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# **BASICS** **TRIP REPORT**

## **A REVIEW OF THE HUMAN RESOURCE DEVELOPMENT PLANS OF THE REGIONAL HEALTH BUREAU IN THE SOUTHERN NATIONS, NATIONALITIES, AND PEOPLES REGIONAL GOVERNMENT IN ETHIOPIA:**

### **OPTIONS FOR USAID/ESHE PROJECT INVOLVEMENT**



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**Trip Report: Awassa, Addis Abeba, and Jimma, Ethiopia**

**Dennis Carlson**

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## ACRONYMS

ADB	African Development Bank
BASICS	Basic Support for Institutionalizing Child Survival
BESO	Basic Education Structural Overhaul Project
B.Sc.	Bachelor of Science
CHA	Community Health Agent
ESHE	Essential Services for Health in Ethiopia
FDGE	Federal Democratic Government of Ethiopia
MOH	Ministry of Health
MPH	Master of Public Health
RHB	Regional Health Bureau
RHSC	Regional Health Sciences College
RTC/H	Regional Training Center for Health
SNNPRG	Southern Nations, Nationalities, and Peoples Regional Government
TBA	Traditional Birth Attendant
USAID	United States Agency for International Development

## **EXECUTIVE SUMMARY**

At the request of the Regional Health Bureau (RHB) of the SNNPR/G in Awassa, and with the approval of the MOH in Addis Abeba, the consultant spent 21 days in Ethiopia with the primary purpose of reviewing the human resource development plans in health of the SNNPR/G and to suggest future options for ESHE/USAID. It was requested that particular attention be given to the development in Awassa of the Regional Training Center for Health (RTC/H) and to the transformation of the health assistant school in Awassa into a nursing school. Other objectives included assisting with early planning for RHB staff development and looking at possible implications for health services in the region of the new Regional Health Sciences College in Dilla.

After a few days in Addis Abeba for orientation to national policies and plans the consultant spent most of the time in Awassa discussing with RHB staff, studying documents, and visiting service and training facilities. A brief visit was made to Jimma to observe learning processes in three training health centers, meet the new class of health officers, and discuss the synthesis of educational and service functions at the Jimma Institute of Health Sciences.

The RTC/H has developed excellent plans for continuing education and in-service training activities and has been able to conduct some workshops in management, community health services, and the rational use of drugs. They need to revise operational plans, obtain working space for short and long term functioning, include recurrent allocations in the annual budget plans, and obtain a permanent staffing roster for the RTC/H from the regional personnel agency. A training of trainers course for zonal training teams in the near future should significantly strengthen the training capacity of the zonal personnel and also reinforce the confidence and competence of the RTC/H team itself. Case management guidelines and standards for quality service delivery need to be developed that can be used for practical training by each administrative unit at zonal and woreda levels. Work should begin in development of health learning materials and training modules for community health agents and trained traditional birth attendants. These materials will need to be adapted and translated to major regional languages in the near future. The RTC/H has written lists of necessary commodities, including books, periodicals, equipment, vehicles, and furniture.

Transformation of the Awassa Health Assistant School into a large nursing school is a major challenge which is given high priority by RHB staff; the school will be a strategic resource for the region. While overall staffing for the initial phase is reasonably good, there is a critical need for a senior nurse/midwife educator to provide assistance for at least one year. Some remodeling of physical facilities is immediately necessary and further construction will be required as school enrollment grows to approximately 400 students over the next five years. Assistance will also be required in obtaining books, equipment, supplies, and vehicles. Several staff need intensive short term training in order to carry out newly added teaching functions.

The RHB has a significant core of committed and competent staff who are working effectively. However, although several new appointments and transfers have been made recently, staffing still is not complete. The RHB has set criteria by which department members will undergo further training to strengthen their skills. Comprehensive review and planning for a three year program of development both for regional and zonal staff should be a high priority task in the near future. Careful consideration of individual staff career goals and objectives will enhance morale and motivation.

The development of the new Regional Health Sciences College in Dilla is still in an early planning stage but this school will inevitably have a major impact on health services in the region. Not only will the school's graduates be available for service roles, but a significant amount of services can be given while the students are in training. Careful joint planning by the health and education authorities will be required in order to provide high quality training and gain maximum useful service impact.

## **I. PURPOSE OF VISIT**

With support from USAID through the BASICS project, the consultant visited Awassa, Addis Abeba, and Jimma in Ethiopia during the period of November 24-December 17, 1995. The primary goal of the consultation was to obtain a current overview of the human resource development processes in the health sector of the southern region (SNNPRG) and to make suggestions for future options. As changes are taking place very rapidly, the specific scope of work was modified after arrival. Plans for the location of the new Regional Health Sciences College are still being finalized (the location has been shifted from Awassa to Dilla, some 90 kms. due south), so the focus of the consultation was broadened to include human resource development in the health sector in the region, with special attention given to the Regional Training Center for Health (RTC/H) and the transformation of the present health assistant school in Awassa into a nursing school. This expanded institution is expected to train several kinds of nurses as well as pharmacy technicians, laboratory technicians, and sanitarians in one and two year courses. The consultant was also requested to participate in planning for regional staff development.

## **II. BACKGROUND**

Ethiopia is currently experiencing a stable period politically and showing indications of some increased economic development. The population is estimated to be approximately 53 million with perhaps 12 to 14 million in the Southern Nations, Nationalities and Peoples Region (SNNPR) where USAID is focusing its health project activities. Population growth is between three and 3.5 percent for the country as a whole. Infectious diseases and malnutrition continue to account for most morbidity and mortality.

The Ethiopian government is moving rapidly into implementation of new national and regional policies based on regionalization and decentralization. The ESHE collaborative project of the Federal Democratic Government of Ethiopia (FDGE) and USAID has recognized that human resource development is one of the most urgent and important elements in making significant progress in the health status of Ethiopia's rural population.

The FDGE has developed a basic reorientation and reorganization of health services, training policies, and training organizations at all levels. As one aspect of the new policies, the government aims to establish and staff 550 health centers in the next five years. The staffing patterns for rural services have been fundamentally changed with establishment of several new categories of primary care personnel and reintroduction of the health officer profession which had been discontinued by the previous government. (See Appendix A.)

Decisions have been made to phase out the category of health assistant and begin training several new types of nursing, midwifery, environmental health, laboratory, and pharmacy workers. Other programs have been launched to provide training for teams of higher (mid-level) health

practitioners who will be prepared in regional health science colleges (RHSCs) that are units of regional universities. Two groups of health officer students have started their two and a half year post-basic training in the College of Medical Sciences in Gondar and the Institute of Health Sciences in Jimma. Fifty nurses in Gondar and 46 in Jimma began their studies in October, 1995.

Two new regional health sciences colleges will be opened in 1996, one in Dilla in the SNNPR as part of the Southern University, and the other in Alemaya University which previously was primarily an establishment for agricultural education. These new schools will accept "generic" students, most of whom will not have had previous health training. Students will be recruited and selected on a quota basis from different parts of the country. It is anticipated that the Dilla and Alemaya colleges will begin with health officer programs and add the training of other health professionals in the near future.

Regional training centers for health(RTC/H) are being established in regional capitals as units of the regional health bureaus. The RTC/H are responsible for continuing education and in-service training activities at regional levels and for facilitating zonal and woreda (district) training by their respective staffs.

### **III. TRIP ACTIVITIES**

After two days of consultations and meetings with officials in Addis Abeba, the consultant traveled to Awassa with Dr. Victor Barbiero and Dr. Fisseha H/Meskel for discussions with members of the Regional Health Bureau (RHB). A brief visit was made to the construction site of the new regional referral hospital which will have 400 beds when completed. The first unit is planned to be finished in 1997.

In company with Dr. Mulugeta Betre of the RTC/H and Ato Wondimu Amde of the BASICS/USAID staff of Awassa, the consultant then traveled to Jimma to visit the Institute of Health Sciences and its joint programs with the Ministry of Health. They observed training health centers in Agaro, Jimma city, and Asandabo, and talked with resident staff and students. They also had briefings with officials and staff of the institute, focusing on their community-based training in which all students participate during all their years in school. The consultant met and discussed a variety of topics with the new class of health officer students. (See also Dr. Betre's report, Appendix C.)

En route from Jimma to Awassa, the team visited the hospital in Hosaina and health centers in Shenshechew, Duramie and Alaba. After discussions with RHB staff in Awassa, visits were made to the Yirgalem Nursing School, the Yirgalem Health Center and the Dilla MOH zonal office and hospital, and past the site of the new Southern University in Dilla. While continuing daily conversations with the RHB staff, the first draft of this report was prepared. The consultant met with members of the Awassa RHB, USAID, and the BASICS project in Awassa to brief them and discuss further the findings and recommendations made by the consultant.

