

**REINFORCING STRATEGIC TRAINING  
TEAMS: SNNPR REGIONAL TRAINING CENTER  
HELPS STRENGTHEN NATIONAL NETWORK**

Awassa, Ethiopia

December 1997

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BASICS Technical Directive No 020 ET 02 020  
USAID Contract No HRN-Q-20-93-00032-00

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## ACKNOWLEDGMENTS

Government officials at the central and regional levels were strategically helpful in making this consultation useful as well as enjoyable. Dr Yohannes Kebede, head of the Training and Services Department at the Federal Ministry of Health, assisted in arranging the national training-of-trainers workshop. Ato Befecadu Girma played crucial roles both in the planning and implementation of the workshop, as he taught and participated in the entire program. Dr Estefanos Birru, head of the SNNPR Regional Health Bureau, and Ato Bassamu Deka, head of the Training and Services Unit, made many essential contributions towards the success of the program. Sister Workinesh Kereta of the Regional Training Center for Health was responsible for much of the program administration, as well as for instruction. Dr. Mulugeta Betrie and Dr Paul Freund of the BASICS program in Awassa served in key roles throughout the entire process. Ato Dawit Mengistu, head of the Awassa Health Professional Training Institute, provided essential information, administrative support, and participated in the training. Ato Fikre Habe, head of the Hosaina Health Professions Training Institute, provided information about developments in the Hosaina HPTI.

## ACRONYMS

BASICS	Basic Support for Institutionalizing Child Survival
CHA	Community Health Agent
ESHE	Essential Services for Health in Ethiopia
FDGE	Federal Democratic Government of Ethiopia
HPTI	Health Professional Training Institute
HMIS	Health Management Information System
IMCI	Integrated Management of Childhood Illness
MCH	Maternal and Child Health
MOH	Ministry Of Health
RHB	Regional Health Bureau
RTC/H	Regional Training Center for Health
SNNPRG	Southern Nations Nationalities and Peoples Regional Government
TOT	Training Of Trainers
TTBA	Trained Traditional Birth Attendant
USAID	United States Agency for International Development



## EXECUTIVE SUMMARY

The objectives of this consultancy were to participate in a national training-of-trainers (TOT) program to strengthen regional RTC/H training teams, assist in evaluation of continuing education programs in the SNNPR, and make suggestions for possible human resource development under the ESHE/BASICS program.

The Federal Democratic Government of Ethiopia (FDGE) and the SNNPR government have made significant progress in the past year in human resource development in health, both in the region and in the country as a whole. The national workshop for RTC/H, conducted in July 1997, reviewed developments in most of the regions and began the process of organizing a national secretariat based on the resources and experience of the more advanced RTC/Hs. The provisional secretariat planned the national TOT training in December 1997, and has drafted a funding proposal to provide necessary resources for the next two years. It proposes that an annual TOT be conducted for strengthening regional RTC/Hs, and that an annual conference of those involved in continuing education for health personnel be organized.

The national TOT training for RTC/H staff held in Awassa in December 1997 was well planned and implemented. Seventeen participants from nine regions were part of a 2-week course that consisted of theoretical and practical learning. Teams of multi-disciplinary health professionals conducted community surveys and developed teaching programs which they taught in the village they surveyed. Staff from the central MOH, the SNNPR RTC/H, the Awassa HPTI, and the staff from the BASICS/Awassa office served as workshop trainers and facilitators.

The RTC/H in Awassa has accomplished significant achievements in the past year; they have conducted a number of training programs, including a technical update on recent developments for 29 trainers who had been through previous TOT programs in Awassa, 2 training manuals have been prepared in Amharic; and the manual on TOT for community health training has been translated to Amharic. An evaluation survey was done on the impact of previous training programs and the results were presented at the November 1997 meeting of the Ethiopian Public Health Association. The RTC/H has found adequate temporary space in the Awassa HPTI and is well organized. Books and periodicals have arrived and are on open display. The RTC/H has developed strong working relationships with the Awassa HPTI and other units within the Rural Health Bureau (RHB), as well as with the BASICS program staff.

Nevertheless, the RTC/H is quite fragile, only one senior staff member has been officially posted to the unit, though an experienced tutor/administrator has been informally working nearly full-time in the RTC/H programs. The physician and pharmacist posts are vacant, and there is no support staff to assist senior staff and keep the facilities functioning when senior staff are away. Furthermore, the program has no transport under its supervision. Contracts for the construction of permanent physical facilities have been signed, and building is expected to begin in the near future.

The HPTIs in Awassa, Hosaina, and Arba Minch seem to be making satisfactory progress as they begin their second year of operation. Eighty-eight students are enrolled in five categories in the Awassa school. Thirty clinical nursing students are awaiting qualifying exams in Hosaina before leaving for their first service assignments. Twenty-eight candidates have completed their one year course in the Arba Minch Institute and are waiting for their examinations. New construction is going on at all three sites. Books, equipment, and furniture have all arrived and are in use at all locations. Excellent directors have been appointed, and the new teaching staff has received some opportunities for professional teachers' training. It appears that a sound policy of gradual development is being followed at the three institutes.

The new Dilla College of Health Sciences is making remarkable progress as it has recently admitted about 150 students into its second class of health officers, public health nurses, and environmental health and medical laboratory technology programs. A small, but eager faculty of instructors has been assembled, and rapid expansion of physical facilities is proceeding. The greatest concern is that clinical and community training sites have not been prepared for the students' practical training, which will begin in the near future. It is not apparent that essential health service settings for this most crucial phase of training will be prepared or adequate. It seems likely that many of the lessons learned during phase one of the ESHE program could be effectively integrated into the practical training of these health center teams. This would be a highly opportune situation for international technical assistance to be provided that could make significant differences in the competencies of the graduates of this new college. There probably would be diffusion to the other colleges which are training health center teams.

