

## **'Exemplar' standards follow-up workshop, Dilla, Wednesday 9<sup>th</sup> November 2011**

A representative from each health centre and Woreda in Gedeo Zone was invited to attend the workshop. Most health centre Heads had been called to a meeting in Awassa but each sent a representative to the workshop so all health centres and Woredas in Gedeo Zone participated; a total of thirty three participants attended.

The workshop was planned as a follow on from the initial 'exemplar' health centre standards workshops held in Dilla in November 2010 and March 2011. The aim of the workshop was to provide an opportunity for feedback and discussion on implementation of action plans made following workshop participants assessment of their own health centre using the 'exemplar' standards as a tool. However, as only seven people had attended a previous workshop and the 'exemplar' standards were new to the majority of participants, an introduction to the standards was given at the beginning of the workshop. Seven participants then reported on how they had used knowledge gained in a previous workshop to assess their health centre against the 'exemplar' standards, make action plans to address deficits and then implement the action plans. All reported that they had shared the standards tool and documentation with staff and colleagues in their health centre.

### **Feedback from action plans made in November (7 participants)**

1. Shortage of cleaning materials. Action: discussed problem with staff and Woreda
2. Shortage of electricity and water. Action: discussed problems with staff and Woreda; dug a small well for water and reported using buckets of water for hand washing.
3. Transportation difficulties; problems with water supply; problems with cleanliness of the health centre. Action: now call the motorbike ambulance from another health centre; have improved the cleanliness of the health centre; have begun to collect rain water.
4. No laboratory services as the health centre does not employ a laboratory technician; no electricity; toilets are not separate for men and women; no placenta pit. Actions: placenta pit has been dug; an infection control committee has been formed and is responsible for the cleanliness of the health centre; toilets have been labelled 'male' and 'female'.
5. No water; no electricity; the isolation of the health centre is a problem.
6. Transportation; no monitoring of the cleanliness of the health centre; no regular staff meetings. Action: an infection control committee was formed and is responsible for checking the cleanliness of the health centre; staff meetings now take place.
7. No cleaning materials; lack of instruments; fabric of the health centre building is in a very poor state of repair; poor latrines; no water. Action: have begun to collect rain water; discussed issues with Woreda.

The workshop programme then divided participants into small groups to assess the health centre they worked in/with against standards 1, 5 and 7. All small groups then reported back to the whole group and discussion followed each feedback session.

It was clear from the reports, feedback and discussion that the two biggest underlying problems that inhibit staff in the health centres from providing a good service to the community continue to be poor/no water supply and poor/no electricity supply. These difficulties were also clearly highlighted in the previous two workshops.

## **General problems identified using the nine 'exemplar' standards :**

### Patient services

- No person is responsible for regularly monitoring cleanliness and inspecting safety in the health centre
- Limited laboratory services (lack of reagents; unable to test for diabetes; no microscope)
- No in-patient room
- Insufficient supply of antibiotics
- No oxygen supply
- No ophthalmic surgery as staff not trained and/or lack of instruments
- No ART therapy available

### Privacy and dignity

- Toilets are not labelled 'male' and 'female'
- Lack of bed linen

### Cleanliness of the health centre

- No soap and water for hand washing in each class/department
- Lack of bleach and cleaning materials
- No placenta pit
- No functioning incinerator

### Estate needs (water; electricity; roads; transport)

- Unreliable/no electric supply in the health centre
- Unreliable/no water supply in the health centre
- Transportation difficulties

### Equipment and resources in the health centre

- Lack of essential equipment and resources
- No maintenance or repair of equipment in the health centre
- Lack of urinary catheters

### Staff training needs

- No study/learning resources such as books in the health centre

Recommendations to resolve many of the problems included discussion with Woreda office staff. Lack of an adequate budget for the health centre was highlighted as a source of some problems. All participants were advised to involve the community in the implementation of action plans where relevant, for example, repair of roads or the construction of a placenta pit. Participants were also advised to use the 'exemplar' standards tool to identify small problems that could be solved at health centre level, for example cleanliness of the health centre or labelling of toilets, as well as the larger difficulties of poor/no water supply or unreliable/no electricity service. All participants were advised to specify steps to take to achieve the identified outcomes when making and specifying an action plan and to be more specific in how and when they would take personal responsibility for resolving issues, not simply stating that problems would be discussed and dealt with by the Woreda. Woreda officers were advised to work with health centre staff and the community in order to make joint action plans to achieve stated outcomes.

Feedback at the end of the workshop was that the 'exemplar' standards document was a very good tool by which those in charge of a health centre could identify gaps in service provision and the cause of problems; action plans could then be made to try to resolve issues. The 'exemplar' standards were said to be very applicable to health centres and clearly described the services each health centres should be providing and the expected minimum quality. The tool was reported to be very practical and easy to use and although some of the standards and/or criteria were difficult to achieve at the present time for many health centres they were still thought to be relevant some three years after first introduction in Yirgacheffe, Alaba and Wondogenet Health Centres.

### **Conclusion/recommendations**

The assistance of the Zonal Health Bureau through Ato Nenko in organising and facilitating the workshop was essential to its success. All health centres and Woredas in Gedeo Zone have now been introduced to the 'exemplar' health centre standards and have had an opportunity to share problems, solutions and best practice.

It is recommended that:

- Gedeo Zone Health Bureau consider adopting the standards as a formal measure of quality of the health centres across the zone and uses the standards tool to identify deficits and lack of provision of services in order to target budgets, resources and training in the areas of most need.
- The 'exemplar' health centre standards could be a standing agenda item at Zonal meetings with health centre Heads so that there is an opportunity to identify and share common problems and solutions.
- The Zonal Health Bureau could use the standards, or a modified version of them, as a quality measure or 'kite mark' and thus build on and take over the initial three year pilot work undertaken by the Southern Ethiopia Gwent Healthcare Link with Wondogenet, Alaba, Yirgacheffe and more recently, Chelelektu Health Centres.

**Workshop facilitators: Dr Robyn Phillips and Ato Nenko**