#### IV. RESULTS AND CONCLUSIONS

1. The **programs of the RHB** appear to have gained considerable additional momentum since the consultant's last visit to Awassa one year ago. The staff seems to be energetic, open, and committed to significant new activities. Plans have been written for a number of programs. Constructive discussions occurred at all meetings.
2. The **Jimma visit** was invaluable. In the 12 years since its inception, the Institute of Health Sciences has gained impressive institutional strength. Its graduates are now assigned all over Ethiopia and have established generally excellent reputations. Jimma is the pioneer in ground breaking efforts to establish four new B.Sc. programs in Nursing, Environmental Health, Laboratory Technology, and now Health Officers Training. Another important innovation is the integration of the MOH zonal activities and institute training functions; this is a difficult and relatively unusual occurrence. The Regional Training Center for Health in Jimma has been established with physical facilities, staff, and training programs, including a training of trainers course for community health services. The new health officer students are a lively, highly motivated and experienced group of trainees. They would seem to have strong potential to play leading roles in the new health strategy. They are likely to be better suited than physicians for health center functions and to be less anxious to return to the cities and hospitals.
3. The **four health centers visited** have wide variations in physical facilities, staffing, program activities and community outreach. The health center in Duramie is brand new and not yet opened. The Yirgalem health center has several excellent programs, including family planning, and supervises some 14 active community health agents (CHAs) and more than 20 trained TBAs. It has been designated and functions as a "Training Health Center" for a variety of categories of trainees. Several external agencies have assisted the center over the years.
4. The **Regional Training Center for Health in Awassa** has conducted a series of management training programs in the past year and has recently been involved with some technical services training, such as a course on the rational use of drugs. The RTC/H team facilitated a one day training program for community health workers, working with the Yirgalem Health Center. They haven't been able to conduct any training of trainers courses. Two of the original four members of the RTC/H have left the RHB, one to serve in the national parliament and the other to complete the B.Sc. degree in Environmental Health in Jimma, with plans to return in 1996. A new replacement staff member has recently joined the team who is a physician with an M.P.H.. The RTC/H team currently meets outdoors, lacking a physical structure for operations. The team also has very limited books, equipment, learning materials, and transportation. Two of the core team have not had TOT training themselves. Zonal training staff have not had any training as trainers. Training activities are presently dependent on external funds for specific categorical types of training, e.g., HIV/AIDS prevention.

5. Establishing the **nursing school in Awassa** is a very high priority for the regional government. Major changes are being made in the current training programs under the Regional Health Bureau (RHB). The Health Assistant School in Awassa is being upgraded to a nursing school, although eventually it might more accurately be called a health training institute since it will also be training lab technicians, pharmacy technicians, and sanitarians. Two other nursing schools are planned for Hosaina and Arba Minch which may open in 1998 and 1999 respectively. The Hosaina school building is only partially completed and construction has stopped for the time being. Construction has not begun in Arba Minch. These latter schools will provide one year training programs for clinical nurses. Class size may be in the range of 15 to 20 in each school. The following discussion is focused on the upgrading of the Awassa School.

Two new training programs, Clinical Nursing and Midwifery, will begin in September, 1996 with 60 and 20 students in a class respectively. All programs in the Awassa school will eventually be two years duration, though the first midwifery program will be a one year post-basic program for experienced nurses. In 1997, programs in Public Health Nursing and Laboratory Technology will begin with 20 students in a class. In 1998, a Pharmacy Technicians course will be started with 20 students per class. Thus there will be 80 students the first year but enrollment will increase rapidly to 320 by 1999. (See Appendix D.)

Current staff totals 15 teachers: one sanitarian who is the school director, three community nurses (one may retire soon), five registered nurses on site and three more who have been recruited, two nurse-midwives who have recently joined the staff but have no teaching experience, and one B.Sc. nurse who is scheduled to return from the Jimma Institute within the next three months. At present, the school has neither lab technician nor pharmacy technician instructors on staff.

The school is well built but is not adequate at present to train the planned numbers of students. Considerable expansion of classrooms, dormitories, kitchen and dining rooms, library and a meeting hall is necessary. Construction of some of these facilities under an ADB/WORLD BANK loan is scheduled to start in the near future (perhaps within two to three months). The new facilities are expected to include dormitories, library, dining room and kitchen. In the period before the new buildings are finished, some remodeling of present buildings will be necessary. Staff will be required to obtain housing in town. Dorms will be converted to classrooms, and existing classrooms will be changed to demonstration rooms.

The school currently has very few books that are appropriate for the new programs. There are some teaching aids and equipment but these are inadequate in kind and quantity. There are no facilities for teaching either laboratory or pharmacy technicians, or sanitarians. (See list of required equipment in Appendix E.)

The school has one old minibus that needs major repair and a Land Cruiser that carries eight to nine people and is about five years old. The school will need an additional bus and Land Cruiser for moving staff and students in practical training activities plus program operation.

Although the school is relatively well off as far as numbers of Ethiopian staff, there is a critical need to strengthen the current staff. Most urgently, one or two B.Sc. nurse-midwives with teaching experience are necessary for the beginning of the midwifery program in 1996. This would seem to be an ideal situation for appropriate Peace Corps volunteers to make a strategic contribution. Another possibility would be to engage a retired Ethiopian senior nurse-midwife tutor who might come to Awassa to advise, teach and strengthen younger and less experienced staff.

6. **Regional and zonal health staff development** merits serious study and planning in the near future. As noted above, there are significant numbers of professionals who are well trained, highly motivated, and functioning very well. But there are many more who are new to their roles and have not had refresher training or in some cases have had no training for their tasks. At present, personnel are sent to other parts of Ethiopia or abroad on an ad hoc basis according to available traineeships and opportunities. The executive committee of the RHB is beginning to determine types of training useful and relevant for various departments and has been developing guidelines for selection. Very few in-service training activities are scheduled on a regular basis. As mentioned above, the Yirgalem Health Center and catchment area is occasionally used as a training health center for practical learning. Three others are used to train health assistant students for their service functions.

## V. **RECOMMENDATIONS**

### A. **Regional Training Center for Health**

1. Revision of the **Training Plan of Action** and setting priorities for the next 18 months is the most critical and urgent process which the Training Department and the RTC/H staff can accomplish in the next few weeks. This will allow funds already available under the ESHE project to be released and a regular scheduled program to begin. (See also Appendix F.)
2. **Developing work space** where the RTC/H team can function together is a high priority for action in the very near future.
  - 2.1 A single office where the current staff could focus their efforts is necessary at the earliest possible date.

- 2.2 It might be feasible to obtain two or three shipping containers and modify them to create four or five rooms for use on the RHB campus.
- 2.3 Long range plans should be made soon to build adequate office, classroom, library, eating, and sleeping facilities on the campus of the nursing school which has adequate space. It is critical that these plans be incorporated into the master plan of the campus in the near future. Some of these facilities could possibly be built in the next one to two years under the ESHE project.
3. **Completing and finalizing positions for RTC/H team members** is a complex administrative process but is essential for effective long term development and obtaining funding for building facilities. At present, the RTC/H team members are functioning informally together while officially being assigned to other offices.
4. **Conducting a training of trainers course** for zonal trainers is a high priority activity in order to consolidate and expand the capacity of the RTC/H team and enable the zones to launch their own in-service programs. Some of the Awassa staff need exposure to principles and methods of good training, so it would seem highly desirable to have one or two more experienced TOT trainers from outside to help conduct the first zonal program. Dr. Fekadu Ayele from the Jimma Institute would be an excellent facilitator.
5. **Ordering select books, periodicals, and equipment** for regional and zonal training programs should be done soon, since the lag time before delivery may be six to 12 months. Some current literature is available from centers such as AHRTAG at very low cost. Any literature will require space and furniture to make it accessible to those who need it.
6. **Planning and developing model service training units or areas** is an essential element in building an effective program where trainees can experience high quality service activities which are realistic and appropriate to their own work settings. Each zone should have one or two woredas (districts) where there are several community health services that function well in which trainees could occasionally participate. The recent community demand study will provide invaluable information for establishing such units.
7. **Constructing curriculum modules and writing health learning materials** is an important early step in establishing a strong in-service program for community health workers who have few or no relevant reference materials fitted to their ethnic and ecological settings. It is also part of an effective strategy for institutionalizing child survival methods. Since the responsibility for materials design now rests primarily with regional trainers (and not the central MOH), this is a major task that will require a great deal of work and considerable expertise. After testing units in English and Amharic, the next stage will be adapting them to the six major languages of the region followed by gradual translation to up to 15 others. If designed comprehensively, these materials and

modules could provide the core skills and knowledge for higher levels of technical personnel as well. There probably would be advantages in collaborating with members of the BESO in this process as well. One of their Awassa staff has a background in nutrition education.

8. **Holding a regular educational event** on the RHB campus would be an effective strategy to enhance a continuous learning attitude among regular staff members and introduce new information more widely. The only cost is perhaps one hour per week of staff time plus preparation by one member on a rotating basis. Topics could include review of current epidemic problems, reports by those attending conferences or short courses, progress notes on research studies taking place in the region, talks by guests and consultants, and many others.
9. Including a **regular budget appropriation** by the regional government is an important step to institutionalizing the RTC/H and demonstrating the government's support for this new unit within the regional government structure.
10. Obtaining a **vehicle for supervising** and developing the regional continuing education programs will be essential for the effective establishment of a strong RTC/H program. Team members will need to travel extensively to support training activities and develop model service/training units.