A number of recommendations have been made. The efforts of the provisional Secretariat of the National Network of RTC/Hs deserve maximum feasible support in their proposed annual conference and annual TOT workshop; the SNNPR RTC/H needs to have permanent physical facilities constructed as soon as possible, the RHB should make every effort to deepen the awareness of regional officials that continuing education activities are essential and high priority for improving health services at all levels; a vehicle and driver should be assigned to the RTC/H on a permanent basis; plans need to be made and funding set aside for extending the training programs to woreda and community levels, at least in the focus zones and woredas of the ESHE/BASICS project, training modules should be constructed for the most important health problems and key behaviors in Amharic, English, and the local languages where the ESHE/BASICS activities are going on; library consultants need to be engaged to help organize effective and secure systems for all learning materials and this opportunity taken to review deficiencies in text and reference books; some mechanism should be found to renew subscriptions to the professional journals that have already been ordered; as planning for phase two of the ESHE program develops, careful consideration should be given to ways in which the new Dilla College of Health Sciences could be assisted, particularly in the crucial phase of professional role and skill learning, and a worthwhile investment could be the secondment of a public health practitioner/trainer to the college staff.

## **PURPOSE OF VISIT**

The primary purpose of this consultation was to participate in a national training workshop in Awassa for replacement of teaching staff in Regional Training Centers in Health in nine of the regions of the country where vacancies have occurred. Secondly, the consultant was expected to review and assess developments in training during 1997 in the SNNPR. Thirdly, he was invited to discuss possible future directions and developments in human resource development in the health sector in the region.

## **BACKGROUND**

Since the establishment of the Federal Democratic Republic of Ethiopia in 1992, new health policies and programs have been developed and implemented that give high priority to human resource development both at the national and regional levels. These include both pre-service and continuing education programs. Since 1994, intensive efforts have been made to establish Regional Training Centers in Health (RTC/H) in all regions. These are staffed by multi-professional teams consisting of public health physicians, nurses, sanitarians, and pharmacists. Team members were originally trained in training and management theory and practiced for six months in Addis Ababa at the National Continuing Education and Management Training Center (Ras Imru compound). They then returned to their regions to begin establishment of continuing education units, conduct training needs assessment surveys, develop comprehensive action plans, and facilitate training programs.

In July 1997, a national workshop was held in Awassa under the auspices of the central MOH and with the support of the ESHE/BASICS program. About 50 participants from all the RTC/Hs and the central headquarters met for 4 days to report on their progress to date, to discuss their problems, and to develop plans to strengthen their programs. They learned that the RTC/H programs have succeeded in varying degrees, some with remarkable achievements, particularly in Tigray, Amhara, Oromia, and the SNNPR. All have faced serious constraints and barriers: budgetary support has been limited in most cases, physical facilities and transportation are often unavailable; professional and regional political support frequently is lacking, technical assistance is usually meager, and finally, many of the originally trained RTC/H staff have been transferred, promoted, retired, gone for extended professional training, or left the regions for other reasons. The July workshop participants framed a series of recommendations that included plans to establish a Secretariat that would be organized by the RTC/H staffs from Awassa, Jimma, and Addis Ababa (Region 14), with facilitation by the central MOH. Plans were also made for a training program focused on replacement RTC/H staff, to be held in December 1997.

Establishment of new basic/pre-service programs and institutions has taken several forms, including building new Health Professional Training Institutes, converting Health Assistant Training Schools into HPTIs, introducing health center team training (health officer, public health nurse, environmental health technician, and medical laboratory technician) into the

Gondar College of Medical Sciences and the Jimma Institute of Health Sciences, and the inauguration of two new Colleges of Health Sciences, one in Alemaya University near Harar, the other at Dilla in the SNNPR, about 100 km from Awassa. These new programs were opened in 1995 and 1996 and have already begun to produce graduates for regional health services. Most will be assigned to new and already functioning health centers that are part of the national plan to establish 550 new health centers nationwide over the next 5 to 10 years. Many health centers have been constructed and are awaiting assignment of new service staff in order to open.

In the SNNPR, the Regional Health Bureau (RHB) has initiated the implementation of national and regional policies and programs in several parts of its large geographic area. The RTC/H in the RHB of the SNNPR has been established with the effective support of the BASICS/ESHE project. The long established Health Assistant School in Awassa has been transformed into an impressive HPTI. Two new and much smaller HPTIs have been started in Hosanna and Arba Minch. All three HPTIs have received significant material and technical support from the ESHE/BASICS program.

## **TRIP ACTIVITIES**

Due to a rescheduling of the TOT workshop in Awassa, the consultant arrived in Addis Ababa on December 3, and proceeded to Awassa on December 4 after briefings at the MOH and BASICS in Addis Ababa. On December 5 and 6, he met with RTC/H and BASICS staff in Awassa to review plans and visit the rural community where participants would conduct their surveys and carry out teaching/learning activities with community health workers and residents. He also reviewed documents prepared during the past year and met with the head of the Awassa HPTI.

From Monday, December 8, until Friday, December 12, the consultant participated in the TOT workshop and had discussions with officials of the RHB, staff of the RTC/H, and BASICS. On Saturday, December 13, the consultant and RTC/H staff members visited the College of Health Sciences in Dilla. On Sunday, he returned to Addis Ababa, had debriefing meetings on Tuesday, and departed Tuesday evening, December 16.

## **RESULTS AND CONCLUSIONS**

### **A. National Network of RTC/Hs**

Significant progress has been made in the establishment of an organized national network of RTC/Hs. This has been necessary because of the reduction of staff at the central level, and is consistent with the national policies of decentralization and devolution to the regions. In studying the Proceedings of the National Workshop on Regional Training Centers in Health from July 1997, it appears likely that significant achievements, experience, and enthusiasm are growing in several regions which could be strengthened and shared by less advanced parts of the country.

Formidable obstacles still need to be overcome. Regional Health Bureau staff will need to continuously work to improve the priority given to this kind of training. RTC/H members will need to use all possible opportunities to demonstrate the needs and benefits of continuing education and in-service training.

It seems clear that every possible assistance should be given by international technical assistance agencies to support these beginning efforts. In particular, the proposal to form a secretariat composed of the more active and effective regional teams should be funded as a high priority activity.

## **B. National RTC/H Training Of Trainers Workshop**

Seventeen participants from nine regions attended the two week program in Awassa sponsored by the federal MOH and hosted by the SNNPR RTC/H of Awassa. The TOT workshop was well planned and effectively implemented. Training staff included central MOH representatives, Awassa RTC/H staff, and Awassa HPTI staff, as well as BASICS/Awassa staff and this consultant. The curriculum included a wide variety of teaching methods in both theoretical and practical learning. Participants carried out a community survey of health problems, developed a one day community training program, and actually implemented and evaluated their own performance. The content of the presentations focused on malaria, diarrhea, respiratory infections, and malnutrition. The participants were encouraged to use the strategies of influencing "key behaviors." Although the consultant was not present for the second week of training, the workshop was proceeding in an excellent mode at the end of the first week.

