

USAID/ETHIOPIA
HEALTH CENTER RENOVATION
PROJECT

Contract # 663-C-00-06-00428-00

Summary Report:

Regional Health Center Renovation
Coordination Meetings

Submitted to:
James Browder
Cognizant Technical Officer
USAID/Ethiopia
Addis Ababa, Ethiopia
jbrowder@usaid.gov

Submitted by:
Project Staff
Dabi Building, 5th Floor
Addis Ababa, Ethiopia
enmcintosh@comcast.net

Crown Agents Office
Addis Ababa, Ethiopia

September 26, 2008

Summary Report: Regional Health Center Renovation Coordination Meetings

Background

As per the PY2 Workplan, one health center renovation coordination meeting will be held in the regions where the HCR project has worked during the past two years and Addis Ababa.¹ Each of these meetings will be scheduled at the convenience of the regional staff and will bring together RHB, Woreda Health Office and HC staff as well as bilateral and PVO staff involved in healthcare facility infrastructure strengthening.

The **primary purpose** of these meetings will be to:

- review use of the **Guidelines for Health Center Renovation and Expansion Manual**, the **Health Center Assessment Handbook** and associated resource materials;
- present the **Health Center Renovation and Health Services Tracking System** as a planning and management tool for use at the regional level;
- answer questions or comments regarding these documents; and
- build consensus on HC renovation and expansion for the future.

To this end the meetings were conducted during the last quarter (July to September 2008). They were conducted by senior project staff (Sallehunae Merahi and Efrem Getaneh) and the Senior Consultant Engineer assisted by the project's Administrative Assistant, **Iman Teshome**.

The generic agenda used for the meetings is attached (**Appendix 1**). The actual form in which each meeting played out varied based on the participants' background, experience in dealing with HC renovation and their specific interests. In all meetings, brief MS PowerPoint presentations covering the following topics were presented to guide the discussions:

- **Presentation No.1** – Overview of HCR Project (5 slides)
- **Presentation No.2** – HC Assessment and Renovation Findings (6 slides)
- **Presentation No.3** – Development of Guidelines manual and Handbook (7 slides)
- **Presentation No.4** – Guidelines manual: Purpose and Objectives (8 slides)
- **Presentation No.5** – HC Assessment Handbook: Purpose and Function (5 slides)
- **Presentation No.6** – HC Renovation and Health Services Tracking System: Purpose and Use (8 slides))²

¹ Because the prevalence of HIV/AIDS is low in most areas of the SNNP Region, only two HCs on the PEPFAR priority list were renovated. As such the RHB Heal declined to have a meeting in Awassa.

² Copies of each of the PP presentations are available at the HCR project office in Addis Ababa.

In addition, hard copies of the **Guidelines manual** and **Handbook** were available for review by the participants prior to start of the meeting, and each participant received a copy of: a) the 4-page **Overview of the Guidelines Manual**, b) a CD containing the guidelines manual and handbook in toto as well as all resource materials (forms, checklists, sample BOQs, tenders and works contracts, etc.), and c) a brochure describing the purpose and potential use of the **Health Center Renovation and Health the Health Services Tracking System**.

Minutes of Each Meeting

At each meeting, minutes were recorded. These minutes highlighted key comments, issues and recommendations made by the participants. A copy of each of the minutes is attached (**Appendices 2-5**). The dates of the meetings are as follows:

Oromia (Addis Ababa) – July 22, 2008

Amhara (Bahirdar) – August 15, 2008

Tigray (Mekele) – August 27, 2008

Addis Ababa – September 24, 2008³

Summary of Meeting Notes

The most relevant and frequently expressed comments and issues raised during the meetings were:

