

**USAID/PEPFAR Ethiopia In-Country Reporting System (IRS)
Reporting Template**

Jhpiego

ANNUAL PROGRAM RESULT

FOR

FISCAL YEAR 2015

(OCTOBER 1ST, 2014 TO SEPTEMBER 30TH, 2015)

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LIST OF ACRONYMS

ANC	Antenatal Care
BSC	Balanced Score Card
COC	Certificate of Competence
CPD	Continuing Professional Development
EAA	Ethiopian Association of Anesthetists
EMwA	Ethiopian Midwives Association
EMT	Emergency Medical Technician
ENA	Ethiopian Nurses Association
EPA	Ethiopian Pharmaceutical Association
EPHO	Ethiopian Public Health Officer Association
EPHA	Ethiopian Public Health Association
ESC	Education Strategic Center
ETS	Effective Teaching Skills
FMOH	Federal Ministry of Health
FMOE	Federal Ministry of Education
FMHACA	Food, Medicine and Healthcare Administration & Control Authority
HAPCO	HIV/AIDS Prevention and Control Coordination Office
HEIs	Higher Education Institutions
HERQA	Higher Education Relevance and Quality Agency
HEWs	Health Extension Workers
HMIS	Health Management Information System
HR	Human Resources
HRDM	Human Resources Development Management
HRH	Human Resources for Health
HRIS	Human Resource Information System
HRM	Human Resources Management
HSEDC	Health Sciences Educational Development Center
HSTP	Health Sector Transformation Plan
IMNCI	Integrated Management of Newborn and Child Hood Illness
INQAAHE	International Network for Quality Assurance Agencies in Higher Education
ISS	Integrated Supportive Supervision
JD	Job Description
LMU	Ludwig- Maximilians-Universitat Munchen
MCQ	Multiple Choice Questions
MNCH	Maternal, Newborn and Child Health
NBE	National Board Exam
NIMEI	New Innovative Medical Education Initiative
OSCE	Objective Structured Clinical Examination
PMTCT	Prevention of Mother to Child Transmission
QA	Quality Assurance
RHB	Regional Health Bureau

RHSC	Regional Health Science College
RMNCH	Reproductive, Maternal, Newborn and Child Health
SNNPR	Southern Nations, Nationalities and Peoples Region
TVET	Technical and Vocational Education and Training
TWG	Technical Working Group
WoHO	Woreda Health Office
WASH	Water, Sanitation and Hygiene

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1. Reporting period

From 01 October 2014	To 30 September 2015
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2. Publications/reports

Did your organization support the production of publications, reports, guidelines or assessments during the reporting period?

No/Not Applicable
Yes

If yes, please list below:

Title	Author	Date
Work Climate Improvement Program – Creating a Work Climate that Motivates Staff and Improves Performance – Draft Concept Note	Ummuro Adano, Management Sciences for Health, Strengthening Human Resources for Health (HRH) Project	October 2014
Revitalizing the Quality Assurance System for Education of Health Professionals in Ethiopia	Higher Education Relevance and Quality Agency (HERQA), FMOH, HRH Project	October 2014
Undergraduate Emergency & Critical Care Nursing Curriculum	Federal Ministry of Health (FMOH), HRH Project, Ethiopian Public Higher Educational Institutions	December 2014
Curriculum for Bachelor of Sciences in Neonatal Nursing Program	Federal Ministry of Health (FMOH), Strengthening Human Resources for Health (HRH) Project, Ethiopian Public Higher Educational Institutions	December 2014
Post Basic Bachelor of Science in Operation Theatre Nursing Curriculum	Federal Ministry of Health (FMOH), Strengthening Human Resources for Health (HRH) Project, Ethiopian Public Higher Educational Institutions	December 2014
National Accreditation and Quality Improvement Standards - Anesthesia	HERQA, FMOH, HRH Project	December 2014
National Accreditation and Quality Improvement Standards - Midwifery	HERQA, FMOH, HRH Project	December 2014
National Accreditation and Quality Improvement Standards - Medicine	HERQA, FMOH, HRH Project, Ethiopian Medical Association, Addis Ababa University	December 2014
National Accreditation and Quality Improvement Standards - Pharmacy	HERQA, FMOH, HRH Project, Addis Ababa University – School of Pharmacy	December 2014

National Accreditation and Quality Improvement Standards - Nursing	HERQA, FMOH, HRH Project, Ethiopian Nurses Association, Addis Ababa University School of Nursing, University of Gondar Department of Nursing	December 2014
National Accreditation and Quality Improvement Standards – Medical Laboratory Science	HERQA, FMOH, HRH Project, Ethiopian Medical Laboratory Association, Haromaya University, Addis Ababa University	December 2014
National Accreditation and Quality Improvement Standards – Public Health Officer	HERQA, FMOH, HRH Project, Ethiopian Public Health Officer Association, University of Gondar	December 2014
Job Satisfaction and Factors Affecting Health Worker Retention in Ethiopia's Public Health Sector – Technical Report Draft	Strengthening Human Resources for Health Project	December 2014
Employee Satisfaction Survey Report – Revised and Updated (Amharic)	SNNP Regional Health Bureau	March 2015
National Guideline for Recognition of Foreign Qualifications	HERQA and HRH Project	March 2015
Amhara National Regional Health State Bureau – Regional Human Resources for Health (HRH) Annual Profile/ Report	Amhara RHB with technical support from the HRH Project	July 2015

If Yes, Please attach an electronic copy of each document as part of your submission.

3. Technical assistance

Did your organization utilize short-term technical assistance during the reporting period?

No/Not Applicable

Yes

Please list below:

Consultants/TDYers

Name	Arrival	Departure	Organization	Type of Technical assistance provided
Dr. Catherine Carr	17 Nov 14	22 Nov 14	Jhpiego	Provide technical assistance for the conduct of a manuscript writing workshop to develop draft manuscripts using data from the Task Analysis for Midwives, Anesthetists and Health Extension Workers Study
Dr. Mark Childs, Consultant	25-Jan-15	4-Feb-15	Open University	To conduct in-depth interviews and gather information that will guide the development of a case study for the post-graduate programs in human resources for health management/health economics
Dr. Susan Fawssett, Academic Project Manager				
Hannah Tappis, Sr. Research Advisor	1-Mar-15	7-Mar-15	Jhpiego	Provide technical support for the development of an Impact Model

Lauren Borsa, Sr. Program Coordinator	25-Feb-15	13-Mar-15	Jhpiego	Provide programmatic support for cost-share documentation and due diligence and review of sub grants and procurements in light of the updated USAID regulations
Dr. Susan Fawssett, Academic Project Manager	9-Mar-15	20-Mar-15	Open University	Support co-teaching of the human resources management post-graduate program, as part of faculty capacity building and on-the-job mentorship
Dr. Cristina Santos, Lecturer				
Dr. Jane King, HRM Expert				
Dr. Susan Fawssett, Academic Project Manager	22 Jun 15	26 Jun 15	Open University	Support co-teaching of the human resources management post-graduate program at Gondar University, as part of faculty capacity building and on-the-job mentorship
Dr. Mark Childs, Consultant				
Dr. Jane King, HRM Expert				
Dr. Karin Davies, Dr. Patricia Bromberger, Elise Imonti, Kathy Johnson, Fary Moini, Carole Leland	Sep 14	Sep 26	Volunteers*	Train pediatricians, general practitioners, midwifery instructors, nursing instructors and neonatal nurses at Gondar University on post-resuscitation care for neonates
Dr. Susan Fawssett, Academic Project Manager	Sep 30	Oct 2	Open University	Train faculty at Gondar University to supervise post-graduate HRM/HE students during implementation of the thesis module.

*costs shared with Rotary Club Funding

If Yes, Please attach an electronic copy of the TA report as part of your submission.