There is little doubt that this workshop met critical national and regional needs to train and upgrade the capacities of RTC/H staff members from all around the country. It is also obvious that this kind of training is necessary, at least on an annual basis, in order to maintain the full- and part-time RTC/H staff at full strength.

The TOT workshop followed essentially the same sequence and format which was developed in 1994 and was subsequently compressed to a two week period at the regional level. It seemed during this present training that more topics were being introduced than previously included, and that there was insufficient time for thorough processing of some essential learning processes. Consideration should be given to extending the duration from two to three weeks. This may be particularly important for the national workshop, since there probably is more need to include more management issues there than at the regional level, where zonal trainers are the primary participants.

## **C. Regional Training Center for Health in Awassa**

### Physical Facilities

With the collaboration and good will of the Awassa HPTI, it has been possible for the RTC/H to be housed on a temporary basis in quite adequate facilities consisting of four rooms. As the Awassa HPTI is rapidly expanding, the use of these facilities can only be continued for a few months, however, it is reported that the necessary contracts for the new building construction have been signed in Addis Ababa through the good offices of WHO, and it is possible that the modest new RTC/H building adjacent to the HPTI campus can be completed in perhaps six months.

### Books and Periodicals

A significant number of the reference books ordered under the ESHE/BASICS program have already arrived in Awassa and are in use. Issues of four of the requested professional journals have also been delivered and are being used by staff members. However, since there is no secretary, clerk, or librarian on the RTC/H staff, these publications are only accessible while the senior staff are present. Quite often, senior staff are engaged in training or supervisory visits, so the RTC/H "mini-library" is not open to those who might want to use these materials. A solution to this problem is quite urgent if this important service is going to be consistently available. It is also necessary to compare and check on what books were requested, ordered, and delivered.

### Equipment

Most of the office furniture and equipment have been delivered and are in use by the RTC/H staff, including a computer with English and Amharic fonts and a photocopier. Other audio-visual equipment has arrived and is functioning. The major deficiency is the lack of appropriate shelving and cabinets for the books, file cards, and equipment.

### Training Activities

The RTC/H staff reported at the national workshop for RTC/H in July 1997, that since 1994, 283 participants from the zonal, woreda, hospital, and health center management have received training in management, 31 members of zonal training teams received TOT training; 20 senior midwives received TOT training; and 18 CHAs and TTBAAs received training in control of diarrheal diseases. In October 1997, 29 training staff who had previously been through the TOT program in Awassa participated in a TOT technical update program for 5 days. Topics covered included current status of maternal and child health (MCH) in the region, quality case management, integrated management of childhood illness (IMCI), Health Management Information Systems (HMIS), contraceptive technology, communication and counseling skills, and others.

### Learning Materials Developed

The RTC/H has been highly productive in developing learning materials in the past year. Ato Getachew Aseffa and Ato Wolde Wachamo have produced a training manual for CHAs. Sister Workinesh and Ato Seifu Bizuneh have written a new training manual for TTBAAs. Sister Workinesh has also completed revision of a training manual entitled “Nursing Arts for the Mid-level Health Worker,” which has been approved and is ready for printing in sufficient numbers so that all students and staff will be able to have personal copies. The RTC/H staff has completed translation from English into Amharic of “Notes and Guidelines for Developing Training of Trainers Programs” by Carlson and Downing. This translation will probably be available for pretesting within a few months and printed for wider use, particularly at the zonal, woreda, and community levels.

### Staffing

The present RTC/H staffing in Awassa is at its lowest numerical level since its establishment. No physician is assigned to the unit. The part-time pharmacist staff member has gone abroad for advanced public health training and is likely to receive a different position on return, in about 18 months. A permanent environmental health/sanitarian tutor has not been posted, although one has been informally functioning with the team. There is no support staff, such as a secretary, clerk, or librarian, only the nurse tutor has been officially working full-time in the RTC/H (she has done considerable teaching in the Awassa HPTI as well). The RTC/H team has been able to accomplish its work because of informal collaboration with staff in other units and the strong support of the BASICS staff. If the nurse tutor were to be removed for any reason, the present program would likely face serious reduction or collapse. The active participation of the BASICS/Awassa staff has made a critically essential difference in the RTC/H progress.

### Transportation

The RTC/H program has no transportation under its management, despite plans and discussion in the early phase of the ESHE/BASICS program about this necessary element for effective development of the program. The RTC/H has only been able to achieve most of its objectives by requesting other units to assist with transport, as well as the facilitation by the BASICS program. Without adequate vehicles, it is unrealistic to expect the RTC/H to implement activities which reach to the zones, woredas, and communities.

### Funding

Small amounts of funds have been received from central sources for continuing education. Training activities that have taken place were almost entirely funded by contributions from international bilateral assistance programs.

## Evaluation

The RTC/H conducted an excellent evaluation study of the outcome of the various kinds of training programs conducted in the two years since its establishment. The findings were published in a widely circulated report and presented to the annual meeting of the Ethiopian Public Health Association in November 1997. Among the significant findings were that 97 percent of zonal and woreda managers prepared an action plan including a time frame, 72 percent conducted acceptable and regular supervision for low-level health workers, using a comprehensive method; 61 percent introduced some form of motivational mechanisms; and 92 percent of TOT beneficiaries have participated in various training activities, however, only 19 percent directly shared their training experiences with their respective organizations.

### **D. Health Professional Training Institutes**

#### Awassa HPTI

The Awassa HPTI has made impressive progress. The new buildings financed by the World Bank are nearly completed and some parts, such as the library and some class room space, are already being used. Many of the text and reference books provided by the ESHE/BASICS program are on the shelves and being used by staff and students (see photos in appendixes). Some new teachers have joined the institute, and several of the staff have participated in the various programs of the RTC/H, both as trainees and presenters of topics.