1. Despite the fact that official FMOH policy is support of new HC construction and/or expansion of existing health stations to HCs, at all meetings the RHB, Woreda and HC staff expressed appreciation for the renovation efforts of the project. Unfortunately, for some attendees, the extent of the renovation efforts was not considered sufficient because of funding limitations restricting what could be accomplished. This was a particular issue in the Amhara and Tigray regions.
2. It was unanimously appreciated that the guidelines manual and HC assessment handbook were/are needed, and that they will be very useful in the future. It was strongly urged that they be converted to Amharic for wider use.
3. A number issues raised should be considered if there is a follow-on project. The most important of these include:
 - The need to include basic furnishing and equipment as part of the renovation process
 - Sufficient funds available to bring the HCs up a to standard consistent with the safe delivery of the required healthcare services, including HIV/AIDS and associated chronic diseases

³ Because the Head and Deputy Head of the Addis Ababa City Administration Health Bureau are now newly placed, they requested an informal meeting with them rather than a formal meeting involving all stakeholders in the AACA-HB involved in health facility renovation. This meeting was scheduled for September 24, 2008, the earliest date both officials were available to meet with the team. Unfortunately the day before the meeting, it was canceled and could not be rescheduled before the end of the project on September 28, 2008.

- The need for routine and preventive maintenance to ensure that improvements will be sustained
- Additional technical staff at the RHB and Woreda levels to coordinate HC renovation and expansion activities

APPENDIX 1

Regional State Health Center Renovation and Coordination Meeting (Draft Agenda)

DATE:

Agenda

- 8:30 AM **Registration and View Exhibits**
- 8:45 **Introductions**
- 9:00 **Presentations:**
- **Overview of Health Center Renovation Project**
 - **HC Assessment and Renovation Findings**
- 9:30 **Q and A**
- 10:00 **Presentations:**
- **Development of Guidelines for Health Center Renovation and Expansion Manual, Health Center Assessment Handbook and Resource Materials**
 - **Guidelines Manual – Purpose and Objectives**
 - **Handbook – Purpose and Function**
 - **HC Renovation and Health Services Tracking System – Purpose and Function as Management Tool**
- 11:00 **Q and A**
- 11:30 **Presentation and Discussion: Potential Program Management Use of the Health Center Renovation and Health Services Tracking System**
- Noon **Adjourn**

APPENDIX 2

Oromia Regional State: Health Center Renovation Coordination Meeting

Date: July 22, 2008

Time: 8:30 AM to 12:00PM

Place: Hotel De Leopold International, Meeting room at 11th Floor

Subject of the Meeting: To present an overview of the HCR project, the HC Assessment and Renovation Findings and Recommendations, the Guidelines manual, the HC Assessment Handbook and HC Renovation and Health Services Tracking System

Participants: A total of 8 participants and head of planning and programming department representing different departments of regional health bureau that included engineers of RHB; the HAPCO representative was not present

**Crown Agents and HCR
Project Representatives:** Steve Hawkins, Paul Wolstenholmes, Iman,
Zelalem, Efrem and Sallehu

As per the template meeting agenda, the meeting opened by registering representatives and reviewing the exhibitions prepared for the regional meeting. The Planning and Programming Department Head of the regional health bureau (RHB), Ato Asfaw officially opened the meeting by congratulating the HCR project for assisting the RHB in assessing a great number of HCs and for renovation of many of which he himself visited. In particular, the Head commented on the importance of the need for improved functional flow and master planning in this process that the HCR project (Crown Agents) began nearly two years ago.

Steve Hopkins presented the overview of HCR project, followed by the HC assessment and renovations findings by me (Sallehu). Paul then presented the Guidelines its purpose and objectives and the tracking system with example pictures from Asebot HC. Efrem concluded by presenting the Handbook its purpose and functions.

Throughout the meeting participation by the representatives was extensive and very informative. (Initially, participants were told they were free to raise their questions or comments at any time and in their preferred language.) A number of comments were raised regarding the importance of the guidelines manual and handbook for helping standardized HC improvements. Only minor changes in the documents were raised and will be addressed in the final versions.

Conclusions

The meeting met its target to bring the issue of health centre renovation to the technician's level of Oromia RHB. Participants also indicated the importance of guidelines, handbook and tracking system as tools to use during the process of working any kind of health facility renovations.