4. Travel and Visits

Did your organization support international travel during the reporting period?

No/Not Applicable

Yes

Please list below:

International Travel (All international travel to conference, workshops, trainings, HQ or meetings).

Name	Destination	Departure from Ethiopia	Arrival	Host Organization	Purpose of the travel
Dr. Tegbar Yigzaw	Amsterdam, Netherlands	26 Nov 14	30 Nov 14	Dutch Working Party on Safe Motherhood	Present findings from the Student Competency Assessment Study conducted

				and International Child Health	under the HRH Project; Presentation titled: "How well does pre-service education prepare midwives for the world of work: competence assessment of midwives at the level of graduation"
Dr. Zerihun Wolde, Sr. Education Quality Advisor, Jhpiego	Illinois, Chicago, USA	30-Mar-15	3-Apr-15	International Network for Quality Assurance Agencies in Higher Education (INQAAHE)	Present at, and participate in, the INQAAHE Biannual Conference (<i>theme – Changing Landscape of Higher Education: New Demands on Quality Assurance</i>)
Dr. Tesfaye Teshome, Director, Higher Education Relevance and Quality Agency (HERQA)	Illinois, Chicago, USA	30-Mar-15	3-Apr-15	INQAAHE	As above
Yewulsew Assaye, Education and Training Officer, Jhpiego	Kigali, Rwanda	24-Jun-15	26-Jun-15	Eastern Africa Health Professions Educator's Association (EAHPEA)	Participate and present in the third annual conference of the EAHPEA
Dr. Tegbar Yigzaw, Deputy Chief of Party, Jhpiego	Kigali, Rwanda	24-Jun-15	26-Jun-15		
Sharon Kibwana, Program Manager, Jhpiego	Boston, USA	30 May 15	13 Jun 15	Harvard University School of Public Health	Attend the Strengthening Human Resources for Health Certificate Course
Zeine Abose, HRM Advisor, MSH	Boston, USA	30 May 15	13 Jun 15		

Have any Monitoring Visit/supervision been made to your program in during the reporting period?
Yes

Description of Monitoring team	Start date	End date	Sites visited	Written recommendations provided
USAID SIMS Visit	29 Dec 2014	29 Dec 2014	FMOH - HRDA Directorate	
USAID SIMS Visit	3 Sep 2015	3 Sep 2015	Minilik Health Science College	
USAID SIMS Visit	1 July 2015	1 July 2015	Addis Ababa Regional Health Bureau	Provide guidance to site about the importance of identifying a staff member with overall responsibility for QM/QI system activities. Ensure that QM/QI duties are incorporated into the position description of the identified position.

5. Activity

Program Area (Tick all which apply)	Activity ID	Activity Title (Please write the title of the activity)
<input type="checkbox"/> 01-PMTCT		
<input type="checkbox"/> 02-HVAB		
<input type="checkbox"/> 03-HVOP		
<input type="checkbox"/> 04-HMBL		
<input type="checkbox"/> 05-HMIN		
<input type="checkbox"/> 07-CIRC		
<input type="checkbox"/> 08-HBHC		
<input type="checkbox"/> 09-HTXS		
<input type="checkbox"/> 10-HVTB		
<input type="checkbox"/> 11-HKID		
<input type="checkbox"/> 12-HVCT		
<input type="checkbox"/> 13-PDTX		
<input type="checkbox"/> 14-PDCS		
<input type="checkbox"/> 15-HTXD		
<input type="checkbox"/> 16-HLAB		
<input type="checkbox"/> 17-HVSI		
<input checked="" type="checkbox"/> 18-OHSS		Strengthening Human Resources for Health

6. Accomplishments and successes during the reporting period (October 2014 – March 2015)

Result 1: Improved Human Resources for Health Management

Human Resources Management (HRM) in the context of the health sector is the integrated use of procedures, policies, and practices to plan, recruit, deploy, manage, motivate, develop and retain health workers in order to meet health sector goals. An effective human resources for health management system improves availability and performance of health workers to reduce maternal, neonatal and child morbidity and mortality; prevent and treat communicable and non-communicable diseases including malaria, tuberculosis, HIV, AIDS, cardiovascular conditions, and endocrine and mental disorders.

The Strengthening Human Resources for Health (HRH) Project is working in partnership with the Federal Ministry of Health (FMOH) and Regional Health Bureaus (RHBs) to improve HRM at all levels of the health system by improving human resources leadership and governance structures, increasing the number and technical capacity of Human Resource (HR) leaders, managers and staff, developing and implementing contextually appropriate motivation and retention schemes, strengthening HR policies and practices, enhancing coordination and collaboration among stakeholders who play key roles in HR development and management, and improving management of staff training.

IR 1.1: Improved Human Resources Management (HRM) Capacity at Federal, Regional and Local Levels

Strengthening the capacity of HRM units and professionals is critical to improve planning and management of HRM functions in the context of broader health systems strengthening, which in turn is critical to achieve health development goals. In Year one and two, the HRH Project supported the FMOH, the Food, Medicine and Healthcare Administration & Control Authority (FMHACA), all RHBs, the Ethiopian Association of Anesthetists (EAA), and the Ethiopian Midwifery Association (EMwA), to conduct HRM rapid capacity assessments, and develop and implement action plans based on assessment findings. During this reporting period, the HRH Project continued to provide support for implementation of these action plans as highlighted below:

Key Interventions – HRM Rapid Capacity Assessment Action Plans

1. Strengthen HR structures and staffing
2. Improve recruitment, orientation and deployment practices.
3. Enhance performance planning and management including Balanced Score Card (BSC) systems
4. Facilitate data-driven decision making

Provide technical support for the implementation of Human Resource Management (HRM) Capacity Assessment Action Plans.

The use of regular meetings to facilitate follow-up and technical support is an effective mechanism to enhance the competence of Human Resource (HR) managers and staff

and sustain good performance. HRH Project staff in Afar, Amhara, Benishangul gumuz, Dire-Dawa, Harari, Gambella, Oromia, Somali, SNNPR regions conducted follow-up meetings with HR staff at the Regional Health Bureaus (RHBs) to monitor progress against human resource capacity assessment action plans (developed in Year One), and annual HR operational plans. During the meetings, key challenges were identified and addressed.

Improved Human Resource Management capacity will enable regions to plan, develop, attract, support and retain essential health professionals required to provide *Reproductive, Maternal, Newborn and Child Health (RMNCH), HIV/AIDS, Tuberculosis (TB), Malaria and other health services* in a responsive and equitable manner

In each region, significant improvements were observed in HR planning, recruitment, selection and hiring of health professionals and other staff; HR data collection, personnel file organization and management, and performance appraisal system and practices have also improved when compared to year one of program implementation. In addition, the visibility of the Human Resources Development and Administration (HRDA) Support Process is steadily growing and being

recognized as an important organizational function. Specific examples include:

- In **Oromia**, HRH Project staff regularly participate in “one-to-five” daily and weekly staff meetings. The aim of these meetings is to facilitate discussions on HR plans versus achievements, recognize successes, and identify areas that need improvement. Successes have included salary adjustments for Health Information Technicians, as well as ambulance drivers.
- In **Benishangul-Gumuz RHB** these meetings have now been fully integrated into a regional initiative (“change army team”), which meets weekly to review achievements against plans for all health related issues. Having HR related issues as part of the agenda for these meetings will facilitate sustainability of Project inputs;
- For the first time, a comprehensive HR plan was developed and integrated into woreda-based health sector plans in **Oromia, Amhara and SNNP**.
- In **Harari**, the HRDA unit has shown progressive improvement in the development of comprehensive annual HR plans that contain numbers and qualifications of health workers, management and support staff; professional development needs and HR systems strengthening activities. Their plans are costed and budgets for HRM activities secured from the government treasury. Resource mapping exercises also improved partners’ support to HRH. For example, partners working in the region such as US Center for Disease Control and Prevention (CDC) provided financial support for staff orientation, supervision and HRM staff training.