Ato Dawit Mengistu, head of the Awassa HPTI, reported that the first batch of 20 post-basic midwifery nursing students have completed their intensive 18 month training program and have been assigned to various service and training institutions. The first cohort of 20 “generic” midwifery students have begun their 24 month training course. Other 1-year courses have begun in clinical nursing, public health nursing, and medical laboratory technology; at the present time, there are 15 students in clinical nursing, 19 in public health nursing, 19 in the junior midwifery program, and 15 in the medical laboratory technician program. In all, there are 88 students now enrolled in the Awassa HPTI. Before the environmental health training program can be started, it will be necessary to provide a workshop for students’ practical training. The major obstacle for beginning the junior pharmacy technician training seems to be difficulty in recruiting instructors in pharmacy.

It was difficult for the consultant to learn about the actual methods and results of the practical community and home health training which the public health nursing and other students experienced during last year’s field activities. According to one report, all students were exposed to both home and community visits. This issue is of vital importance and bears continuing attention, since the absolutely essential interaction and communication between paid health workers and lay members of communities depends in many ways on the experiences the students have had during their basic training.

### Hosaina HPTI

The consultant was able to meet the head of the Hosaina HPTI, Ato Fikre Habe, in Awassa, to get a brief report of progress in the school. The first class of 30 clinical nursing students had completed their 1-year program and were waiting to take the national written and practical examinations before being assigned to service institutions.

Physical facilities have been completed on the hospital campus and students are residing there. The class room and dormitory furniture have arrived and are in use. Some textbooks were delivered under ESHE/BASICS sponsorship. The contributions of ESHE/BASICS are greatly appreciated, still, there are reportedly significant deficiencies still in learning materials which need to be addressed.

The staff now numbers five nurses. The head of the institute received TOT training in Awassa in June 1997, and recently took an advanced TOT program in Santa Cruz, California, under ESHE/BASICS auspices. Two of the nursing instructors from Hosaina were in the December TOT just completed.

### Arba Minch HPTI

Two teachers from the Arba Minch HPTI were participants in the December TOT program and provided some information on developments in the training there. As with Hosaina, the first batch of junior clinical nurses is ready to take their national exams and be posted. There are a total of 28 students at present—18 of whom are male—14 of the 28 students are originally from the North Omo zone where the Institute is located. The situation is similar to the Hosaina HPTI in other ways as well; some books, equipment, and furniture were delivered and are in use. New physical facilities will soon be completed for the institute close to the hospital. Additional reference and text books are needed. Ato Tesfaye Teferru is the new head of the Arba Minch Institute. He recently completed the BSc degree in Environmental Health at the Jimma Institute and previously received TOT training in Addis Ababa in the initial training program for RTC/H staff in 1994.

## **E. Dilla College of Health Sciences**

The progress made in development of the Dilla College of Health Sciences in one year is quite amazing. The second entering classes in the health officer (40 members), public health nursing (42 members), environmental health technology (35 members), and medical laboratory technology (35 members) programs are now on campus and pursuing their studies. The teaching staff are still few in number and generally inexperienced as teachers, but apparently coping well with the constraints associated with beginning a new college. A College of Education opened at the same time and helps to provide some of the core general education courses. The campus buildings appear clean and bright; major new construction of a library and class room building,

costing between five and six million Birr, is well underway. The campus includes about 1600 hectares, which will allow significant expansion

The crucial issues of location of health service facilities where practical training can effectively take place have begun to be discussed. The local government hospital with seven physicians and about 100 beds is in poor condition and not functioning as well as it should. In the very near future, this will likely be the place where several categories of students do much of their initial role learning. Two health centers between Dilla and Awassa have tentatively been designated as future training health centers.

The Dilla College, with its future practical training sites, presents an ideal setting where the ESHE project could make profoundly important contributions to the health care of the SNNPR directly and to the nation at large indirectly. Most of the new methods and approaches devised and tested in the first phase of ESHE/BASICS could be taught within the college and further developed. It is likely that the other four colleges that are also training the core health center teams would readily adapt successful measures used in the Dilla College. This would make fundamental contributions to human resource development in health care analogous to those made in Gondar by WHO, UNICEF, and the United States technical assistance program (Point Four) in the 1950s and 1960s

## **RECOMMENDATIONS**

### **A. National RTC/H Network**

- Given the inevitable losses of RTC/H staff in all regions due to transfer, promotion, retirement, and advanced training, an annual TOT program for RTC/H staff members should be conducted with approximately 20 to 25 participants each year. Further, it is suggested that this training again take place in Awassa, since all the essential components are currently present there. Costs would primarily be related to per diem and travel expenses. The duration of the training should be carefully reconsidered; it might be advisable to extend the period from two to three weeks, since there is pressure to include more management and other topics. External consultants might be necessary for one or two years.
- Since practically all the regional RTC/H units need to be strengthened, especially those which are less developed, it is recommended that an annual conference be held for about 5 days, with approximately 50 participants. This conference would facilitate introduction of new methodologies and materials, encourage generic problem-solving, and give opportunities for the effective sharing of lessons learned in other parts of the country. This conference should be conducted in different regional capitals from year to year.

- As the process of decentralization of government functions and available staff, and the need for continuing guidance and support for RTC/H units continues to be essential, it is recommended that the project proposal for a national Secretariat and RTC/H capacity-building be promoted by concerned authorities and the necessary funding obtained. The temporary Secretariat organization which has been formed with the Awassa, Jimma, and Addis Ababa RTC/S as staff should continue as the core professional staff, but administrative support staff, including an administrator/coordinator and a secretary, should be added to the proposal. Planners for the next phase of the USAID/ESHE programs should consider this as part of new activities.