#### **B. Nursing School Establishment**

1. **Recruitment of a senior nurse/midwifery advisor** would strengthen the establishment of a one-year post-basic midwifery program for 20 students in September 1996. At present there only two inexperienced nurse midwives from the Yirgalem hospital who will be available for teaching in the classroom and in practicum settings in hospitals, health centers, and homes. The ideal solution would be to recruit a retired Ethiopian nurse/midwife who would serve for at least a year as an advisor, master teacher, and role model for the developing staff. During the first two years of the post-basic courses, some of the best students will be recruited and added to the staff.

Another possibility would be to recruit **one or two international volunteers**, such as from the US. Peace Corps, if they were available. They would perform some of the same functions as mentioned above but could not be expected to know the Ethiopian situation.

In the interim there would probably be great benefit in establishing **linkage with a nurse-midwife educator/consultant**. Such a person would be able to assist the two young Ethiopians to prepare for next September. Another task would be to assist in the selection of text and reference books not only for the midwifery program but also for the clinical and public health programs. Over the next two years the new staff is likely to encounter

other significant problems that such a consultant could assist with, particularly if a senior Ethiopian staff person is not available.

2. **Ordering of books and teaching equipment** is an urgent task which needs to be done within the next few weeks. The books now available at the school are not suitable for nursing students and none are available for purchase within the country. If the school director does not have access to references on books that can be purchased, assistance from abroad would be invaluable.
3. **Refurbishment and remodeling of some of the present school buildings** will be necessary in order to provide sufficient class and demonstration rooms. It seems likely that modest financial assistance will be necessary.
4. **Public health nurse tutors now on the staff will need intensive updating** before beginning the public health nursing program. This program may begin in 1997, although there has also been discussion that this program will start in 1996. The most effective strategy may be to send one or two of the community nurses now on staff abroad for a short course and work with them to conduct a training program for other staff members on their return with the help of a senior consultant.

#### C. **Regional Health Bureau Staff Development**

1. **The staff development needs at regional and zonal levels** should be reviewed and developed systematically for a minimum of a three year time frame. Various kinds of study, including courses within Ethiopia, study tours, short courses abroad, and masters level degree programs, need to be considered carefully in view of organizational needs in the immediate and intermediate future.
2. **A data bank of training courses** appropriate to the region's needs should be developed for reference in Awassa and Addis Abeba. The BASICS project could play a useful role in updating this information.
3. Attention needs to be given to **career development objectives** from the viewpoints of the individual staff members as well as the organization. If an individual career record were to be systematically used and reviewed regularly, the organization and the individual can benefit at the same time and staff morale can be boosted by consistent efforts to implement plans over time. A draft career record is being developed. (See Appendix G for current draft.)

#### **D. Regional Health Sciences College**

All students in the Regional Health Sciences College to be established in Dilla will require access to training health centers for practical learning experience. It would be useful to collaborate with the planners of the college so that the service needs of the zone and region can be considered in connection with plans for training. If the college opens as planned in 1996, it is likely that some practical training facilities will be required by 1997 or 1998. It is also likely that supervisory and teaching staff will be needed; they should have functional linkages to the zonal health department and the regional health bureau. It would be optimal if they actually had joint appointments at both the college and the RHB.

#### **VI. FOLLOW-UP ACTIONS REQUIRED**

- ▶ **The consultant** agreed to draft a **scope of work for a senior Ethiopian nurse/midwife advisor**. This was completed and faxed to USAID/ETHIOPIA. (See Appendix H.)
- ▶ **BASICS** staff in Arlington should gather **catalogues or other databases that describe available short courses on health** which would be appropriate for Awassa staff. The information should be organized in an easily available format and should be ready by mid-February.
- ▶ A **follow-up visit** by the consultant was requested for late January or early February, primarily to work with the Awassa RHB staff in refining detailed implementation plans for the in-service and continuing education programs for 1996 and the first half of 1997.
- ▶ **BASICS** should consider recruiting a **nurse/midwife educator** for a short term consultancy in February or March.
- ▶ **BASICS** should consider sending a **consultant to explore possibilities of adapting the integrated child management materials** for use in the Southern Region at a less sophisticated level in training and service delivery. There are few service personnel who are likely to be able to use the materials as now presented. Ideally, a decision should be reached in the next three to four months.

**APPENDICES**

**APPENDIX A**  
**Regional Training Centers in Health: Establishment and Functions**

REGIONAL TRAINING  
CENTERS IN HEALTH (RTCH)  
ESTABLISHMENT  
AND  
FUNCTIONS

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Ministry of Health - Ethiopia

Addis Ababa February 1994

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## I. BACKGROUND

Ethiopia, with an area of 125 million sq. kms. and an estimated population of 53,844,700, has cold highland (Dega) temperate (Woyna-Dega) and hot low-land (Kolla) climatic zones. Temperatures range between 16 and 36 Degrees Celsius. The rainy season is from June to September. The dry season comprises of the remaining months.

The age structure is characteristic of a developing country with a wide base pyramid. Urban population is 11.3 per cent while the rural is 88.7 per cent. The age group under 15 years comprises of 48.2 per cent. Female population in the fertile age group (15-49) is 20.1 per cent. Total fertility rate is 7.5 children per women. The crude birth and death rates are 46.7 and 17.9 per 1000 population respectively. The annual population growth rate is 3.1 per cent.

The Ethiopian Economy is predominantly agrarian with approximately 80 per cent of the population being subsistence farmers and pastoralists. The per capita income is USD 110. According to the 1990 basic education statistics, students enrolment is pre-primary 2.3, primary 74.4, secondary 22.8, and tertiary 0.5% per cent of the eligibles. The total government budgetary expenditure was 9.5 per cent.

~~There are more than 70 languages and dialects and many different nations and nationalities with a diversity of traditions and culture. The predominant religions groups are muslims and chirstions.~~

According to the present political and administrative reorganization, Ethiopia is divided into 10 regions, about 43 zones and 647 woredas. These administrative structures are empowered to make decisions on their own affairs on the basis of the regionalization, decentralization and democratization processes.

Ethiopia has 13,396 kms. and 5,550 kms. of all weather and dry weather roads respectively. There is also a 781 kms. railway transport. Almost all regional capitals have air transport connection with the central government Capital City of Addis Ababa. Postal and telecommunication services are rather wide spread. However, pack animals remain to be the most predominant means of transport for the majority of the rural population.

The country has 72 hospitals, 152 health centres, and 2,051 health stations. These health service institutions are unevenly distributed and highly concentrated in urban areas along the main roads. Out of the 12,106 hospital beds in the country, 3,159 (28%) are in Addis Ababa where only 4.6 per cent of the country's population resides.

Only about 45 per cent of Ethiopias population lives within a distance of 10 kms. radius or two hours walk from health stations. According to the 1990 national average of health services utilization statistics, OPD visits per capita is 0.31, ANC coverage 10 per cent, health personnel assisted deliveries 5 per cent, family planning coverage 4 per cent and EPI coverage for children and mothers 26 and 13 per cent respectively.

The country's health expenditure has been only 1.5 per cent of its GDP or only 3.1 per cent of its budget for the year 1990. This is equivalent to Birr 3.98 health budget per capita for the same year. This is further aggravated by urban- rural and curative- preventive dividend inequity as 27.2 per cent of the total health budget was consumed by the health institutions in Addis Ababa.

The overwhelming health problems of Ethiopia are communicable diseases and diseases resulting from malnutrition, poor environmental sanitation and harmful cultural and behavioral practices compounded by poverty and ignorance. These are further aggravated by poor reproductive health programs and high rate of population growth. Particularly vulnerable to these conditions are the most underserved sectors of the population - i.e. women and children. Nevertheless, these health problems are preventable.

Ethiopian health status indicators are among the most alarming in the world. Infant mortality rate is 110/1000 live births (LB), child mortality rate 99/1000 children (0-4) and maternal mortality rate 500-700/100,000 LB. life expectancy at birth is 53.4 years (extrapolated from 47 years in 1984) and is one of the lowest in the world.

Optimal health service and its impact in socio-economic development is a function of various inputs of which human resource development/ capacity building is central. So far, efforts have been made to train different categories of health workers in the 3 medical, 1 pharmacy, 12 basic and post-basic nursing, 2 environmental health workers training, 5 different health technicians and 11 health assistants schools. Although the importance of community health workers (CHWs) as front-line health cadres, has been repeatedly emphasized, it is to be noted that there are no organized institutions for training CHWs and traditional birth attendants (TBAs).

## II. Shortcomings of the human resource development:

The problems are many fold. Highlights are:

- the number and categories of training institutions are inadequate particularly as regards to the front-line and mid-level health workers. Health Worker to population ratio in the country is among the lowest in the world.
- the majority of the schools are established at major urban centers, hence, making the training modality pro-urban and less relevant to the needs of the rural majority.
- entrants to training schools are predominantly from urban and semi-urban settings. Hence, the problem of deployment of health workers to and retention in rural services.
- the outputs from these training institutions do not meet the apparent need to man health facilities. The mix of different categories of health workers, being not appropriate, lead to misuse. Besides, there is no standard staffing pattern in health facilities at all levels.