Follow-up meetings have also identified ongoing challenges, including gaps in meeting planned targets to recruit and place staff due to various reasons such as lack of adequate budgets, regional restrictions on hiring new staff, inconsistent application of HR policies and procedures at regional and sub-regional levels, and inadequate linkages

between the Human Resource Development and Administration (HRDA) support process and other RHB functions.

These challenges call for continued efforts to improve capacity and performance of the HRDA at the regional level, including advocating for and increasing the HRDA profile at all levels. Regionally appropriate solutions to overcome challenges were deliberated with technical support from HRH staff.

Strengthen HR structure, budget and staffing levels at the Federal Ministry of Health (FMOH), Regional Health Bureaus (RHBs), Zonal and Woreda Health Offices

Well-functioning human resource management systems and practices to attract, motivate, and retain health professionals depend on the availability of an adequate number of well qualified HR staff in the health sector. The HRH Project has continued to provide technical and financial support to RHBs to review existing HR structures, and to create new HR positions to increase the number of HR staff at all levels. An increased number of qualified HR staff will improve health workforce planning, recruitment, selection, orientation, deployment and performance management to ensure *availability of the required number of health professionals who provide RMNCH, HIV/AIDS, tuberculosis and malaria prevention, care and treatment services*. In this reporting period, the HRH Project provided support to regions – selected accomplishments are highlighted below:

Region	Accomplishment
Amhara	Development of an 8-hour shift proposal for 18 hospitals, with the aim of improving staffing levels. In the past there were two shifts, one with standard 8 hours (called “a day-time” shift) and another 14-16 hour shift (“evening time shift”) schedule. This new three 8-hour shift scheme is aimed at dividing 24 hours of a day into three equal eight hour shifts and assigning staff on a rotation basis. The new scheme will improve the quality of health care as health professionals will rest from physical exhaustion, and be more responsive to the needs/demands of their patients/clients. As per the proposal, a total of 2,121 new health workers will be deployed to these hospitals and a total of Birr 44 million (\$2,130,750.60) additional salary budget will be allocated.
Tigray	Revision of the existing Woreda HR structure for the Western zone - one of the potential corridors for future economic development in the country and a high flow of migrant workers. The zone is endemic to <i>malaria, leishmaniasis and other communicable diseases</i> , and will benefit from improved HRM capacity to support availability and performance of the health workforce.
Oromia	Recruitment, selection and timely deployment of health professionals who will manage or facilitate access to health services in the region, including a Human Resources Information System (HRIS) Officer, a <i>Multidrug Resistant TB (MDR-TB)</i> program Technical Advisor, a <i>TB/Leprosy-HIV</i>

	<p><i>Program advisor, a Biomedical Engineer, and a Senior Monitoring and Evaluation Expert for a Water, Sanitation and Hygiene (WASH) project</i> being implemented in the region.</p>
	<p>Approval for the deployment of 1,310 midwives, based on existing health center staffing needs</p>
	<p>Many special Town Health Offices (THOs)¹ requested for an increase in existing positions to cope with increased health service demand. The RHB established a team to review the existing structure at these Offices; and with technical inputs from the HRH Project, a revised structure with additional positions was developed and submitted for approval. These positions, which will be permanent and fully financed by the government, include HR process owner, health facility support and reform process owner, <i>maternal and child health expert, communicable disease prevention and control expert</i>, regulatory service expert, and emergency medical technician.</p>
Somali	<p>Technical support provided to the RHB in organizing and conducting a meeting with WoHO heads in Fafan Zone to discuss the redistribution of health workers who are highly concentrated (for example, 18 midwives in a single health center) in Jijiga and the surrounding zones and towns, to health facilities with critical shortage. Agreement was reached on the importance and significance of health worker redeployment and relocation. The redistribution is underway.</p>

Provide ongoing technical support to the FMOH and RHBs to fill newly created/vacant HR positions at all levels (at least 55% of 1100 positions created in Year 2)

HRH Project staff provided technical assistance to RHBs in filling vacant HR positions, including working with the RHB’s HR staff to advocate for budgets, revising job descriptions, preparing and posting vacancy announcements, shortlisting and selecting suitable candidates, and facilitating orientation of newly hired staff, thus transferring skills and capacity to the RHB staff.

These newly hired HR staff are expected to support recruitment of health workers, facilitate timely employee compensation payments, facilitate educational opportunities for health workers, support employee performance appraisals, and handle job-related grievances, amongst other activities, which will result in improved service delivery and health outcomes. 9 regions were supported to fill a total of 277 HR positions as below in Table 1. In summary, a total of **890** positions out of 1100 approved in Year 2 (**80.9%**) have been filled to date.

¹ These are self-governing town structures in various regions in the country. These towns include all towns selected by the Regional Councils except Addis Ababa and Dire Dawa, who are already under the government administration. Depending on the size, these Towns Administration have Zonal or Woreda status. For the health sector, they are named as Town Health Offices. Unlike WoHOs, they report directly to the RHBs. This status makes them different from WoHOs.

Table 1: HR Positions Filled, Oct 2014 – Sep 2015

Region	HR Positions Filled
Afar	24
Addis Ababa	35
Amhara	28
Beninshangul-gumuz	75
Gambella	1
Harari	3
Oromia	104
Somali	3
SNNPR	4
Total	277

In addition to recruitment of HR staff, the HRH Project provided technical support for the recruitment and deployment of the following health service providers, resulting in **increased access to RMNCH, HIV/AIDS, Malaria, Tuberculosis and other services**. The technical support for this particular activity included identifying vacant positions in health facilities and matching the positions with the existing supply of the health professionals and available budget. HRH Project staff worked closely with the RHBs' HR staff to build their capacity to undertake similar activities on their own to ensure sustainability of such practices long after the HRH Project ends.

Table 2: Health Provider Positions Filled, Oct 2014 – Sep 2015

Region	Health Provider Positions Filled	Remarks
Amhara	434	Includes medical doctors, health officers, nurses, midwives, laboratory technicians, health information technicians, emergency ambulance technicians, nurses, and administration staff.
Beninshangul-gumuz	74	
Dire Dawa	29	
Gambella	108	
Harari	20	
Oromia	1651	
Somali	328	
SNNP	710	
Tigray	399	
Total	3753	

Improve HR planning & budgeting capacity at RHB, Zonal and Woreda level

The HRH Project provided ongoing technical support to RHBs to improve planning and budgeting capacity at all levels. The following support was provided during the reporting period:

- At the **FMOH**, HRH Project staff supported the development of an HR Core Plan for EFY 2008 (2015/2016) by identifying key HRH areas that the FMOH and RHBs should

include into their annual plans. This plan was shared with the RHBs and HRH implementing partners during the Third National HRH Forum Meeting. It is expected that the FMOH, RHBs and implementing partners will develop their plans based on this core plan.

- In **Gambela, Oromia and Somali** the HRH Project provided technical support to the RHBs for the preparation of a Five Year Health Sector Growth and Transformation Plan. Core HR indicators were included from the national level and additional region specific indicators were incorporated.
- In **Benishangul-Gumuz**, in addition to developing the EFY 2008 (2015/2016) plan, HRH Project staff facilitated the development of a five-year Balanced Score Card (BSC) implementation plan to improve the existing performance management system. As a result of ongoing advocacy and negotiation, the RHB allocated **2 million Birr (\$100,000)** for the non-salary recurrent HR budget, which will support training of health workers, (including HRIS, HRM refresher and BSC training), and running costs (stationery, transportation, etc.)