## B. SNNPR RTC/H

- **Physical Facilities.** Completion of the new permanent facilities is essential for the enduring growth and strength of the RTC/H in Awassa. The space currently used by the RTC/H is only temporarily available, it is urgent that the new facilities be completed as quickly as possible. The purchase of appropriate shelving, card catalogues, and other furniture and equipment should be reviewed and expedited as necessary.
- **Transportation.** In the earlier planning processes, it was quite widely understood that RTC/H program activities require having a vehicle and driver under direct supervision. However, it seems that this high priority need has somehow been neglected after the arrival of the new vehicles. This should be rectified at the earliest possible time.
- **Library Consultants.** While the arrival and distribution of books and periodicals is highly commendable, it is clear that additional steps need to be taken so that appropriate organization, accessibility and security can be established. Current plans to engage experienced library and audio-visual material consultants from within Ethiopia should be supported.
- **Training Modules.** Now that significant experience and organization of primary health care needs have been achieved, it is appropriate that simple and clear training modules be developed. This is especially true of the essential key behaviors that can be put into immediate practice in the focus zones, woredas, and communities. These should be prepared and pretested in the local languages in a workshop that has a combination of RTC/H staff, trained zonal training staff, those who know the local languages well, and appropriate national and, perhaps, international experts. This process will provide very valuable experience for steady expansion, first into the 9 languages currently in official use, and eventually into most, if not all, of the 45 languages currently spoken in the SNNPR.
- **Zonal/woreda/community Training.** Despite the highly effective work of the SNNPR RTC/H, the necessary diffusion of the capacities for training has not proceeded from the zonal to the woreda level, and from the woreda to the communities for which they are

responsible. Therefore, it would seem very important to implement these next two stages in the focus zones and woredas in the coming months. Such efforts could accompany development of training modules in the local languages and cultural patterns as suggested in recommendation number 2.4 above.

- **RTC/H Staff Appointments.** Although the SNNPR RTC/H has made extraordinarily significant achievements during the past year, much of these successes have occurred with strong support by BASICS. Since sustainability is a crucial issue for the region, it is vitally important to strengthen the RTC/H staff on a permanent basis with continuation of present staff as well as assignment of additional professional and support personnel.
- **Learning Materials Production.** Given the superb pioneering efforts in the writing, testing, and editing of training materials, such as the manual on nursing arts by Sister Workinesh Kereta, further efforts should be made by Ethiopian staff to develop original manuscripts, as well as to adapt other health learning materials from other locations and languages. These capacities should be developed at the zonal and regional levels, as well as at the national level. Back-translation into English is highly advisable, if not absolutely essential. Translation into English will allow more effective validation of technical points, but should not interfere with what is understandable and practical in the local cultural setting.
- **TOT Manual Translation.** Encouragement should be given to the translation from English into Amharic of the draft manual “Guidelines and Notes for the Training of Trainers in Community Health.” Such a draft in Amharic could advantageously be used when TOT programs are conducted at the woreda and community levels.
- **Reordering Books And Periodicals.** Although major successes have occurred in the acquisition of books and periodicals for the RTC/H and HPTIs, a system needs to be devised whereby recurring needs and changing requirements can be efficiently handled. This is particularly true for the reordering of the core periodicals in the various institutions, and also for additional ordering of reference and student textbooks as they become available.

### C. **Health Professional Training Institutes**

- **Books And Periodicals.** According to the heads and staff members that the consultant was able to meet, there are several kinds of books which are needed, especially in Arba Minch and Hosanna.
- **Staff Development.** While significant progress has been made in recruitment and upgrading of the training staff in Awassa, Hosanna, and Arba Minch, continued efforts should be made in improving the capacities of these new pre-service/basic training institutions.

- **Teaching Aids.** While some very useful equipment has arrived and is being used, the training staff report that other teaching aids are lacking that could greatly increase learning effectiveness.

#### **D. Dilla College of Health Sciences**

While the Dilla College of Health Sciences has been established remarkably quickly with the second cohort of four categories of health center personnel already enrolled, there are several major elements of training program which have not yet been developed. The teaching staff's experience in training students in professional tasks and skills is minimal. Training facilities, such as training health centers and the hospital, are not yet prepared. Guidelines for the demonstration and supervision of essential professional and technical behaviors have not been prepared.

- **College/RTC/H Collaboration.** Collaboration and coordination between the college and the RTC/H should be facilitated for mutual benefits.
- **ESHE Phase Two Planning.** Connections should be established with the ESHE/BASICS activities so that the materials and competencies developed can be included in the practical professional training programs which will begin in the near future.
- **Dilla College Staff Secondment.** Consideration should be given to the possibility of seconding a highly competent public health practitioner to the college who would be able to influence and apply many of the useful strategies and methods developed during the ESHE/BASICS phase one. From experience developed in the Dilla College and the SNNPR, there could almost certainly be significant dissemination to the other colleges' training health center teams in other parts of the country.

## FOLLOW-UP ACTIONS REQUIRED

	Cent. MOH	RHB AWS	RTC /H	BAS AWS	BAS AA	US HPN	BAS VA
1 Annual TOT Training	X	X	X	X	X	X	X
2 Annual RTC/H Conference	X	X	X	X	X	X	X
3. RTC/H Secretariat Funding Proposal	X		X	X		X	
4 RTC/H Physical Facilities Construction	X	X	X	X	X	X	
5 RTC/H Transportation Needs		X	X				
6.Books and Periodicals Reordering		X	X	X	X	X	X
7 Training Module Production	X	X	X	X	X	X	X
8. Zonal/ Woreda/ Community TOT		X	X	X	X	X	X
9 RTC/H Staff Strengthening	X	X	X				
10.Learning Materials Production	X	X	X	X	X	X	X
11. TOT Manual Translation/Testing		X	X	X			
12. HPTI Staff Development	X	X	X				
13. Dilla College/ RTC/H Collaboration	X	X	X				
14 ESHE Planning	X	X		X	X	X	X
15. Public Health Practitioner Secondment	X	X		X	X	X	X

Cent./MOH = Central Ministry of Health

RHB/AWS= Regional Health Bureau, Awassa; BAS/AWS= BASICS, Awassa;

BAS/AA= BASICS, Addis Ababa, BAS/VA= BASICS, Arlington, Virginia

U.S./HPN = USAID, Health, Population, and Nutrition

## APPENDIXES

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**APPENDIX A**  
**REFERENCES**

- 1 The National Workshop Proceedings of Regional Training Centers for Health in Ethiopia, Awassa, Ethiopia, July 22-25, 1997, compiled by Workenesh Kereta, Getachew Aseffa and Mulugeta Betrie
- 2 Report of the Southern Regional Training Center for Health, July 1997, Awassa
- 3 A Draft Project Proposal: Countrywide Capacity Building, Regional Training Centers in Health, Ethiopia.
- 4 Evaluation of Various Training Programs in Health, Bassamo Deka, Worknesh Kereta, Meskele Lera, and Getachew Assefa, June 1997, Awassa
- 5 Report on a Preliminary Study Finding: Factors, as related to health professionals, influencing health service delivery at a front-line level, SNNPRG, Ethiopia, Mulugeta Betre, Worknesh Kereta, Getachew Assefa, Meskele Lera, Bassamo Deka, 1997
- 6 Rural Health Facility Management Manuals, Volume 1. Health Facility Baseline Manual, Working draft, Regional Health Bureau, Southern Nations, Nationalities and Peoples Region, July 1997.
- 7 Rural Health Facility Management Manuals, Volume 2 Health Facility Supervision Manual, Working draft, Regional Health Bureau, Southern Nations, Nationalities and Peoples Region, July 1997
- 8 A Guide to Emphasis Caretaker Behaviors in Child Survival, Judith A. Graeff, John Murray, Tina Sanghvi, Rene Salgado, Rebecca Fields.
- 9 Working towards a better health for women and children in Ethiopia: a strategic overview of the BASICS/ESHE Project., draft Oct 20, 1997.