- initiation of training programs and enrolment of trainees have always been spontaneous, and have neither been based on needs assessment, planned, coordinated and nor evaluated.
- as an arbitrary undertaking, plans for continuing education, career structure development, and incentives have never been addressed.
- the curricula for all training programs suffered from deficiency to absolute lack of health management courses. This has impacted negatively in the effective and efficient use of meager human, material, and financial resources.

The Ministry of Health (MOH), recognizing the critical health management need, particularly at the district level of health care, initiated district managers and district management team training programme at the former Ras Imiru Compound in 1987. Subsequently, the district health managers training was restructured to include training of trainers (TOT) and health management courses. So far, well over 600 health workers from different categories have been trained in basic and accelerated health management programs. In addition to the health management training referred to above, the Addis Ababa University (AAU), medical faculty runs a two year MPH programme. Nevertheless, these efforts fell short of satisfying the immense need prevalent in the country.

### III. Decentralization, Regionalization and implications

#### The Policy bases

The transitional period charter of Ethiopia affirmed the rights to self-determination of nations and nationalities. Accordingly, regional councils with overall political powers regarding management of internal affairs have been proclaimed and established. The powers and duties of the executive organs of the central and regional administration have been clearly delineated. The devolution of authority to the lower level administrative organizational set-up has been realized. In line with this, ten regions, 43 zones and 647 woreda's came into being. The proclamation, defining the powers and duties of the different levels of administrative organs, has clearly stated the Ministry of Health role to include:

- formulation of policies and supervision of their implementation,
- determination of standards,
- issuance of licenses and qualification of professionals,
- establishing standards of research and training,

#### Regional Health Bureaux (RHBS)

Among other things, RHBS have the power and duties to:

- ensure the observance of laws, regulations and directives issued
- plan, implement, Monitor and evaluate programs of health in their respective regions together with organizing research and training centers.

The salient features of the national health and population policies and strategies for their implementation emphasize the decentralization of decision - making and resources to regions and particularly on their devolution to communities.

#### IV. Rationale for Establishing Regional Training Centers in Health (RTCH)

Evaluation of Primary Health Care program and its strategies, a decade after implementation, revealed to be a failure. Among them those ascribed to training were of paramount importance. Problems related to management and continuing education programs deserve particular mention. These constraints have posed impediments to progress in primary health care application. None of the basic courses for both medical studies and auxiliaries included health management training. Paucity of trained health managers at all levels of health care administration is apparent with the resultant effect of ineffective and inefficient utilization of the meager resources.

Although attempts were made to ameliorate deficiencies in training through both short and long term training, the programs were not based on identified needs and lacked relevance. This is indeed so ~~at the community level with training and deployment of community health workers.~~ Front-line health workers and CHWs training should be based on diversified teaching methodly to suit local needs.

Participation in trainings was not made to be proportional to the different categories of health workers and the different regions of the country. The ratio of physicians to other professionals is noticeably skewed in favor of the physicians. Hence, upsetting the balance of the professional mix.

The administrative structures, created by the present policy of regionalization to effect democratization, have made it possible to cater for the inservice training needs at the regional bureaux and, zonal health departments rather than from the central training unit. Hence, the rationale for establishing regional training centers in health, while at the same time maintaining linkage with the central MOH Training Department. The noticeable advantage of this scheme is addressing local problems based on identified needs and acceptable socio-cultural values in accordance with government policy and directives.

#### V. Objectives

1. to enable regions to undertake need based, planned and organized inservice training with emphasis for health workers,
2. to conduct health services and program management courses and continuing education programs, and
3. to promote the implementation of national health policy and the Primary Health Care (PHC) strategy through regional capacity building in planning, implementation and evaluation.

## VI. Functions

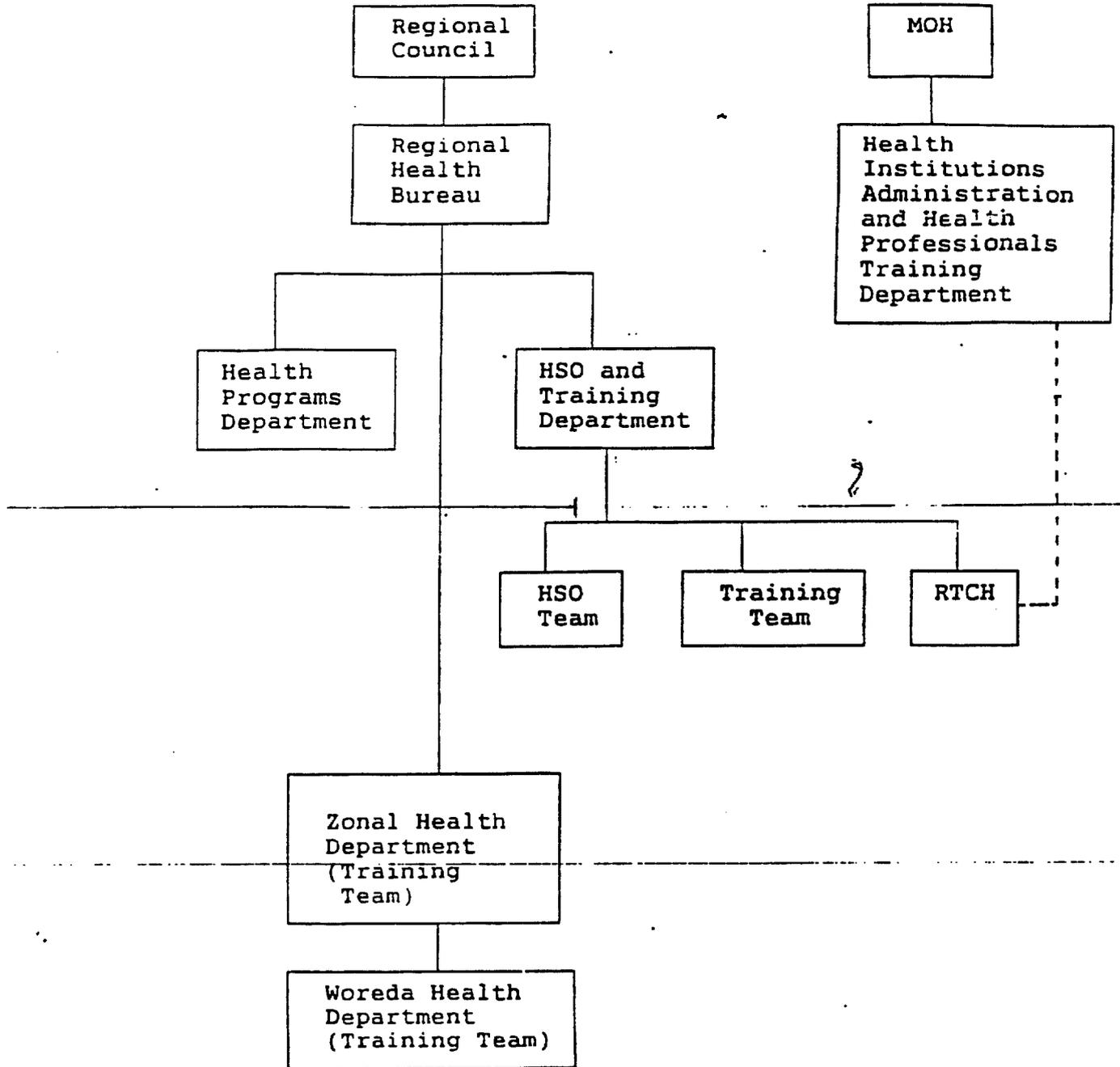
1. Establish and maintain an ongoing continuing education (inservice training) needs assessment in order to plan and set priorities.
  2. Conduct training of trainers (TOT) for zones, woredas and health facilities.
  3. Conduct management training for health management levels and health institutions.
  4. Carry out organized continuing education programs for the region.
  5. Develop and distribute locally acceptable health learning materials (HLM).
  6. Conduct operational research undertakings based on available health information system.
  7. Periodically develop and revise curricula for the different types of inservice trainings.
  8. Conduct planned and regular supervision of zones, woredas and health facilities inservice trainings, and monitor and evaluate the benefits.
- 
9. Facilitate educational environment for the forthcoming national school of public health (NSPH).
  10. Undertake an advocacy role in the implementation of national health policy and promotion of PHC strategies.

## VII. Organizational Framework and Management

The RTCH shall be accountable to the regional health bureaux, specifically to the departments of health services Organization and training. The staff of the RTCH shall assume an overall responsibility of inservice training programs in the regions. In matters of inservice trainings, the centers shall enjoy autonomy while still maintaining a close relationship with other departments of the regional health bureaux and a functional linkage with the Training Department of the central MOH.