Support the FMOH to initiate the process of conducting a National Human Resource Information System (HRIS) Rapid Assessment

A stakeholder meeting was organized by the FMOH to discuss HRIS related recommendations from the experience sharing visit to Uganda which was supported by the HRH Project in the previous project year. Participants, who included representatives from USAID, CDC, Tulane University, the HRH Project and IntraHealth International, discussed the lessons learned, and agreed upon the need for a rapid HRIS assessment.

The FMOH then revitalized an HRIS technical working group (which includes the HRH Project) to lead the HRIS assessment. A series of meetings were held in the first quarter, and a concept paper and scope of work for the assessment was developed, reviewed and finalized. In subsequent discussions, the FMOH decided to cancel this activity.

Provide ongoing technical support to reinforce and facilitate HR data use for decision making

The HRH Project has been providing ongoing technical support to RHBs to improve HR data collection, analysis, reporting and local decision-making. Selected achievements in the regions are summarized as follows:

- In **Somali**, HR data from all health facilities were entered into the HRIS software and analyzed, resulting in the finding that there was uneven distribution of health workers. Using this data, the RHB held discussions with WoHO and facility heads and agreed to re-assign workers as per the health facility minimum standards, which will result in more equitable access to critical health services. The RHB decided to redeploy **12 Midwives and 19 Clinical Nurses** from one health center to 11 health centers. This has improved health professionals' distribution and **access to health services to the rural communities**.

In quarter four, technical support was provided for HR data collection, entry and updating from all 149 health centers and 7 Hospitals. The total number of the health workforce in the region was 5,557 including 709 midwives, 9

Anesthetists, 1,972 HEWs, 253 Medical Laboratory Technicians, 5 Biomedical technicians and 2,609 other health workers (Clinical & non-clinical).

- In **Tigray**, HR data was collected from both public and private health facilities in the region. A total of 9732 health workers are currently providing health services in the region (89.5% in the public sector and 10.5% in private health facilities). The data indicated that the number of nursing and pharmacy personnel is higher than the standards, while the number of physicians is below the recommended standards. This information can be used by the region to determine and plan for the health workforce staffing and ensure that the distribution meets the population needs.
- With the aim of documenting the existing health workforce in **Amhara region**, HRH Project staff supported the preparation of a regional HR profile in quarter four (see attached), including size, composition, professional categories and geographical distribution. There were a total of 37,144 health workers in the region, including administrative staff, serving a population of 20,516,547. The profile was used during annual and strategic HRH planning and forecasting exercises.
- In **Addis Ababa**, HRIS database training was provided to 125 HR personnel from all health facilities and health offices in collaboration with Tulane University.

Provide ongoing technical support to RHBs to organize Personnel files

Well organized personnel files are critical to document administrative records such as promotions, transfers, salary increments, training and professional development opportunities received by staff, performance appraisals etc. Having this information easily available improves management of health workers, which in turn can improve employee job satisfaction and enhance performance and quality of health services. In the reporting period, HRH Project staff worked with RHBs to improve personnel file management practices, including:

- The HRH Project provided shelves and filing cabinets to **Addis Ababa, Benishangul-Gumuz, Dire-Dawa, and Tigray** regions.
- In **Amhara**, all personnel files in 17 existing Hospitals were organized and a standard labeling system was developed to improve overall filing system. This practice by the hospital's HR units is being scaled up to other units in the hospitals.
- In **Tigray**, 393 employees' files were organized using a checklist developed by the HRH Project and approved by the RHB, with the aim of facilitating easier management and retrieval of files. In **Afar, Amhara, Oromia and Somali**, similar support was provided to organize files.

Improve performance management systems and practices – support RHBs to review and update Job Descriptions

The Ethiopian Civil Service Performance Management Guideline stipulates semi-annual performance appraisals. However, understanding of the performance management system varies among the regions, resulting in inconsistent application of the policy guidelines. The lack of individual job descriptions (JDs) and/or the fact that copies of the

existing JDs are not provided to the employees is another major challenge to improving performance management systems.

In this reporting period, the HRH Project continued to provide technical and financial support to all regions to develop/update JDs for health workers, provide copies to the staff, and orient staff on their respective roles.

Approximately half of all staff working in **Benishangul-Gumuz** RHB received copies of their JDs. In **Amhara**, JDs were revised, signed, and given to all (20) HR staff in the RHB and a copy of each JD was kept in their respective personnel files. HRM best practices were also shared with 5 hospitals supervised in the quarter with the aim of strengthening HRM in the hospitals to *improve health workers motivation and performance*. In **Oromia**, 486 HR staff (27 RHB, 48 ZHDs and 411 WoHO) received their respective JDs.

JDs were also updated for eight job positions in **Dire-Dawa** RHB. However, copies were not given to the staff due to the direction given from Regional Bureau of Civil Service that restricts distributing copies to staff. Similar restrictions are in place for the SNNP Regional Health Bureau and the HRH Project is working with the regional civil service bureaus to revise the policies that prohibit distributing the copies of JDs to staff.

Provide technical and financial support to RHBs to conduct training on the Balanced Score Card (BSC) system, to reinforce implementation of the system.

Balanced Score Card is a strategic planning and management system used to align business activities to the vision and strategy of the organization and to monitor organizational performance against strategic goals. One of the elements of implementing the system includes using it as a means for joint planning, performance measurement and improvement in which staff and supervisors work together to improve performance.

The Balanced Score Card (BSC) performance planning and management tool was adopted by the FMOH and has been in use for the last 4-5 years. However, the pace and quality of its implementation has been a challenge due to lack of understanding of the process. In this reporting period, the HRH Project provided financial and technical support to regions to help with implementation of the BSC system by providing training as below in Table 3:

Table 3: BSC Training Provided, Oct 2014 – Sep 2015

Region	Number Trained
Dire Dawa	30
Amhara	39
SNNP	44
Harari	36
Addis Ababa	30
Total	179

In addition to the training, a team of HR and health services experts from **Afar** (5) and

Somali (6) RHBs and Civil Service Bureaus visited the Oromia region with support from the Project. Similarly, experts from **Gambella** (4) and **Beninshangul-gumuz** (5) visited the SNNP region. For the both teams, the experience sharing visits focused on implementation of the BSC system, including visits to the RHBs, civil service bureaus, and hospitals. The participants learned about the requirements for effective implementation of the system, and observed that in the hospitals, professionals were providing better quality *RMNCH, HIV/AIDS, TB, Malaria and other services* through applying the BSC principles of “one-stop-shopping”(i.e. streamlined service delivery through regularly reviewed and improved workflow) that reduces missed opportunities and increases service utilization by the clients. At the end of the visits, the participants agreed to share reports to the RHB leadership and develop BSC strategy and implementation plan for their respective regions.

Review and update the existing Integrated Supportive Supervision checklist (to include new HRH- related indicators) and conduct quarterly supportive supervision

Checklists to guide supportive supervision of HR activities by the FMOH were developed in Year 2, and later adapted by the RHBs. In regions where Integrated Supportive Supervision (ISS) is regularly practiced, HR checklists were fully integrated into the existing ISS checklists. As programmatic and HR priorities may change over a course of

Supportive supervision (guided by well-designed checklists) can provide coaching, guidance and motivation for staff, resulting in **better performance**, and ultimately better **provision of health services**.

the year, it is important to check the validity/sensitivity of existing checklists to monitor current HR activities at various levels of health systems. Thus, existing ISS checklists (HR sections) need to be reviewed and updated as needed before quarterly supervision takes place.

In the second quarter, the HRH Project supported the **FMOH** HR Directorate staff and **Tigray** RHB to review and update the checklists by adding items to strengthen tracking of HRIS.

Provided technical support to the Amhara Region HIV/AIDS Prevention and Control Coordination Office (HAPCO), for the World AIDS Day Celebration

To increase the awareness of the community on *HIV/AIDS prevention and control*, the Amhara regional HAPCO office celebrates World AIDS annually. In the first quarter, the HRH Project provided technical support for organizing the meeting (action plan development, identification of potential partners, resource mobilization, topic selection for panel discussion, etc.). The day was celebrated with panel discussions and other social mobilization activities in Bahir Dar City.