Majority of the issues raised were answered and further discussed, it was made clear to the participants that separate meeting is also made for the management level by September 17, 2008.

The required technical assistance particularly in master planning and functional flow can be further discussed as per the issue raised by RHB at the national meeting.

APPENDIX 3

Amhara Regional State: Health Centre Renovation Coordination Meeting

Date: August 15, 2008

Time: 8:30 AM to 12:00PM

Place: Amhara Regional State Health Bureau Conference room

Subject of the Meeting: To present an overview of the HCR project, the HC Assessment and Renovation Findings and Recommendations, the Guidelines manual, the HC Assessment Handbook and HC Renovation and Health Services Tracking System

Participants: A total of 15 participants and the vice head of regional health bureau (RHB), representing different departments including at least one representative from bureau of works and urban development. The RHB engineer and a HAPCO representative were not present because of personal problems. (A letter sent by them explained their reasons for not being able to attend.)

Health Center Renovation

Project Representatives: Sallehunae, Efrem and Iman

As per the agenda, the meeting opened with registration of the representatives and allowing the representatives to examine the exhibitions prepared for the regional meeting. Next, the vice head of the regional health bureau, Ato Ali Gebeyehu, officially opened the meeting. In his remarks he emphasized the importance of renovating those HCs currently in bad condition, which he said should be dealt in parallel to the massive health facility expansion the government is doing.

Throughout the meeting participation by the representatives was extensive and very informative. (Initially, participants were told they were free to present their questions or comments at any time and in their preferred language.)

A summary of the most important issues raised as questions for clarification or as comments included the following:

Qn

The sources of major damage on the facilities are because of poor construction materials used originally and lack of quality standard. The question is, rather than spending a lot of money for renovation why not we standardize the needed renovation/expansions to the required quality (standard)?

Qn

The HC renovation results presented do not include furniture and medical equipments, why? Does assessment include medical equipment and furniture? If not, what is the status for including these items?

Qn

Renovation of health centres should not be a kind of crises management activity. It requires careful planning and preparation at different professional levels by all organizations involved. The way forward is using the findings, recommendations and guidelines prepared by Crown Agents as the basis for standardization. How far we can institutionalize renovation of health facilities is a question. However, in addition to the need for additional resources, involvement of the RHB engineers, who are not present at the meeting, is needed. This question is not made to the presenters (HCR project) but to the RHB/PPD head, how can you take these important findings and resources to the RHB Head and/or the regional public at large in the future?

Qn

The presentation and discussions are keys to proper health services delivery in which the society is lacking by large. This presentation, however, is directed to the technical group of the different departments at the regional level and below. The information presented and issues raised (and discussed) needs policy and management decisions at the national level. The question is, do you have a plan to present it to the higher levels, including Federal Ministry of Health?

Qn

The issue we are dealing with requires huge amount of budgeting. Budgeting is currently made at the Woreda level. As I can see, the representatives of the Wordas are not here (sent above letter explaining why they did not attend). If possible, the RHB/PPD in consultation with Crown Agents should conduct a separate meeting at Woreda level.

Conclusions

The meeting met its target, which was to bring the issue of health centre renovation to the technical level of the Amhara RHB. The vice head of the bureau made a kind of commitment to do possible works to address the renovation issues such as the need for basic furnishings and equipment.

The majority of the issues raised were answered and further discussed. It was made clear to the participants that a separate meeting is planned to be made at the national level to FMOH management on September 17, 2008.

The required technical assistance in presenting the issues raised at different levels of the bureau and woredas will be discussed as per the recommendation of the participants to the RHB/PPD vice head.