At the zonal and woreda levels, the current training coordinators shall assume the responsibility to undertake inservice trainings for those levels. Enabling capacity building regional and central assistance would be carried out for them to do so.

Organizational Framework



VIII. Role of the Health Services Administration And Health Professionals Training Department

The RTCH shall function with close liaison by the aforementioned department. The advantages of this relationship are several. In accordance with the Ministry's policy mandate for higher education, this department shall:

- conduct training of trainers (TOT) for the regions,
- undertake health management training for the regions,
- develop curricula for the different inservice training programs,
- **conduct short** specialized courses on major health problems of the country.
- provide technical support in project development and solicitation of resources and dissemination of information, and
- foster interregional experience sharing through exchange visits, national conferences, and dissemination of information

IX. Resources:

1. Manpower Requirement

It is desired that the technical staff of the RTCH shall be multi-disciplinary and comprise of the following:

Category	Qualification	Number
Physician	Experienced MD or MD + MPH	1
Pharmacist	Experienced BSc. or Masters	1
Nurse	Experienced BSc. or Masters	1
Sanitarian	Experienced BSc. or Masters	1
Administrative		10
Hostel staff		8
Total		23

## 2. Physical Facilities

Exploratory visits were made to all the regions included in phase one of the training of trainers (TOT) and management training with the view to assess the availability of physical facilities/buildings which could be used for the proposed RTCH. It was learned that physical facilities for manpower training are non-existent. However, possibilities to make use of the available schools for health assistant and nurses and other high level training institutions for this purpose exist. While it is agreed to utilize whatever existing structures during the interim, regions expressed the need for building units in the near future. Hence, below is a proposal of a workable listing of physical facilities, materials and equipment per RTCH. Wherever possible, costs are per current catalogue.

### Facilities

Description	No/capacity	Purpose	Remark
Office	4	Director, assistant administrator and instructors	
Lecture hall	1      50 seats	Lecture/ multi-purpose	
Conference hall	2      25 seats	Group work/ discussion	
Hostel (rooms)	28      50 beds	Accommodation	3 guest rooms
Dininghall	1      50		
Kitchen - store	2		
Recreation hall	1		
Library	1		
Store	1		
Health Learning Material and audiovisual room	1		

Annexed herewith is the design and estimated cost of construction.

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### 3. Location and phases of establishment

Region	RTHC site	Phase
Tigray	Makale	1
Amhara	Bahrdar	1
Oromya	A) Jimma b) Aseffa	1 1
Southern nationalities	Awassa	1
Somali	Godi	1
Addis Ababa	Addis Abaha	1
Afar	* Asaita	2
6	* Asossa/pawe	2
12	* Gambela	2
13	* Harar	2

\* Sites which need assessment and approval by RHBs.

### 4. Materials, equipment and supplies initially required

#### a) Offices:

Item	Quantity	Unit cost (birr)	Total cost (birr)	USD
Chairs	5	1000	5000	1000
Guest chairs	14	250	3500	700
Tables	5	525	2625	525
Large tables	3	500	1500	300
Filing cabinets	4	2000	8000	1600
Shelves	4	500	2000	400
Type writers:				
Amharic	1	7000	1700	340
English	1	7000	1700	340
Calculating machines	4	200	800	160
Computer + Printer with accessories	1	10,000	10,000	2,000
<b>Total</b>			<b>36,825</b>	<b>7,365</b>

b) Lecture/conference halls

Item	Quantity	Unit cost	Total cost	USD
Student desks	110	260	28600	5720
Chairs	20	120	2400	480
Tables	10	525	5250	1050
Boards (chalk and Flannel boards)	3	1370	4110	822
	3	-	-	-
Projection Screen	3	1000	3000	600
Total		3275	43360	8672

c) Audiovisual Unit

-Item	Quantity	Unit cost	Total cost	USD -
Photocopier	1	112240	112240	22448
Duplicating machine	1	13838	13838	27676
Photographic camera	1	2000	2000	400
Video Camera	1	7000	7000	1400
TV and VCR	1	9500	9500	1900
Slide projector	1	3740	3740	748
Over head projector	1	4963.75	4963.75	992.75
Tape recorder	1	2000	2000	4000
Slide/Film developer	1	-	-	-
Binder	1	-	-	-
Total	1	155281.75	155281.75	31056.35

d) Library

Item	Quantity	Unit cost (birr)	Total cost (birr)	USD
Books	85	31.00	31,618.00	6,323.00
Journals	18	169.22	3,046.00	609.20
Catalogue Drawer	1	1,500.00	1,500.00	300.00
Shelf drawer\$	1	1.00	800.00	160.00
Display shelf#	1	1.00	600.00	120.00
Bulletin board	1	11.00	2,000.00	400.00
Library shelf	5	1,209.60	6,048.00	1,209.60
Library chairs	30	120.00	4,200.00	840.00
Library tables	10	500.00	5,000.00	1,000.00
Total			54,809.00	10,961.80

e) Hosteli) Lodging

Item	Quantity	Unit cost	Total cost	USD
Beds	53			
Mattresses	53			
Pillows	53			
Wardrobes	28			
Reading tables	28			
Chairs	53			
Total				

## ii) Dining hall and kitchen

Item	Quantity	Unit price in (Birr)	Total price (Birr)	USD
Deep freezer	1	15,000	15,000	3,000
Refrigerator	2	7,000	14,000	280
Stove	2	5,000	10,000	2,000
Shelf	1	1,209.60	1,209.60	241.92
Kitchen ware	-	-	-	-
Kitchen table	2	500	1,000	200
Dining table	10	500	5,000	1000
Dining chair	50	120	6,000	1200
Total		29,329.60	52,209.60	10441.92

## iii) Recreation hall

Item	Quantity	Unit price (Birr)	Total price (Birr)	USD
Chairs	30	120	4200	840
Tables	10	500	5000	1000
TV-set	1	500	5000	1000
Tape recorder	1	2000	2000	400
Indoor games (assorted)	5	1000	5000	1000
Total		13120	25700	5140

f) Vehicle

Type	Quantity	Single cost	USD
Minibus (26 seats)	1	101,650	20,330
Station wagon (10 seats)	1	80,515	16,103
Total	2	182,165	36,433

- Personnel cost:

Staff Category	Number	Monthly salary (Birr)	Annual Salary (Birr)	USD
Technical Staff Director	1	1150	13800	2760
Instructors	3	835 each	30060	6012
Administrative staff				
- Administrative assistant	1	710	8520	1704
- Cashier	1	420	5040	1008
- Secretary typist	1	500	6000	1200
- Driver	2	230 each	5520	1104
- Janitor	2	105 each	2520	504
- Office boy	1	105	1260	252
- Guard	2	105 each	2520	504
Hostel staff				
- Cook	4	230 each	11040	2208
- Waiter	2	105 each	2520	504
- Cleaner	2	105 each	2520	504
<b>Total</b>		<b>7610</b>	<b>91320</b>	<b>18264</b>

- Recurrent Costs per year:

Ser. No.	Type of service	Required Budget/year	USD
1	Fuel and oil	17,609.00	3,521.00
2	Repair of vehicles	15,000.00	3,000.00
3	Post, telephone, water and electric service	10,000.00	2,000.00
4	Stationery	21,238.00	4,247.6
5	Consumable office material	1,009.00	201.8
6	House and compound repair	6,342.00	1,268.4
7	Clothing for uniform	3,047.00	609.4
8	Sanitary supplies	5,000.00	1,000.00
9	Revolving fund for purchase of food stuff	50,000.00	10,000.00
Total		126,196.00	25,239.20

Summary of Budget

Description	Required budget (USD)	Sources
Building	-	Gov't and/or Donor
Office equipment and teaching aids	62,675.27	Donor
Books and library equipment	10,961.80	Donor
Vehicles	36,433	Donor
Personnel costs	18,264	Gov't
Supplies and maintenance	-	Gov't and/ Donor
Total: Capital	128,334.07	
Recurrent	25,239.20	
Grand Total	153,573.27	

## X. Funding Sources

The initial inputs towards capital and recurrent expenditures shall be borne by government and external donor agency(ies). In the long run, regions will have to meet the budgetary expenditures for these centers. In this regard, the training centers can be expected to generate financial resource from service charges. A center may serve as a conference venue for different sectoral programs and social activities. The hostel, serving for the lodging needs of trainees and staff, when spared from training activity can be rented out. Savings from the personal expenses of trainees and participants arising from provision of accommodation are forecasted to be substantial. The proceed from these sources shall serve towards cost-recovery.