IR 1.2: Improved HRH Motivation and Retention Schemes according to the country context

Motivation, along with competency and resources, is a prerequisite for a high performing health workforce. However, low staff motivation and turnover continue to be key health workforce challenges in Ethiopia. The HRH Project is working closely with

the FMOH and RHBs to improve motivation and retention schemes.

Finalize and disseminate Retention Study findings

Global evidence suggests that the way health care providers are managed, motivated and supported is not only central to the quality of health services that they provide, but also enhances job satisfaction, retention and productivity. In the second year of program implementation, the HRH Project conducted a national retention study to inform a range of recommendations and options for effective health workforce motivation and retention strategies at national, regional and local levels. In this year, major findings from the Retention Study were disseminated to key stakeholders during the Third National HRH Forum held from 31 May- 1 June 2015. FMOH and RHBs agreed to start implementation of Work Climate Improvement recommendations based on the study findings and recommendations. Subsequently, RHBs shared the key findings with their respective senior management teams in preparation to start implementing the recommendations presented during the National HRH Forum.

Develop a concept paper for a Work Climate Improvement Program

A conducive work environment is essential for effective delivery of health services. Conversely, a poor work climate is a source of low morale, poor job satisfaction, unsatisfactory health-worker performance and low productivity. In Year 2, the HRH Project supported all RHBs and the FMOH to conduct employee job satisfaction surveys and exit interviews. Ideally, the data generated by these surveys should be analyzed and used to design and implement small-scale pilot interventions to strengthen health worker satisfaction and facility environment (work climate) and contribute to performance improvement.

The HRH Project drafted a concept paper for a work climate improvement program, which was approved by the FMOH for piloting. The concept paper was based on findings from employees' job satisfaction surveys at national and regional levels, preliminary findings from the Retention Study and desk review of international literature. A two-day consultative meeting on work climate improvement was held with 24 participants from the DHRDA and 7 other directorates, where work climate concepts and practices of organizational changes (reforms) to create conducive work climate were discussed at length. A task team led by the DHRDA was identified to follow up the implementation of proposed actions.

Provide Technical and financial support to the FMOH and RHBs to design and implement contextually appropriate motivation and retention schemes

Continuing professional development is important not only to improve health worker competence but also to increase motivation to perform better. In **Oromia**, the RHB management team decided to recognize best performing staff with opportunities for further education. The HRH Project provided technical support to the RHB to prepare the implementation guideline which will support the implementation of the reward scheme throughout the region. Accordingly, a total of 124 health professionals were selected and offered educational opportunities at Haromaya and Arsi Universities

through summer programs. In addition, 100 best achievers with the qualification of Diploma Midwifery were selected to join Bachelor's degree program with financial support from HRH Project (tuition fee payment).

Provide ongoing support to the FMOH and RHBs to document, analyze and act upon staff exit interview findings

Exit interviews are intended to document factors affecting health workforce stability and attrition. In this reporting period, all regions routinely conducted staff exit interviews, and findings are expected to generate additional evidence that RHBs can utilize in designing and implementing staff retention for better health system performance. Examples of findings include:

- In the first quarter, staff exit interviews were conducted in **Afar** and **Dire-Dawa** regions. A total of 34 employees (22 from Afar and 12 from Dire-Dawa regions) resigned in the quarter. Information received from the interviews was combined with other feedback received from outgoing employees, analyzed and presented to RHB senior management teams to help them understand and act upon the factors affecting health workforce job satisfaction, motivation and retention, and improve the work place in their respective organizations.
- In the second quarter, a total of **53** employees (16 from Oromia, 3 from Amhara, 4 from Harari, 22 from Afar and 8 from Gambella regions) resigned and completed exit interviews.
- In the fourth quarter, staff exit interviews were conducted in **Oromia, Somali, Gambela and Tigray**. A total of 113 employees (60 from Oromia, 40 from Somali, 3 from Gambela and 10 from Tigray) resigned. Information received from the interviews was combined with other feedback received from outgoing employees, analyzed and presented to RHB senior management teams.
- In **Amhara**, a focal person was assigned to gather information using the exit interview tool. The HRM Officer seconded to the RHB by the HRH Project coached and supported the focal person to analyze data collected from July 1, 2014 to June 2015. Accordingly, a total of 1,771 health workers: 142 Midwives, 180 HEWs, 13 anesthetists and 1,436 other Clinical & non-clinical health workers resigned. Three key reasons for resignation included opportunities for further education, better working environment and better income. The RHB has included appropriate measures into its plan to take actions in the coming year to alleviate the situation. Such actions include identifying resources to create opportunities for education and professional development as well as improving the work climate for the health workforce.

Technical support to Oromia RHB to develop a health professional incentive package

The FMOH developed a health professionals' incentive package to improve health workforce motivation, retention and performance. The incentive package includes allowances for duty, acting, transport, housing and professional risk/hazard. In **Oromia**, there were challenges faced with implementing the incentive package, which led the RHB to establish a team of experts (including HRH project staff), who were tasked with

reviewing and examining the challenges and adapting the package into the regional context for better implementation. Efforts by the team resulted in an implementation guideline to clarify and inform implementation of the packages at ZHD, Woreda and town health offices. The guideline was endorsed by the Oromia Regional Cabinet and implementation of incentive packages started. It is expected that this will have a significant effect on health worker motivation and retention.

Support Oromia RHB to effect a salary adjustment scheme for professionals working at the Senior Management level

In July 2014, the government made adjustments to the salary of all civil servants and a special merit-based salary adjustment was provided to health professionals. However, there were issues that required clarification, given the need to make salary adjustments for staff at senior management levels in Oromia RHB and sub-regional levels. The Oromia RHB organized a team of experts to generate ideas to address staff complaints related to the management structure. The RHB then negotiated with the Regional Civil Service and Good Governance Bureau, resulting in a salary adjustment for staff at senior management positions at the regional and sub-regional levels. HRH Project staff served as core members of the team and provided technical advice and direction during the negotiations.

Provide technical assistance to RHB HR Support Processes for the implementation of the 5s-Kaizen-total quality management (TQM) process

One of the scientifically accepted tools used to improve the work environment and processes is the 5s-KAIZEN-TQM. In response to a need identified in Amhara RHB, the HRH Project has been providing financial and technical support for the implementation of this quality management process. HRH project staff worked closely with the RHB's HRM unit to create a better working space and a clean environment, including changing the office set-up and filing systems to increase motivation of HR staff and their efficiency at work by reducing time spent on searching for files.

43 participants (office management staff at the RHB and HRM coordinators in hospitals) also received 5s-KAIZEN-TQM training with technical and financial support from the HRH Project.

In the third quarter, training on this approach was provided for **133** participants from Amhara, Oromia, Tigray and Addis Ababa Regions. In the fourth quarter, in Oromia, a facilitation committee of 5 members from the HRDM Work Process (including the 2 HRH Project staff seconded to the RHB) was established. This committee is actively involved in 5s-KAIZED-TQM startup activities including collecting and documenting baseline data, identifying areas for future interventions, finding mechanisms to involve all HR staff in the process, etc.

Motivation and Retention Festival - Amhara

The second motivation and retention regional festival was conducted in Amhara in collaboration with the HRH Project and other stakeholders on August 21, 2015. Health workers, health managers and support staff selected by the RHB based on transparent

criteria, and Health organizations including ZHDs, Hospitals and Health Centers were recognized and rewarded based on their performance. A total of 264 individuals, and 55 health facilities were recognized.