**APPENDIX B**

**SCHEDULE OF NATIONAL TOT TRAINING PROGRAM, DECEMBER 8-  
19, 1997**

Tentative Program on TOT Workshop  
for  
National RTC/H Trainers

Dec. 8 - 19/1997, Awassa

Date	Time	Activities	Responsible Person
Monday Dec 8, 1997	08 30 - 09 30	Registration	S/r Workenesh
	09 30 - 09 45	Introductory remarks	Ato Befekadu Girma
	09 45 - 10 00	Opening address	(Dr Estifanos Birru) / <i>Ato Bassama DEKA</i>
	10 00 - 10 30	Tea break	-
	10 30 - 11 00	Getting acquainted	All participants & facilitators
	11 00 - 12 00	Pre-test	Sr Workenesh
	12 00 - 12 30	Participants expectation	Sr Workenesh
	12 30 - 02 00	Lunch break	-
	02 00 - 03 30	Health service in Ethiopia Human resorce development in Ethiopia Regional profile	Ato Befekadu Girma Ato Bassamo Deka Representatives of the regions
	03 30 - 04 00	Tea break	-
	04 00 - 05 00	Benefits & strategies of training for health service	Panel discussion Ato Bassamo, Befekadu, Prof D Carlson
	05 00 - 05 30	Summary of the day comments, suggesions	Prof D Carlson
Tuesday Dec 9 1997	08 30 - 10 30	Fundamentals of communications	Ato Dawit MenGistu
	10 30 - 11 00	Tea break	
	11 00 - 11 30	Principles of Education Theories of education & Training	Prof D Carlson
	11 30 - 12 30	Group Dynamics	Prof D Carlson
	12 30 - 02 00	Lunch break	
	02 00 - 03 30	Leadership styles & team building	Ato Befekadu Girma
	03 30 - 04 00	Tea break	
	04 00 - 05 00	Health problems & key behaviors	Dr Mengistu Asnake
	05 00 - 05 30	Summary Comments/ suggesions	Prof D Carlson

Date	Time	Activities	Responsible Person
Wednesday Dec 10, 1997	08 30 - 10 00	How to approach the community problems & skills Experience from the community demand study	Dr P Freuad Ato Wondimu
	10 00 - 10 30	Communicating in the communities	Dr P Freuad Ato Wondimu
	10 30 - 11 00	Tea break	
	11 00 - 12 30	Problem identification & priority setting	Dr Mulugeta Betre
	12 30 - 02 00	Lunch break	
	02 00 - 02 45	Choosing Training Methods	Prof D Carlson
	02 45 - 03 30	Choosing Training Methods Demonstration of - Story telling - "The farmer with out land" - Puppets - two women talking about diarrhea - Demonstration/Discussion of food based ORT - Role plays - Drama on F/P	All Facilitators
	03 30 - 04 00	Tea break	
	04 00 - 05 00	Choosing Training Methods Demonstration of - Story telling - "The farmer without land" - Puppets - Two women talking about diarrhea - Demonstration/Discussion of food based ORT - Role plays - Drama on F/P	All Facilitators
05 00 - 05 30	Summary of the day comments/ sugesions	Prof D Carlson	
Thursday Dec 11, 1997	08 30 am	All day visit to Rural communities - Meet community leaders - Contact community health workers if available - Visit community environment including water source shops, markets, living conditions - Make home visits as permitted - Discuss with community - Discuss with community members & clarify question	all
Friday Dec 12, 1997	08 30 - 10 30	- Community experience review - Problem identification - Priority setting -- Critical analysis	Dr Mulugeta Betre
Saturday Dec 13, 1997		Continue working with training plan preparation in the group	all
Monday Dec 15, 1997	08 30 - 10 30	Task Analysis Learning Objectives A useful model of training Constructing a training module	Sr Workenesh Kereta Sr Workenesh Kereta  Ato Getachew Assefa
	10 30 - 11 00	Tea break	
	11 00 - 12 30	Team work on teaching presentation	Participants
	12 30 - 2 00	Lunch break	
	02 00 - 05 00	Continue working on presentation	Participants

Date	Time	Activities	Responsible Person
Tuesday Dec 16, 1997	08 30 - 09 30	Teaching practice	Team 2
	09 30 - 10 30	Review & suggestions	All participants
	10 30 - 11 00	Tea break	
	11 00 - 12 00	Teaching practice	Team 3
	12 00 - 12 30	Reviewing & suggesting	All participants
	12 30 - 02 00	Lunch break	
	02 00 - 09 00	Teaching practice	Team 4
	09 00 - 09 30	Review & suggestion	All participants
	09 30 - 04 00	Tea break	
	04 00 - 05 00	Teaching practice	Team 1
	05 00 - 05 30	Review & suggestion	All participants
Wednesday Dec 17, 1997	08 30 - 10 30	- Prepare modules handouts - Revise presentations	All teams
	10 30 - 11 00	Tea break	
	11 00 - 12 30	Complete & turn in handouts for photocopying	All teams
	12 30 - 09 30	Revise presentations	All teams
	09 30 - 04 00	Tea break	
	04 00 - 05 00	Last preparation revision for community teaching	
	05 00 - 05 30	Summary & announcements	
Thursday Dec 18 1997	12 30	Leave Awassa	all
	10 00	Begin teaching in the community	Teams
	02 30	Complete teaching in community	Teams
	04 30	Arrive Awassa	all
Friday Dec 19, 1997	08 30 - 10 30	Review & analysis of community teaching	all
	10 30 - 11 00	Tea break	
	11 00 - 12 30	Preparation of training program	Ato Befekadu Girma
	12 30 - 02 00	Lunch Break	
	02 00 - 03 30	Preparation of action plan for their respective regions	all
	03 30 - 04 00	Tea break	
	04 00 - 05 30	Post test Course evaluation Closing remarks	COURSE ORGANIZERS