## XI. Regional Training Centers In Health And The National School Of Public Health (NSPH)

A national school of public health (NSPH) is envisaged to be a reality in not too long. In this perspective regional training centers will be affiliated to form a network with the forthcoming NSPH. The advantage of this consortium include the following view points:

- 
- ~~University accreditation of the various courses and trainings conducted by RTCH,~~
  - Technical support in the form of teaching and provision of literature to the RTCH,
  - RTCH staff shall enjoy the privilege of academic honorarium and other benefits which may encourage to retain them in the RTCH,
  - RTCH shall be research bases and conducive educational environments for the NSPH trainees, and
  - RTCH shall be an interface between the higher health learning ~~institutions and the community at large.~~
-

**APPENDIX B**  
**SNNPRG Request for Assistance for Regional Training Center/Health,  
Commodities, Vehicles, and Physical Facilities**

SNNPRG - Regional Training Center  
REQUEST FOR ASSISTANCE

Ref. No. \_\_\_\_\_

Date \_\_\_\_\_

USAID - Ethiopia  
LSHF - SERP Project  
Addis Ababa

Dear Sirs,

We are very grateful for your commitment, in capacity building to improve the quality of health management and health care provision in the Southern Nations-Nationalities and Peoples Region.

With the motives of coordinating and conducting diverse health-related continuing training activities a responsible Center was supposed to be established and function within the Regional Health Bureau, since a year back. And, as you are well aware of, a training needs assessment, for both managerial and technical staff, was made and some trainings were conducted.

However, attempts in meeting the challenges, so far, are very insignificant due to various problems. The major reasons being, first, that the Regional Training Center has no offices and furnitures for coordination, and second, it is seriously constrained of teaching aids/materials, equipments and logistics, which are vital for the smooth and efficient functioning of Regional Training Center. Here with are attached lists of items of immediate need in order to strengthen this Center.

Looking forward for your response,

Sincerely Yours,

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List of Items of Immediate Need for the Regional Training Center of the SNEPRG-HB.

No.	Item	Unit	Qty	Remarks
1	1. Infrastrucutre			
	- container*	each	2-3	for temporary office (5-6 roomed)
	- office building	--	1	5-6 roomed
	- Multi-purpose hall*		1	≥ 50 people capacity
	- office furnitures			
	♦ table	each	8	
	♦ chair	"	20	
	♦ shelf	"	6	
	♦ cupboard	"	2	
	2. Office Supplies			
	- duplicating machine	"	1	
	- photocopy	"	1	
	- Amharic type-writer	"	1	IBM
	- English	"	1	IBM
	- computer with access.	"	1	Lasser printer
	3. Audio-visuals			
	- over head projector	"	1	
	- slide projector	"	1	
	- film projector	"	1	with the screen
	- video camera	"	1	
	- video cassettee	"	20	non recorded
	- photographic camera	"	2	
	- transparency sheets	pack.	4	infrared (copy) and and for writing on
	- tape recorders	each	2	

\* Container adaptation for suitable Office purpose requires additional money, and furnitures for the

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multipurpose hall are not included.

(continued)

No.	Item description	Unit	Qty	Remarks
II. Books for reference				
	◆ Health Service Manag.	each	5	
	◆ on Environmental Health	"	5	
	◆ on Epidemiology	"	5	
	◆ on the basics of Bio-Statist.		5	
	◆ on Health Education	"	5	
	◆ on Sociology	"	5	
	◆ on Psychology	"	5	
	◆ on Community Medicine	"	5	
	◆ on Food & Nutrition	"	5	
	◆ on Health Surveys & Operational Research	"	5	
	◆ Manuals & Handbooks on Emergency handling	"	20	(5 each on different disciplines)
	◆ Training manuals	"	20	"
	◆ Journals & Periodicals			as available

III. Vehicles :

- One 7-8 person-seat 4wheel-drive with spare parts
- One 25-30 person-seat mini-bus (van) "

Note : The above list is ~~not~~ by no means comprehensive for an optimum status, it is just the minimum of the (immediate) needs so that the RTCH can function in some what an acceptable way.

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**APPENDIX C**  
**Jimma Trip Report by Dr. Mulugeta Betre**

# JIMMA TRIP REPORT

December 8, 1995

**To : SNNPRG - Health Bureau (HB), Awassa  
Health Services and Training  
Department**

**From : Mulugeta Betre, MD, MPH (Community Health  
Specialist-One), Senior Expert for High Level  
Health Professionals Training, HB**

**Substance : Report on Jima Trip and  
Recommendations**

By the direct sponsorship of the USAID-E-BASICS, a team consisting of :-

- 1) Prof. Dennis Carlson, USAID-E visiting consultant
  - 2) Ato Wondimu Amde, USAID-E - BASICS staff
  - 3) Myself, Dr. Mulugeta Betre, SNNPRG - HB staff
- has traveled to Jima, on a working visit, Dec. 2-5/1995.

## **Objectives:**

- To visit the Jima Institute of Health Sciences and conduct discussions on the experiences of Human Resources Development for health;
- To be acquainted with the organization and activities of the Regional Training Center for Health in Jima Zone;
- To visit some service facilities where practical training takes place.

Note : A comprehensive report and recommendations on the prospects of Human Resources Development for Health to the SNNPRG-HB, in accordance to the USAID-E - BASICS

Project support, would be prepared and communicated by our team leader, USAID-E visiting consultant. My emphasis shall be concerning the "Regional Training Center".

After introductions and discussions about the mission of our trip, with the people of our interest, a working schedule was agreed and the visit proceeded. The team visited:

1) the Agaro Service-Training Health Center, 50 kms, ~~South~~<sup>North</sup>-west of the Jima town;

2) Jima town Service-Training Health Center, at the center of the town;

3) Asendabo Service-Training Health Center, 55 kms, north-east of the Jima town. In all these health centers the team looked in to the facilities, including the extension buildings to support the Community-based and the Team training activities, and also discussed with the coordinators as well as with some of the trainees. In all the institutions standard extensions, suitable for multi-purpose training activities, are being undertaken with both the governmental and donors contributions. The buildings constitute separate dormitories for females and males, accommodations for supervisors, multipurpose hall, maternal and child health complex and others.

4) Regional Training Center for Health (RTCII), Jima:-

- Located with in the vicinity of the Jima Service-Training Health Center;
- Organized according to the guidelines of the Ministry of Health;
- Has a semi-autonomous status with its own coordinating members, offices and necessary facilities;
- Mandated to plan, coordinate, conduct and/or facilitate, and supervise all the on-the-job training that will be taking place in the west half

(a similar type Training Center is located in Assela for the eastern half) of Oromiya Government.

- Has a very good link with the Regional Health Bureau, Zonal Health Department, and also with the Jima Institute of Health Sciences. Some of the RTCH members, at the same time, assume responsibilities in the Zonal Health Department and in the Jima Institute of Health Sciences.

5) Jima Institute of Health Sciences (JIHS):-

- Established in 1983 G.C.
- It advances the Multi-disciplinary, Community-based and Team Training Philosophy and gives particular emphasis to a need-based and problem-solving training-research programs.
- Actively works to establish strong links between training and service providing institutions.

In general, all the team members were impressed, especially, by Drs. Mekonnen Assefa and Fekadu Ayele of their commitments and untiring efforts for such a progress so far. Personally, I feel that the Jima's rich experience has much to offer to our situation. Taking into considerations the guideline by the Ministry of Health about the status and functions of RTCH and based upon my personal observations I would like to forward the following suggestions and recommendations in order to strengthen the SNNPRG - RHB - RTCH.

Ethiopia as a whole, and SNNPRG in particular has an acute shortage of skilled human resource. Basic training for different categories of skills, and especially, in the health care delivery, do take longer time and they usually are deficient of task orientations. And even if basic training would be accessible and may meet the demand at a point in time, regular, on-the-job training

are very indispensable tools and essential components to influence the performance of the staff over time. According to the "Training Needs Assessment.... 1994" by the RHB, the challenges in the future are tremendous. Recognizing the demand the Regional Health Bureau has submitted to USAID-E a general framework preliminary proposal with the prime motive of capacity building. Of course, such efforts and others can be more fruitful and sustainable along side with the adequate appreciation, proper organization and utilization of the Regional Training Center for Continuing Education in health. Therefore the following suggestions and recommendations require immediate attention.

1.0. Provision of proper organizational status: In order to promote an organized, planned, and sustainable coordination of continuing educations activities in the Region.

1.1. Clear definition and delineation of the RTCH identity.

1.2. Recruiting its core staff (essentially it should be composed of those who were trained for the purpose and other helpful experts).

1.3. Arrangement of offices, teaching-learning purpose hall, logistics and other necessities.

1.4. Selecting Pilot Zones/Woredas and Up-grading Service-Training Health Centers.

1.5. Permission to establish a Steering Committee and sub-committees (working expert groups) involving representations from the RTCH, other RHB departments and teams, Training Institutions, BASICS, UNICEF, FGA, and others when deemed necessary.

1.6. Zones and Woredas would have similar arrangements to undertake continuing education activities in their respective boundaries.

2.0. Delegating the RTCH the appropriate functional mandate: To be systematic, avoid duplications and to enable the rationale use of resources on common priorities.

2.1. All kinds and components of the continuing education process would be coordinated by the RTCH, ZTCH, WTCH, respectively.

2.2. All the training interests of different departments, units, and NGOs, with in the Region, be communicated to the Steering Committee of the Training Centers and be prioritized, planned, and conducted after proper consultations with the working expert groups.

2.3. All the departments and units of the Health Offices, and also other interested parties are supposed to collaborate when needed.