IR 1.3: Improved Human Resources for Health Policies and Practices

Addressing the complex challenges of HRH requires putting in place comprehensive HRH policies and plans and implementing them consistently. The HRH Project continues to provide support to strengthen availability and use of HR policies and procedures at various levels of health system.

Support the FMOH and other key implementing partners to update, finalize and disseminate the national HRH strategic plan

His Excellency Dr. Keseteberhan Admassu (Minister of Health) and His Excellency Dr. Amir Amame (State Minister of Health) reviewed and gave comments on the draft National HRH Strategic Plan. The plan was then reviewed and updated based on their comments and a final draft was submitted to the Director of the FMOH HRDA Directorate (attached). The HRH strategic plan will guide HR development and management strategies and actions in the country for the coming decade.

Provide technical and financial support to RHBs to adapt/develop and implement regional HRH Operational Plans based on National HRH Strategic Plan.

The **Tigray** RHB established a Technical Working Group (TWG) comprised of experts from the RHB, the HRH Project, Mekelle University's School of Public Health, Regional Civil Service Bureau and Health Science Colleges to develop a 5-year regional human resource for health strategic plan based on the draft National HRH Strategic plan. The HRH Project provided financial support and facilitated a workshop to develop the draft HRH Strategic Plan, which is currently under review by the RHB management. Once finalized, the regional HRH operational plan will guide and facilitate stronger and well-coordinated health workforce planning, implementation and evaluation at the regional level, which will contribute to the achievement of national HRH and service delivery targets.

Improve access to and compliance with HR Policies and procedures

There are various civil service proclamations, HR guidelines and standard operational procedures formulated by the Federal Ministry of Civil Service and regional bureaus of civil service. The health sector is expected to implement these policy documents and guidelines for day-to-day human resource management functions. However, these policy documents are not easily available and accessible to HR managers and officers. In Year 2, the HRH Project worked closely with the RHBs to identify appropriate documents, and collect, print/photocopy, bind, and distribute these documents. The effort created access to the policy documents at RHBs. In Year 3, the following ongoing support was provided:

Table 4: HR Policies and Procedures distributed in regions

Region	Copies	Comments
Dire Dawa	50	distributed to staff working at the RHB, Woreda and health facilities
Amhara	327	Distributed to RHB work processes and ZHDs and health facilities
Afar	28	Distributed to woreda health offices
Benishangul-gumuz	40	
Somali	82	Distributed to RHBs, 9 zonal and 72 WoHOs

Provide ongoing technical and financial support to develop and distribute leaflets and newsletters on HR topics to improve HRM knowledge among staff

The HRH Project is supporting RHBs to improve their staff knowledge about the existing civil servant policy documents. In the first quarter, **Benishangul-Gumuz** RHB developed and distributed a quarterly HR newsletter focusing on paid leave utilization, discipline and grievance handling procedures, to 26 health centers and newly hired district health office HRM officers. In **Dire Dawa**, a leaflet focused on employee transfers (explains briefly about the existing transfer policy and procedures and its application) was also developed and distributed at the RHB.

In the second quarter **Harari** and **Amhara** RHBs developed a quarterly HR newsletter focusing on discipline and grievance handling procedures and recruitment and selection respectively. Leaflets were also developed in **Tigray, Afar and Dire-Dawa** regions with thematic areas of discipline and grievance handling procedures, selection and recruitment, the importance of orientation for newly hired staffs and staff transfer policy.

In the third quarter, the HRH Project provided technical and financial support to **Afar, Benishangul-Gumuz, and Dire-Dawa** regions to develop leaflets on training & development guidelines, types of leave, and discipline handling mechanisms. A total of 560 copies of the leaflets were distributed to 10 health centers and 7 WorHOs in Benishangul-Gumuz region. In the fourth quarter, **Afar** RHB translated a leaflet on employee orientation and induction, and in **SNNP**, a flyer on the HRH profile in the public health sector and key HRM procedures was prepared and submitted to the RHB for review and comment

Provide orientation to HR staff to improve utilization of Regional HR Policy documents.

In the second quarter, a 3-day training on Civil Service Proclamations, Regulations and Directives was provided to **34 HR** staff at the FMOH. Participants included HR managers and HR officers from the FMOH, FMOH Agencies (FMHACA and the Ethiopian Public Health Institute) and Federal Ministry Hospitals (ALERT, St. Peters TB Specialized Hospital, and St. Paul Hospital). This will improve understanding of HR staff and proper application of the policy in health workforce planning, development, deployment and administration.

In the third quarter, in **Harari**, during supportive supervision, health facilities expressed the need to receive trainings on specific HRM policies and procedures (e.g. Harari Regional Government Civil Servant Proclamation No. 34/1996, Harari Regional Government Disciplinary and Grievance Policy Guide No 18/1999, etc). With continuous support from the HRH Project staff, the regional HR Support Process secured a budget and prepared comprehensive training material.

Provide financial resources for printing and dissemination of orientation manuals (employee Hand books) at regional levels

A generic Employee Handbook (also called Employees Orientation Manual) was developed at national level for use by the FMOH. In Year 2, this generic document was reviewed and adapted by each RHB to reflect the regional contexts. In this reporting period, technical and financial support was provided to the following regions to orient new staff using the handbook (see table 5 below) Ensuring that new employees are well oriented prepares them to quickly integrate into their work environment, and improves motivation and performance of the new employee.

Table 5: Orientation of new staff using employee handbooks

Region	Staff Oriented	Remarks
Gambella	108	
Amhara	63	Including 25 midwives & 25 general practioners
Harari	20	8 clinical nurses, 6 emergency medical technicians, 4 ambulance drivers, 2 laboratory technicians
Beninshangul-gumuz	60	Handbook distributed to 21 WoHOs and 35 health centers
Somali	428	
Oromia	19	
Total	698	

Provide technical and financial support to the Food, Medicine and Healthcare Administration and Control Authority (FMHACA)

Support FMHACA to improve strategic planning and budgeting capacity

In the third quarter, the HRH Project provided technical support to the FMHACA to identify relevant strategies and initiatives for Ethiopia’s five year’s regulatory sector transformation plan. A synthesis of global research findings on regulatory practices in ten countries was developed and shared with FMHACA, and additional inputs related to the design of strategies and an implementation mechanism were provided. During the

Regulating the competency and ethical conduct of health professionals could contribute towards decreasing medical errors arising during provision of RMNCH services, and safeguard the population from consequences of unethical maternal and neonatal health care practices.

development of the plan, the HRH Project ensured that *women and child health* issues were considered.

Scope of Practice

A legal framework defining scope of practice of health professionals is an important regulatory mechanism to ensure public safety by delineating the limits of what a given cadre is qualified to do. The HRH Project supported the development and updating of Scopes of Practice for 26 professional categories in year two. In this reporting period, the final version of the scope of practice directive was submitted to the management council of FMHACA for signature and approval. The approved document will be a national legal reference for delineating the scope of practice of health professionals for public/client protection and regulatory function.

The HRH Project also supported FMHACA during the review of disputes on the scope of practice for four cadres – radiology, radiography, nursing and midwifery. The disputes were brought to the attention of the national CPD committee, which includes the HRH Project, and the committee reviewed the curricula or graduate profiles for these cadres and reviewed the scopes of practice accordingly. The revised documents have been submitted to FMHACA leadership for endorsement through the Customer Services Directorate.

Support FMHACA to roll out the scope of practice and ethics policies to the regional level.

The HRH Project provided financial and technical support for the conduct of a workshop to advocate for both the health professionals Scope of Practice (SOP) and the Facility Competency and Ethics Review policy. Over forty participants attended the workshop including representatives from national and regional FMHACA offices, RHBs and Professional Associations. During the workshop, *reports on the magnitude of medical errors showed that most of the errors were related to maternal and newborn health and associated with surgical interventions*. Participants also provided inputs to further strengthen the national directive on ethics, which were subsequently incorporated and submitted to leadership at FMHACA for approval.