APPENDIX 4

Tigray Regional State, Health Centre Renovation Coordination Meeting

Date: August 27, 2008

Time: 8:30 AM to 12:00PM

Place: Tigray Regional State Health Bureau Management Conference room

Subject of the Meeting: To present an overview of the HCR project, the HC Assessment and Renovation Findings and Recommendations, the Guidelines manual, the HC Assessment Handbook and HC Renovation and Health Services Tracking System

Participants: A total of 6 participants, representing the Health Services and Training Department which included two technical staff from the engineering section, one HMIS representative and 1 pharmacist. The majority of those who did not attend indicated their desire to attend but were unable to because of others meetings in Mekelle and or management meetings that were scheduled after the date for the came up after the

HCR Project

Representatives: Sallehunae, Efrem, Zelalem and Iman,

As per the agenda, the meeting opened with registration of the representatives and allowing the representatives to examine the exhibitions prepared for the regional meeting. Next, the vice head of the regional health bureau, Ato Ali Gebeyehu, officially opened the meeting. In his remarks he emphasized the importance of renovating those HCs currently in bad condition, which he said should be dealt in parallel to the massive health facility expansion the government is doing.

As per the template meeting agenda, the meeting opened by registering representatives and exhibitions prepared for the regional meeting, and the Next the A/Head of Health Services and Training Department, together with Ato Hailu from the Engineering Division officially opened the meeting. In addition, they briefly presented what the HCR project has been doing in the region.

Although there were only 6 participants, it did allow for a more informal discussion. Throughout the meeting, therefore, all participants were free to present themselves in their preferred language.

During the meeting several issues were raised for which clarification or comment from the HCR project team were required. Issues raised included;

Qn

The Mekelle HC is serving the community like a hospital, but there is no more space for expansion. What mechanism(s) is there to address this problem? For example, can the HC be shifted to another site?

Reply

We understand Mekelle HC is a very important HC. It has a history of serving the community for long time. Because, it accessible people living in the main center of the city, we would not recommend shifting it to another larger space. During the current project, considerable improvements were made in the delivery area and other areas as well as correct problems with the water system. If needed in the future, it would be possible to add a second floor over much of the HC, thereby creating room for additional services. This would be most appropriate on the front side of the HC. If there is a future renovation project master planning could be provided to address this issue.

Qn

The manuals you prepared did not address hygiene, infection management and waste disposal systems as part of top priority. These are to priority issues requiring urgent attention in all healthcare facilities.

Reply

We have touched on infection control, hygiene and waste disposal in the documents, particularly in the areas of solving sanitation problems and assigning space for provision of house keeping and environmental health. At many HC we repaired or installed new placenta pits and repaired several incinerators. Other wise it is true the manuals and guidelines are focusing more correcting physical (building) renovations. We have brought up these needs to those organizations and partners who are working in these areas, and we promise that should there be another project we will take it further.

Qn

The Contract did renovate 47 HCs but not always to the desired quality and standard in the region. Also, better supervision is needed as some of the contractors do not perform to there best unless followed.

Reply

Theoretically yes, it requires regular supervisor. But we are dealing with small scale construction and very limited resources. Supervision is the traditional way of ensuring contractors perform to a standard, but expensive. By selecting responsible contractors through an intensive screening process, we chose to limit supervision to no more than four visits per HC. In most cases, this approach has been successful; however, in a few, such as at Mekelle HC, the contractor's performance should have been followed more closely to avoid some of the delays encountered. Despite the few problems with contractors, we feel limited supervision was appropriate.

Qn

Why was the tracking system not incorporated to the national HMIS system? It is a forgotten subject even though it is very important. HCR project should take this to PPD of FMOH so that they can incorporate it nationally, then we can adapt it at

regional level even before the new HMIS information system become operational this year.

Reply

We did present the tracking system to FMOH/PPD, but they felt the information gathered would not be helpful to the FMOH.

Conclusions

The meeting met its target, which was to bring the issue of health centre renovation to the technical staff level of the Tigray RHB and the HCR project now is well known at regional level. The engineering section is the most beneficial.

The participant's were encouraged by the work the HCR project has done, despite the fact that the FMOH does not see HC renovation as this important. Moreover, the participants believe the documents prepared by the HCR project will assist the people working on health facility renovations.

Participants requested HCR project to make CDs and to provide an electronic copy of the regional HC tracking data.

The meeting was at 12:10PM