. Health centres can be challenging places to work for young staff with little experience so it is also important that staff feel well supported.

A letter of thanks from all the staff in Wondogenet Health Centre sums up the benefits: ***'you are the reason why our health centre is more clean and helpful for the patients. About the bed sheets, I can see the patients feeling now that they are happy we are also very much happy'...***