2.4. Facilitating to develop curriculum & training modules/ materials/aides on priority health problems.

2.5. Coordinating support for the preparation of standard clinical case management protocols for the major health problems in the Region.

2.6. Instituting & ensuring equitable training opportunities for all.

2.7. Providing the necessary orientations (to all the interested parties) about the plans, progress, and problems of the Training Center.

2.8. Coordinating & supervising regular educational sessions in all health institutions and offices.

2.9. Securing consultation and other necessary supports to conduct problem solving research activities in communities.

2.10. Promoting and maintaining collaborative-partnership work with Training Centers/Institutions with in the country. At present, the JIHS and RTCH at Jima are the good examples for :

2.10.1. Arranging further opportunities (with wider

representations - more staff from the RHB and the Zones and for a longer period) to visit the RTCH and service-training facilities, focusing on the practical community-based, team approached training and on the Training of Trainers (TOT);

2.10.2. Arrangements for consultancy/advisory visits from and to;

2.10.3. Sponsoring, at least, one round of Training of Trainers in Jima;

2.10.4. Establishing information exchange system (joint seminars, sharing research results, obtaining publications and training manuals) with different RTCH in the country;

2.10.5. Participation in Evaluation activities.

3.0. Generating Training-purpose Fund : to safeguard a sustainable on-the-job training process.

3.1. Establishing a separate (special) Continuing Education Fund (its own bank account) with the proper mechanisms of control.

3.2. All training purpose money, donation and government source, should be channeled to this fund.

3.3. Systematic & periodical income generating activities be explored.

3.4. A clear & standardized policy of perdiems, transport allowances and other expenditures, applicable through out the Region, be instituted.

**APPENDIX D**  
**Projected Student Enrollments in Awassa Nursing School**

**PROJECTED STUDENT ENROLLMENT**  
**AWASA NURSING SCHOOL (? Health Training Institute)**

The following table is based on the following assumptions:

1. A 2-year clinical nursing program will begin in Sept. 1996 with 60 students
2. A 1-year post basic midwifery program for 20 experienced nurses will begin in Sept. 1996 and be repeated in Sept. 1997.
3. A 2-year midwifery program for 20 students will begin in Sept. 1998 and continue thereafter.
4. A 2-year Public Health Nursing program for 20 students will begin in Sept. 1997 and continue thereafter.
5. A 2-year Laboratory Technicians program for 20 students will begin in Sept. 1998.
6. A 2-year Pharmacy Technicians program for 20 students will begin in Sept. 1999.
7. A 2-year sanitarian program for 20 students will begin in Sept. 2000.
8. No student attrition is calculated though 10 to 20% might be expected.

	YEAR	9-96	9-97	9-98	9-99	9-2000
CLINICAL NURSING	YEAR I	60	60	60	60	60
" "	YEAR II	-----	60	60	60	60
MIDWIFERY	POST BASIC	20	20	-----	-----	-----
"	YEAR I	-----	-----	20	20	20
"	YEAR II	-----	-----	-----	20	20
PUBLIC HEALTH NURSING	YEAR I	-----	20	20	20	20
" " "	YEAR II	-----	-----	20	20	20
LABORATORY TECH.	YEAR I	-----	20	20	20	20
" "	YEAR II	-----	-----	20	20	20
PHARMACY TECH.	YEAR I	-----	-----	20	20	20
" "	YEAR II	-----	-----	-----	20	20
SANITARIAN (??)	YEAR I	-----	-----	-----	20	20
"	YEAR II	-----	-----	-----	-----	20
TOTALS:		80	180	240	300	320

**APPENDIX E**  
**Requirements to Upgrade Awassa Health Training School to Nursing School**

Requirements to upgrade Awassa Health Assistant Training school to Nursing School

I The School will start the training of Nurses on Sep., 1987 Eth.C (Sep., 1990

on the first phase the intake will be:-

- 1) 60 Clinical Nurses
- 2) 20 - 25 midwife Nurses
- 3) 20 - 25 public health Nurses (Perhaps - Sept. 1997)

To start the training the existing manpower & facilities are:-

a) Technical staff

- 1) 3 community Nurses
- 2) 6 RN Nurses + 3 new recruits
- 3) 2 new midwife Nurses
- 4) 1 Sanitarian

b) Additional Technical manpower needed

- 1) 2-3 experienced midwife tutors
- 2) 1-2 experienced public health Nurses

c) Existing facilities

- 1) 4 class rooms
- 2) 2 demonstration rooms
- 3) 1 small book store
- 4) Dormitory which can accommodate about 60 students.

These are the 3 blocks which <sup>were</sup> meant for staff residence

d) Additional facilities needed

- 1) 2-3 class rooms
- 2) 2 demonstration rooms
- 3) 1 Audiovisual room
- 4) 1 multi purpose hall
- 5) 1 room for library-bigger one
- 6) 4 rooms for offices

E) Teaching aid material & office equipments needed

- 1) Books - reference & Text
- 2) Models - Adult & children
- 3) Anatomical charts
- 4) Overhead projector - 2
- 5) Slide projector - 2
- 6) Video desk - 2
- 7) Video camera - 1
- 8) Television - 2
- 9) Photocopy machine - 1
- 10) Duplicating machine- 1
- 11) Typewriter AEG competence-2 english-Amharic Alpha
- 12) Computer + PRINTER - 1
- 13) Fax - 1

F) Vehicles for far field community health practices and supervision

- 1) Landcruiser 8 seated 1
- 2) Minibus 32 seated 1

II. In the second phase the school will start to train:-

- 1) Laboratory technicians 20-25
- 2) Pharmacy technicians 20-25
- 3) Sanitarians 20-25

For the training of the above 3 categories, new professional tutors are needed and also preparation of necessary teaching material. These will be discussed and decided by the Regional Health Bureau officials.

Dec 13, 1995  
Prepared BY  
Ato Getachew Assefa

**APPENDIX F**  
**Short Term Training Plan**

- SHORT-TERM TRAINING PLAN - ESHE 1995  
- SNNPR AND CENTRAL MOH -

TECHNICAL AREA	COURSE	INSTITUTION	DATES	COST	CANDIDATES
Drug Policy ✓	Drug Policy Issues for Developint countries	School of Public Health Center for Int. Health	March 8 -22, 1996	n.a.	PHARMACY
Health Sciences	Family Planning; HIV/AIDS; Community Health; Administrative Management; Progra	Boston University 53 Bay State Road	Jan - June,		
	Design, Development and Implementation; Grant Writing; Research & Evaluation	Boston, MA 02215-2101	on request for each	n.a.	
Health Management (12 wks each)	- Management Methods for Int. Health	same as above	Feb - May, every yr.	na	
	- Health Care in Developing countries	same as above	May - Aug, every yr	n.a.	
	- Financing Health Care in Developing entri	same as above	Sep-Dec, evert yr	na	
	- Setting Tomorrows Agenda: health Policy in Developing Countries	same as above	October, every yr.	na	
	-Child Survival: Reaching Vulnerable Groups	The George Washington Univ Center for Int. Health Ross Hall 605	Feb 19 -Mar 15, 96	na	FAMILY HEALTH
	-Executive Health Management: Assuring Prog. Quality and Sustainability	2300 I Street, N.W. Washington DC 20037 Fax (202) 994-0900	June 17 -Jul 12, '96	na	H. BUREAU EXECUTIVES

	-Microenterprise Development for				
	Better Health Outcome	same	Oct 28-Nov 22, 1996	na	
Health Management	/ Hospital Administration	Center for International Community Health Studies	6 Mar - 3Apr 1996		HOSP. DIRECTOR / ADMINISTRATOR
	/ Resear. and Eval. for Program Development	Dept. of Comm. Medicine University of Connecticut Health Center	10 Apr-22 May 1996 Also Sep 8-Oct3, '97		RESEARCH PROGRAMMING
	Prog and Project Management	Farmington, Con. 06030-6330	9 Oct-22Nov '96 also 8Oct-21Nov '97		
	/ Nutrition in Primary Hlth care	same as above	9 Apr-21 May, '96		FAMILY HEALTH
Training Methods	/ Advanced Training of Trainers (4 wks)	International Health Program 210 High Street	Jun 17-Jul12, 1996	\$3,800	TRAINING (ITEM)
Management	/ Training Program Management (4 wks)	Santa Cruz, CA. 95060-3713	Feb 12-Mar 8, 1996	\$3,500	TRAINING
	/ Health Care Financing (3 wks)	same	Mar 11- 29, 1996	\$3,000	ADMINISTRATIONS
Family Planning	/ Family Planning Program management/Super	same	Sep 9-Oct 11, 1996	\$4,900	
AIDS	/ Implementing AIDS Prev & Care Prog .5wks	same	Sep 16-Oct 18, 1996	\$4,750	AIDS/STDS
Management	/ Health Care Management (3 wks)	same	Mar 18-Apr 5, 1996	\$3,000	
Family Planning	/ Family Planning Prog Management/Superv.	same	Mar 11-Apr 12, '96	\$4,900	FAMILY HEALTH
Nursing	/ Nursing Education & Research (8 wks)	same	Mar 20-Jul 12, '96	\$7,500	NURSING SCHOOL
Family Plannig	/ F.Planning Clinic Mngmnt Internship. 4 w	same	Jul 8-Aug 2, 1996	\$4,000	HOSP. OF H.C. STAFF
Nueging	/ Nursing Leadership & Management. 8 w.	same	Sep 9-Nov1, 1996	7,500	NURSES