In **SNNPR**, the HRH Project collaborated with the RHB and the SNNP Health Related Services and Products Quality Control Authority to conduct a one-day consultative workshop to review the national health workers ethics committee guideline and to contextualize it to the SNNP region. Participants discussed the need for establishing a regional health worker ethics review committee in order to safeguard the public from unethical behaviors/practices and the health workers from unwarranted client reactions and negative consequences. At the conclusion of the meeting, it was agreed that a working group will adopt the national guideline to the regional context.

Health professionals' competence and ethics review system

Health professionals' fitness to practice in terms of ethics and competence is a critical issue that requires regulation. In the first quarter, a draft ethics and competence committee directive was developed by the medico-legal department of FMHACA, and a

workshop was organized to review the draft directive. Representatives from the medico-legal department of FMHACA, Addis Ababa and Oromia regional regulatory bodies, professional associations and the HRH Project participated in the workshop and developed a final model ethics committee directive. Furthermore this model directive will be used as a reference by regional regulatory bodies to develop their own ethics committee directives.

In the second quarter, the HRH project provided technical and financial support to organize a forum involving all regional regulatory bodies, with the purpose of reviewing the draft directive and customizing it to the regional context. All regions (except Benishangul Gumuz) were represented, and participants developed action plans focused on customizing the directive. They also developed plans to nominate regional committees who will be charged with ethical reviews.

Strengthen health professionals' registration and licensure system

The registration and licensure system both at the federal and regional levels faces challenges with keeping records of health professionals. In response to this identified need, the HRH Project procured and distributed sliding shelves which will help the files to be stored in a more organized way and retrieval more efficient. The shelves were distributed to the federal FMHACA office, Addis Ababa FMHACA and the Oromia regulatory body in the first quarter.

Support the FMOH to revise the National Health Policy

Upon request from the FMOH, in the second quarter the HRH project contributed to revision of the national health policy. The HRH Project staff served in the national steering committee and led the revision of the HRH section. Although draft, the revised health policy comprehensively addresses strategic HRH issues including evidence-based HRH planning, quality pre-service education, need-based and managed Continuing Professional Development (CPD)/in-service training, effective and efficient HRH regulation, and improved HRH leadership and management. Once finalized and approved, it is expected that the updated policy will facilitate political commitment to avail adequate, competent and motivated HRH for the strengthening of the health system to address priority health problems such as *RMNCH, HIV/AIDS, TB, and Malaria*.

Support the FMOH to develop a National e-Health Strategy Document

A preliminary situational review indicates that e-Health initiatives in Ethiopia are characterized as fragmented, with duplication of efforts, inadequate information, communication technology (ICT) infrastructure and insufficient enabling environments such as e-health standards. The FMOH is developing a national e-Health strategy to coordinate and streamline the various initiatives underway in the health sector as well as to guide sustainable e-Health implementation.

In the second quarter, the HRH project provided technical support for the development of the draft strategy, which will be aligned with the Health Sector Transformation Plan (HSTP). The draft strategy considers implementation of national e-Health systems (electronic Health Management Information System, Electronic Health

Records; Mobile Health (m-Health), Tele-education and Telemedicine); access to health information and knowledge-sharing, planning and decision making; and health system capacity building in terms of creating an enabling e-Health environment (human resource, legal framework, privacy and compliance and funding);

1.4 Enhanced Human Resources for Health Forums at Federal and Regional Levels

HRH challenges are numerous and require multiple actors and multifaceted approaches. The HRH Project supported the Federal Ministry of Health to establish and maintain multi-sectoral national and regional HRH forums to strengthen coordination, collaboration, partnership and accountability among different stakeholders.

National HRH Forum Conducted

The third National HRH Forum was conducted from May 31- June 1, 2015 with technical and financial support from HRH Project. The meeting was opened by H.E. Dr. Amir Amame, State Minister for FMOH, and attended by representatives from all RHBs (except Tigray), FMOH, TVET Agency and Implementing partners. Key agenda items included follow up on the action plans developed by the FMOH, RHBs and implementing partners during the previous forum, and a presentation and discussion on the National Health Workforce Motivation and Retention Study. The FMOH also presented the Core HRH Plan for EFY 2008 (2015/2016) that consists of priorities, new initiatives and emerging challenges. The forum participants discussed and shared responsibilities to support various components of the Core HRH plan as well as agreed strategies to overcome the anticipated challenges.

Provide technical and financial support to strengthen existing HRH forums through regular meetings

During the reporting period, regular HRH forum meetings were held at **Benishangul-Gumuz, Afar, Gambella, SNNP and Dire-Dawa, Oromia, Tigray, Amhara and Somali** regions, with financial and technical support from the HRH Project. The forums brought together stakeholders to create synergy and deliberate collective solutions for HRH challenges. Selected highlights from these forums include:

- Alignment of work plans and identifying priorities for synergy among HRH partners. For example, the HRH Project aligned its plan for improving quality of medical education and institutionalization and standardization of in-service training with ICAP (Columbia University) and MEPI (Medical Education Partnership Initiative). The collaboration matrix was submitted to the Human Resource Development and Administration Directorate of the Ministry of Health.
- In **Benishangul-Gumuz** region, partner achievements related to HRH were reviewed and promising achievements discussed. For example, in the past, the RHB could not determine how many health professionals had taken the Certificate of Competence (COC) examination and how many of them passed or failed. Now the RHB has adequate data about the COC exam which has helped them to plan adequately.
- In **Tigray**, meeting participants agreed to develop guidelines and checklists to improve health professional ethics in the region, and assigned three training

institutions/hospitals (Adigrat, Mekelle and Axum) to develop ethical criteria on professional dress codes, self-identification, personal hygiene and the use of mobile phones;

- The HRH project also continued to participate in regular HRH Technical Working Group meetings at the FMOH, where priority HRH issues were discussed. This included discussions related to planning a national HRIS assessment, as well as planning for the first African HRH Forum held in Addis Ababa.

Preparation for and Participation in the Africa HRH Meeting

The HRH Project served as members of a technical working group, led by the FMOH, which was tasked with preparations for a high level ministerial meeting on HRH, which took place following the 3rd international conference on financing for development. The HRH Project contributed to developing the concept note and agenda for the meeting, participated in planning discussions, and attended the meeting, which was held on 17 July 2015. The meeting resulted in a call to all Africa member states to:

- + Substantially increase domestic financing for recruitment, development, training and retention of the health workforce as per target 3.c of the Sustainable Development Goals, and as a catalyst to achieve other goals and targets on education, employment, gender equality and poverty
- + Support and optimize the capacity of the existing workforce to improve performance and productivity, including at community level.
- + Invest in national community health care services with relevant resources including domestic resources to enhance equity in access and to achieve universal health coverage
- + Encourage South-South learning collaboration for human resource development, including the establishment of Africa regional training centres with toolkits for human resources for health development, capacity building and knowledge management
- + Commit to work collaboratively within governments to create national fiscal space for investing in human resources for health for sustainable development.

IR 1.5 Improve Management of Staff Training for HRM professionals at FMOH, RHBs, Woredas and Zones

In-service training in HRM as well as various other professional development activities is essential for improved skills and capacity of HR leaders, managers and staff. The HRH Project continued to provide support to ensure that in-service trainings are addressing the health sector priorities and staff development needs, are need-based, well planned, coordinated and monitored for impact.

In-Service Training Needs Assessment

A health workers in-service training (IST) needs assessment was conducted in **Addis Ababa and Dire-Dawa**, and findings used to develop a comprehensive staff training plan, which was incorporated into the HRDA annual plan for EFY 2008 (2015/2016). In SNNPR, the RHB HRM support process with technical support from the HRH Project,

selected 4 General practitioners for medical specialty trainings, 25 candidates for training in Biomedical technician level IV, and 13 Health workers (from different Health Science Categories) for training in field epidemiology. The region is also working to harmonize and align IST for health workers with government and implementing partner plans, and to implement the trainings at regional IST centers.

