

ACCESS Ethiopia Semi-Annual Report for HEW and HO Training Programs, October 1, 2007 to March 31, 2008

A. Major Accomplishments (3-5 Bullets points) – Including the “So What’s”

- Strengthened clinical sites (seven hospitals and 12 health centers) to ensure adequate resources to support the learning and training activities of the Health Officers (HOs) and the Health Extension Workers (HEWs) (trainees);
- Developed HEW safe and clean delivery learning resource package (LRP). The LRP will be used to support the trainings and upgrading of knowledge and skills of HEWs to improve service delivery at the health post and community levels;
- Updated BEmONC knowledge and skills of faculty and providers in the selected training hospitals, health centers and universities to ensure standardization and quality of maternal and neonatal health practices to be taught to HOs and HEWs;
- Oriented HEW trainers to the safe and clean delivery LRP to prepare them to adequately and effectively teach the course (TOTs); and
- Procured and distributed training materials to twelve health centers in preparation for the HEW trainings scheduled to begin on March 31st, 2008. Signed an MOU with Venture strategies and DKT to obtain free misoprostol for HEWs to use to prevent PPH in the 3rd stage.

B. Narrative

Health Extension Workers

ACCESS is working to build the capacity of key Ethiopian institutions charged with training Health Extension Workers (HEWs) in essential maternal and newborn care at the community level. In order to create an enabling environment for trainees, site assessments were completed in the 12 health centers selected as training sites in the Oromia region. The main purpose of this site assessments was to identify major gaps in the quality of maternal and newborn care services and to review possible causes. Based on the identified gaps, discussions were held with health center staff and joint action plans were developed. Additionally, four trainers from each health center, for a total of 48 trainers (Midwives, Nurses and Health officers), were selected. Site strengthening were also completed to further prepare the site for the training of 350 HEWs in safe and clean delivery and neonatal care. This was accomplished by addressing supply needs noted during the site assessments, and procuring and distributing the identified materials to fill in the gaps.

Working closely with the FMOH, UNICEF, Save the Children US, the Ethiopian Nurse Midwives Association and others, ACCESS adapted a reference manual from *A Book for Midwives* (Hesperian Foundation) and developed an LRP for HEWs to be trained in safe and clean delivery and newborn care. The LRP consisted of a trainer’s guide, a participant’s manual, and a monitoring logbook. The manual and LRP are about to be printed. In the meantime, photocopies and electronic copies have been distributed to trainers, partners and other stakeholders including government offices and donors. Major areas of focus within safe and clean delivery and newborn health that are addressed in these materials include infection

prevention, pregnancy (ANC) PMTCT, labor and delivery (PPH), postpartum care, newborn health and referrals.

Standardization courses were conducted for 49 participants from the 12 health centers identified as HEW training sites (~16 participants per round, when one was lost to attrition, his replacement was trained as part of a health officer program activity). These workshops consisted of didactic sessions, practical skills' application on models and in the clinical setting. Knowledge and skills related to focused ANC including PMTCT, PPH and newborn health were all included and addressed within the courses. It is anticipated that these 48 trained participants (nurses, midwives and health officers) will act as trainers for the HEWs beginning in late March of 2008.

Following the BEmONC workshops, Jhpiego conducted three rounds of an eight-day training of trainers for the 45 (three had dropped out) participants to orient them to the HEW LRP, and to familiarize them with other relevant training materials and teaching methodologies.

In January, Jhpiego held a program launch for the ACCESS HEW Program for partners, donors and stakeholders. The first HEW two-month training on safe and clean delivery and newborn care is scheduled to begin in all twelve sites on March 31st, 2008. Ten HEWs per site will participate, for a total of 120 HEWs to be trained in the first round.

Health Officers

To strengthen the Accelerated Health Officer Training Program (AHOTP) in Ethiopia, Jhpiego is working in eight of the twenty hospitals around the country. Similar to the HEW program, site assessments and strengthening were conducted in seven of the eight target hospitals.

Two rounds of three-week BEmONC trainings were conducted in two sites for 35 participants from the eight selected hospitals and AHOTP affiliated university representatives (e.g. university OBGYN department representatives). The first seven days of the course was a theoretical update of current practices in MNH and was attended by all participants. The second and third weeks allowed participants to practice clinical skills at hospital sites. This portion of the training was attended only by service providers (21). Of the 28 BEmONC skills participants, 18 were selected attend a six-day CTS course.

C. Challenges

1. Materials – Obtaining ordered materials from Baltimore was often problematic and took longer than expected. This delay had implications on or ability to initiate/complete some activities within the timeframe anticipated.
2. Staff Turnover – Health worker retention is a significant challenge we face in program implementation. For example, after completing the skills update and standardization training for 48 HEW trainers, three have left the health center within one month. We were able to provide BEmONC training for one through the HO program and hope to do the same to cover for attrition, but there is no way to provide additional TOTs.

3. Quality of Care – Service providers who are currently working in the target facilities often serve as role models for the newly trained HOs and/or HEWs. The quality of care observed during the assessments was at times substandard. In addition, some providers were resistant to change and/or to implementing best practices such as the use of partographs and magnesium sulfate. Observed low morale among providers was one characteristic noted that may contribute significantly to this challenge.

D. ETHIOPIA: ACCESS PROGRAM COVERAGE MATRIX							
Country Intervention	# of Communities	# And % of Facilities (% of Facilities Covered Across Target Districts)	# of Districts/ Departments	% of Districts/ Departments	# of Regions/Provinces	Total Population (in target communities or facilities catchment areas/districts)	# of Women of Reproductive Age (15-49)
Hospitals strengthening in BEmONC for Accelerated Health Officer Training Program	N/A	8 out of 20 AHOTP Hospitals (total 115 hospitals in country)	2 out of 17 zones in Oromia (there are over 300 woredas in Oromia)	Each hospital is in a woreda, but that is not very relevant. More relevant is perhaps that 5 universities are managing the PSE of HOs in accelerated program and all 5 are represented through our sites.	2 hospitals in Oromia region 2 in Amhara 2 in SNNPR 1 In Dire Dawa 1 in Tigray region Total of 11 regions (9 regions and 2 city administrations – AA and Dire Dawa)	N/A	N/A
Inservice Safe/Clean Birth and Newborn Care training (incl PMTCT) for HEWs	Will be determined after training of HEWs	12 Health Centers, usually only one HC per woreda	12 woredas	12/180: 6.7% of Oromia (largest region in Ethiopia)	1 region: Oromia (180 woredas)	27,304,000 in Oromia region TBD in selected woredas	TBD