AIDS	HIV Antibody Test Counseling Training, 3w	same	Oct 28-Nov 15, '96	\$3,000	
Environment and Population	✓ Env and Pop. Problems & Practical Solutions	same	Nov 25-Dec 20, '96	\$4,400	ENVIRONMENTAL HEALTH
Management	✓ Managing Health Programs in Dev Countries	Harvard School of Pub. Health 677 Huntington Ave Boston, MA 02115 Fax 617-965-2208	Jun 17-Aug 9, 1996	\$6,960*	H-BUREAU EXECUTIVES
Management	✓ Planning and Directing MIS	Management Sc. for Health	offered 1994 ?		PLANNING & PROGRAMMING
	Program Management	400 Center St.	"		
	Executive Cours in Hlth Financing	Newton, MA )2158	"		
	Management Training For Hlth & F.P	Fax 617-965-2208	"		
	✓ Managing Decentralized Hlth Syst.		" ?		
	✓ Managing successful Training Prog.		" ?		
PHC	✓ Social Behavioral Foundations in PHC	The Summer Inst in Trop Med and Public Health The John Hopkins Univ School of Hyg & P, Hlth 615 North Wolfe St Baltimore, Maryland 21205	offered in 1995		
MANAGEMENT	✓ Health Planning, Finance and Management	Johns Hopkins Univ	1996 March 25-THUR	4938	H-B. ADM. BY PLAN & PROGRAMMING
	Disease-surveillance	CDC			DISEASE CONTROL.
	Logistics & Supply Mx				PHARMACY & ADMINISTRATION

SELECTION CRITERIA USED 1) MAGNITUDE OF IMPORTANCE/RELEVANCE  
 2) RELATIVE URGENCY 3) RELATIVE ACCESSIBILITY OF THE INDICATED TRAINING PERIOD  
 4) EQUITABLE INTERMIX OF PROFESSIONALS

CAESHE\TRAINING\TRAINING.TAB

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**APPENDIX G**  
*draft* **INDIVIDUAL CAREER RECORD**

## INDIVIDUAL CAREER RECORD

2/1/96

NAME \_\_\_\_\_ SEX \_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_ AGE \_\_\_ BIRTH DATE \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

PRESENT POSITION \_\_\_\_\_ WHEN BEGAN? \_\_\_\_\_

ORGANIZATION \_\_\_\_\_

### EDUCATION AND TRAINING

#### BASIC EDUCATION (DIPLOMAS, DEGREES)

	TYPE/CATEGORY	SUBJECT/AREA	TRAINING DURATION	DATE GRAD.	DIPLOMA DEGREE	INSTITUTION	PLACE
<i>Ex.</i>	<i>Sanitarian</i>	<i>Sanitary Science</i>	<i>3 yrs.</i>	<i>June 1982</i>	<i>Diploma</i>	<i>GCMS</i>	<i>Gondar</i>
1.							
2.							
3.							

#### CONTINUING EDUCATION IN ETHIOPIA

	TYPE/CATEGORY	SUBJECT/AREA	TRAINING DURATION	DATE COMPLETED	INSTITUTION	PLACE
<i>Ex.</i>	<i>Workshop</i>	<i>EPI/Surveil.</i>	<i>2 weeks</i>	<i>Oct 13, '85</i>	<i>M.O.H.</i>	<i>Nazareth</i>
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						

#### CONTINUING EDUCATION OUTSIDE ETHIOPIA

	TYPE/CATEGORY	SUBJECT/AREA	TRAINING DURATION	DATE COMPLETED	INSTITUTION	PLACE
<i>Ex.</i>	<i>Short Course</i>	<i>Ecol.Accidents</i>	<i>2 months</i>	<i>March, 1987</i>	<i>Univ.of Oslo</i>	<i>Norway</i>
1.						
2.						
3.						
4.						

**PREVIOUS EMPLOYMENT**

	POSITION	ORGANIZATION	LOCATION	DATE BEGAN	DATE ENDED
1.					
2.					
3.					
4.					
5.					
6.					

**YOUR CAREER GOALS AND EDUCATIONAL OBJECTIVES:**

WHAT KIND OF PROFESSIONAL WORK WOULD YOU LIKE IN THE FUTURE? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

WHAT KIND OF ORGANIZATION OR INSTITUTION WOULD YOU PREFER? (EX. SERVICE, TRAINING, MANAGEMENT, RESEARCH) \_\_\_\_\_

WHAT KIND OF TRAINING WILL YOU NEED? \_\_\_\_\_  
 \_\_\_\_\_

WHAT ARE YOUR OBJECTIVES FOR THIS TRAINING? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

TYPE OF TRAINING: SHORT TERM? \_\_\_\_\_ LONG TERM? \_\_\_\_\_

WHERE WOULD YOU LIKE TO BE TRAINED: ETHIOPIA? \_\_\_\_\_ ABROAD? \_\_\_\_\_

**ANNUAL REVIEW OF RECORD**

DATE \_\_\_\_\_ WHAT PROGRESS? \_\_\_\_\_  
 \_\_\_\_\_

ANY CHANGES IN PLANS? \_\_\_\_\_  
 \_\_\_\_\_

DATE \_\_\_\_\_ WHAT PROGRESS? \_\_\_\_\_

ANY CHANGES IN PLANS? \_\_\_\_\_  
 \_\_\_\_\_

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**APPENDIX H**  
**Draft Scope of Work for Senior Nurse/Midwife Education Consultant**

## SCOPE OF WORK

**TITLE OF POSITION:** Technical Advisor in Midwifery and Nursing Education

**LOCATION OF WORK:** Awassa, Ethiopia

**DURATION:** One year; July 1996 to June 1997 on a full time basis. Consultation for 20 days prior to July would be desirable .

**BACKGROUND:** The severe shortage of modern nurse-midwives is one of the major factors contributing in the critically low level of safe motherhood in Ethiopia. Maternal mortality is estimated to be between 1000 to 2000 deaths per 100,000 live births, e.g. 1-2% for each full term pregnancy or 5 to 10 % for a woman who delivers 5 children in her lifetime. In order to reduce these extremely high threats to pregnant women the Government of Ethiopia is establishing a significant number of new midwifery and nursing training courses throughout the country.

The Health Assistant School in Awassa is being transformed into a Nursing School which will train midwives, clinical and public health nurses and other health personnel for use in various institutions throughout the Southern Nations, Nationalities and Peoples Region (SNNPR). A new class of 20 experienced clinical nurses will begin a one year post-basic midwifery course in September 1996 and a class of 60 generic students also will begin a two year clinical nursing program at the same time.

The staff of the School in Awassa is working to prepare for the inauguration of the new programs but need advice and assistance in making plans, assembling books and equipment, recruiting and selecting students and implementing the program at least in the first year. This is particularly true for the Midwifery program because the newly recruited staff have neither experience in teaching nor management of training.

**STATEMENT OF WORK**

In collaboration with the Regional Health Bureau of the SNNPR/G and the regional officer in charge of training in particular, the incumbent will work with the staff of the new Nursing School to plan and implement the first year's training program for 20 nurses enrolled in the one year Post-Basic Course in Midwifery in Awassa.

Specifically the Technical Advisor will:

a) Review the present facilities, textbooks, and equipment and collaborate with the School staff to order necessary additional materials.

b) Examine the current plans and schedules already developed for the first year's program and provide guidance for additional detailed planning for class room and practical training as well as beginning specific lesson planning for the coming year.

c) Visit and develop practical training sites in regional hospitals , health centers, and communities where trainees can manage deliveries and receive appropriate supervision and support.

d) Assist in recruitment and selection of the first class of experienced nurses ( plus reserve alternate candidates).

e) Provide role modelling for less experienced teaching staff and nurturing support for increasing their training competence and confidence.

f) Give advice in selection process of additional teaching staff from the outstanding graduates of the first class for strengthening the training capacity of the school.

g) Be available for consultation and assistance to the School Director and staff of the clinical nursing stream.

h) Collaborate in the planning for the Public Health Nursing program which is expected to begin in 1997.

#### MINIMUM QUALIFICATIONS

In order to qualify for the above job the applicant must have the following qualifications:

Education: Training as a certified nurse/midwife and a Master's degree in public health or nursing. A doctoral level degree would be advantageous.

Experience: At least 5 years experience in training midwives is essential, combined with administrative responsibility for teaching programs. Experience in Ethiopia of training midwives would be highly beneficial, as would experience in other developing countries.

Other Skills Interpersonal , group and writing skills . Ability to communicate in Amharic and other Southern Ethiopian languages would be very helpful. .

SS