**APPENDIX C**

**LIST OF PARTICIPANTS IN NATIONAL TOT PROGRAM**

List of Participants  
For  
National TOT Training

FULL NAME	PROF. CATEGORY	CURRENT POSITIONS	ADDRESS
Mohammed Hafi Omer	Pharmacist	Head, Phrma. Dept.	Jijiga, Somali
Ahmed Sheik Mohamud	Sanitarian	Expert, Family Health	" "
Mohamoud Eman Muhamed	Nurse, Comm. Health	Coord., MCH	" "
G/Egziabher Berhanu	Pharmacist	Expert, Pharm. Dept.	Tigray
Duressa Regassa	Nurse	Head, HS & Train. Dept.	Jimma
Dejene Bedane	Pharmacist	Zonal Pharm. Sect.	Oromia, Assela
Kiros Belachew	Health Officer	Expert	A.A., Region 14
Seifu Bizuneh	Health Officer	Expert	RHB, SNNPR
Adem Siraj	Physician	Head, ZHD	Jimma, Oromia
Eskender Adem	Physician	General Practioner	Harar
Walelign Nega	Physician	General Practioner	Gambella
G/Hiwot G/Wohid	Nurse	Tutour (instructor)	HPTI, Awassa
Etagegnehu T/Mariam	Nurse Midwife	Tutour	HPTI, Awassa
Mesresha Getahun	Nurse	"	Hossana School Hadiya
Timar Chaffo	Midwife	"	Arbaminch School
Asrat Beshah	"	"	" "
Seifu W/Kidan	Nurse	"	Hossana School

**APPENDIX D**  
**PHOTOS TAKEN DURING TOT PROGRAM**

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Participants and staff, national TOT for RTC/H  
Awassa, Ethiopia



Community meeting with TOT participants  
Awassa, Ethiopia

December 1997

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Regional training center for health SNNPR



Temporary facilities



Sister Workinebia Kereta  
Dr. Mulugeta Betrie

December 1997

*Handwritten mark*



TOT participant teams planning group presentation



Playing learning game on teamwork and communication

National TOT Workshop  
Awassa  
December 1997



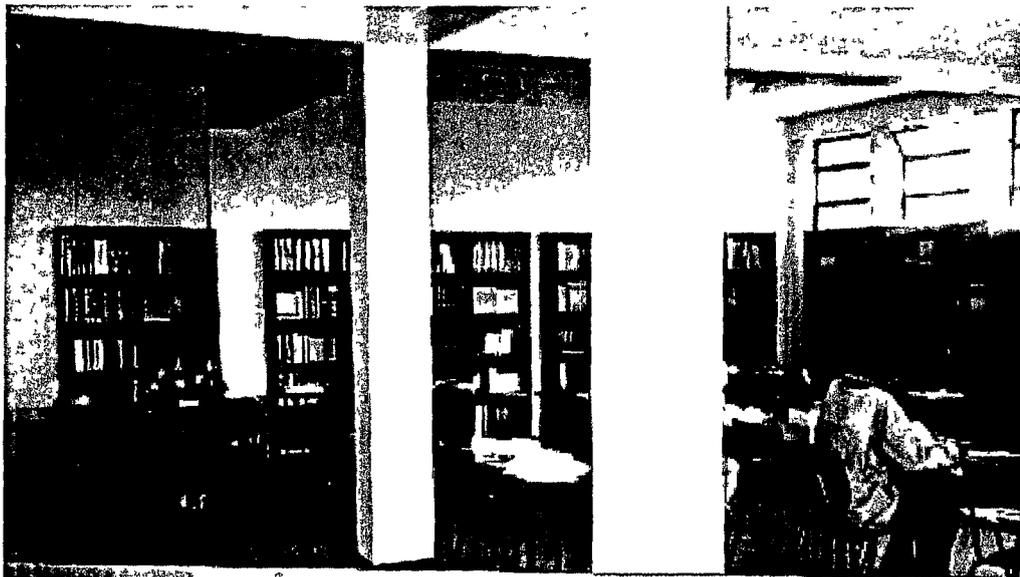
Demonstration drama-role play about family planning



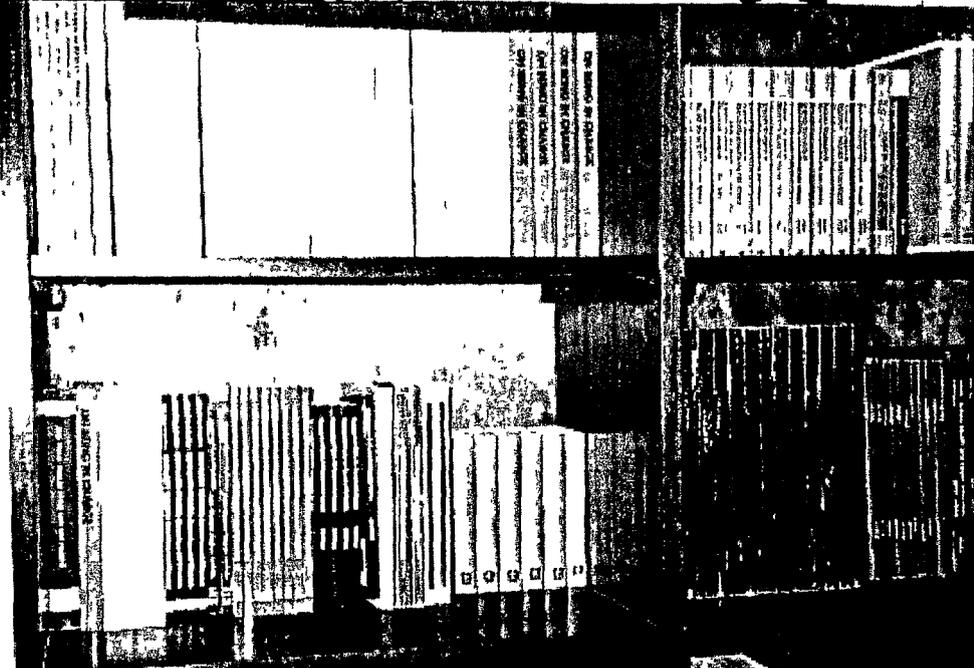
Dr. Mulugeta Betrie, Dr. Paul Freund, Wondimu Amdie  
BASICS facilitator staff, Awassa

National RTC/H TOT Program  
Awassa  
December 1997

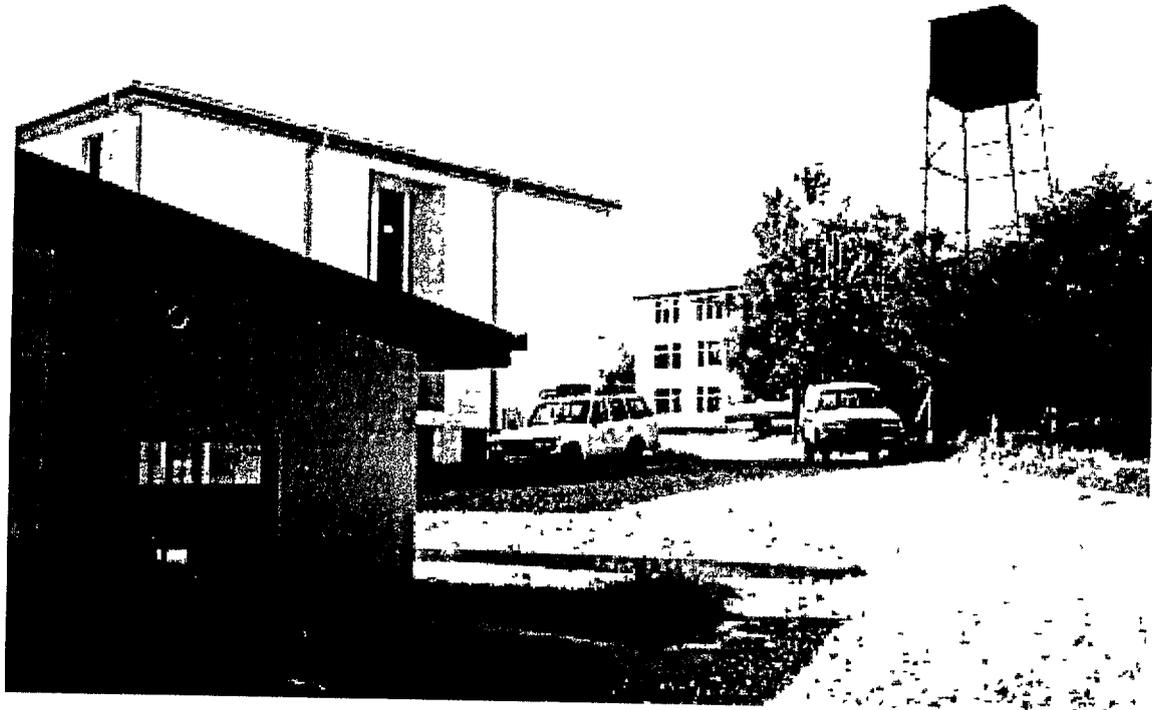
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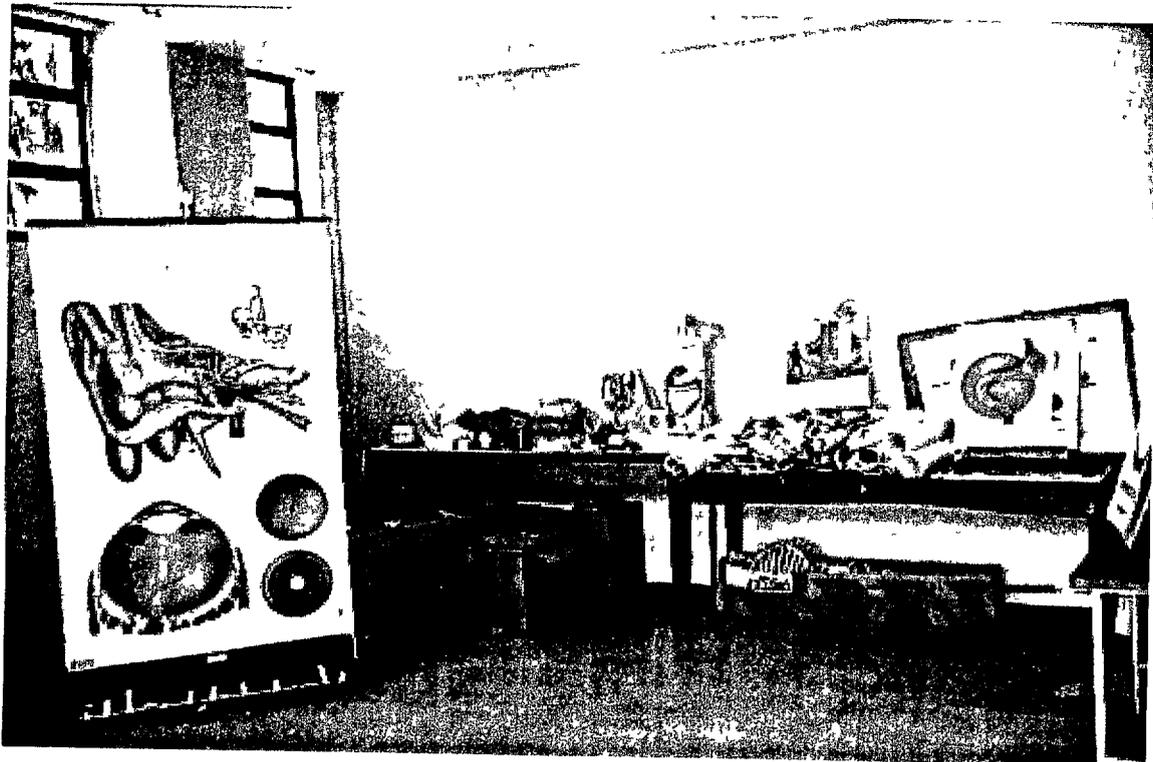
HPTI  
library



December 1997



Newly Constructed Buildings  
Awassa HPTI



Audio Visual Equipment  
Awassa HPTI

December 1997