Advocate during HRH and health sectors stakeholder forums to institutionalize and standardize In Service Training (IST)

The National IST Guideline and Directives were presented during regional HRH forum meetings in Afar and Dire-Dawa RHBs. An assessment to identify potential centers for IST was conducted in Gambella region using IST assessment tools, and Gambella Hospital was identified as a potential IST center to replace the Gambella Regional Health Science College which had been selected previously.

Roll Out HRM training at National and Regional levels

Building the capacity of HR leaders and managers on HR functions at all levels is vital for promoting professionalism in human resource management, and improving availability and performance of health professionals. A five-day HRM in-service roll out training was provided for **898** participants during the reporting period, including HR managers and staff from the FMOH, FMOH agencies and hospitals, RHBs, regional hospitals, Regional Health Science Colleges, Regional Civil Service Bureaus, zonal health departments, WoHOs and Health Centers.

The training was guided by a standardized HRH Management In-service training curriculum developed with support from the HRH project and approved by the FMOH. The Standardized curriculum contains 8 modules: Global and National HRH Context, HRM Policies and Practices, HR Planning and Staffing, Performance Management, Motivation and Retention, HRIS and Data Driven Decision-Making, and Leadership, Governance and Management. At the end of each training, action plans were developed.

Finalize, print and disseminate a guideline and checklists for post HRM training follow up, mentorship and on-the-job support. Identify and select HRM mentors in Afar and Beninshangul-gumuz.

To institutionalize the process of providing routine HRM post training follow-up, mentorship, and on-the-job support, in this quarter the HRH project developed a draft guide which outlines key elements and considerations that RHBs and other stakeholders should follow to ensure that trained staff are adequately supported. In addition, a pool of mentors, who will be used to cascade trainings in the future, as well as provide follow-up, were identified in Afar and Beninshangul-Gumuz regions.

Conduct quarterly mentorship, evaluation and on-the-job support on HRM training

Post-HRM in-service training follow-up was conducted in all regions, to assess knowledge, skills and current HRM practices of HR managers and staff, and provide on-the-job support to fill gaps identified on HRM functions. Improvements were observed

in areas such as making policies accessible to their staff, preparing HR plans, updating HR data and training and staff development.

Result 2: Increased Availability of Midwives, Anesthetists, HEWs and other Essential Health Workers

Improving maternal and child health outcomes and reducing the burden of infectious diseases such as HIV/AIDS, TB and malaria requires the availability of a sufficient number of health workers, especially midwives, anesthetists, health extension workers, specialized nurses, emergency medical technicians, biomedical technicians, human resource management professionals and health economists. Ethiopia is currently facing critical shortages in the availability of these cadres, mainly due to a limited capacity for production. The HRH project has continued its support to increase the supply and availability of these cadres through strengthening the capacity of educational institutions to increase production while assuring quality.

IR 2.1: Increased Availability of Anesthetists

Anesthetists are essential to provide comprehensive emergency obstetric and newborn care for mothers with obstetric emergencies. The availability of anesthetists in sufficient number and quality directly impacts *maternal and newborn health outcomes*. Thus, the HRH Project supported the FMOH to increase the number and quality of anesthesia professionals graduating from training institutions.

Support Printing of 12 Level V Anesthesia Training Modules and 1 Pocket Guide

The HRH project provided financial support to the FMOH to print 300 copies each of 12 Level V² anesthesia training modules. The 12 modules were developed to support teaching of essential topics given the scarcity of relevant and contextually appropriate teaching materials in the universities and health science colleges. The following modules were printed:

1. Obstetric and pediatrics anesthesia
2. Basic skills in air way management
3. Preparing the anesthesia work environment
4. Physical health status
5. Drugs, adjuvant and fluid used during anesthesia
6. Management of general and spinal anesthesia
7. Anesthesia for emergency, trauma and shocked patient
8. Anesthesia for a patient with common coexisting

The HRH Project also provided financial support for printing 300 pocket guides, which will be used by both students and deployed graduates as a reference during clinical practice. The pocket guide includes common procedures performed by this cadre, including provision of *obstetric and pediatric anesthesia*, with the expectation that this will ultimately lead to an improvement in the *quality of MNCH services* provided

² Level V training is the highest level of training in the Ethiopian Technical Education and Vocational Training (TVET) system.

- problems
9. Emergency and disaster medicine
 10. Plan, monitor and manage quality in anesthetic nursing
 11. Maintain effective health work environment, occupational health safety and ethics
 12. Policy development, establishing and conducting business relationship, facilitating and capitalizing on change and innovation.

Support the FMOH to Develop Post-Basic Bachelor of Science (BSc.) Anesthesia Curriculum

The HRH Project provided technical and financial support to the FMOH to conduct a curriculum development and standardization workshop to review and develop a draft competency-based curriculum for the post-basic BSc. in Anesthesia program. (Unlike the 'generic' BSc. program where candidates are admitted directly from high school, the post-basic program admits diploma nurses with 2 years clinical experience and trains them for 3 years, resulting in a BSc. degree. The post-basic program also provides a career path for Level V anesthetists, thus addressing retention and motivation.

Representatives from the FMOH, the Federal Ministry of Education (FMOE), the Higher Education Relevance and Quality Agency (HERQA), Universities, the Ethiopian Anesthetists Association and the HRH Project participated in the workshops, where the curriculum was developed using global anesthesia standards, and results from the task analysis study conducted by the HRH Project. Consensus was reached on broader program goals and core competencies, and 17 competency-based modules were designed following instructional design standards.

During development, it was ensured that *Tuberculosis, Malaria and HIV* were adequately addressed in the modules. As an example, *clinical diagnosis of malaria is included in the "investigation interpretation module", focusing on hematology and parasitology*. It is expected that the curriculum will be implemented starting in January 2016.

Master of Science (M. Sc) in Anesthesia Curriculum Strengthening

The critical shortage of faculty with advanced anesthesia teaching skills is a barrier to the expansion of anesthesia teaching schools and increased student intake. Increasing the number of qualified faculty and advanced anesthesia professionals who can train midlevel anesthesia service providers, is therefore a priority, and will result in the increased production of anesthesia professionals available to provide essential services to women, children, and the population as a whole.

The HRH Project provided technical and financial support to the Ethiopian Association of Anesthetists (EAA) to conduct a curriculum development and standardization workshop. During the workshop a draft competency based curriculum for M.Sc. in Anesthesia program was developed by strengthening the existing Addis Ababa and University of Gondar curriculum. Twenty six experts from the FMOH, FMOE, HERQA, Universities, EAA, and the HRH project participated in the workshops.

Anesthesia Professionals Code of Ethics and Conduct Printed and Distributed

In line with FMHACA's regulation guidelines for health professionals, the HRH Project supported the Ethiopian Association of Anesthetists (EAA) to develop a code of ethics in Year 2, which set the ethical standards to which anesthetists must adhere in order to provide the public with safe, effective and ethical perioperative anesthetic care. In this reporting period, the HRH Project provided financial support for the printing of 500 copies of the code, and distribution to stakeholders and anesthetists across the country.

Program Level Standards Developed – Anesthesia

To ensure that higher education institutions have a robust and transparent quality assurance system, the HRH project supported the FMOH, the Higher Education Relevance and Quality Agency (HERQA), and EAA to finalize the development of National Accreditation and Quality Improvement Standards for anesthesia programs. The standards will serve to facilitate a culture of continuous quality improvement in education institutions and promote effective and efficient accreditation system in the country. HERQA is committed to the process and will publish and disseminate the final standards to both public and private higher education institutions throughout the country.

Support FMOH in the Development of Anesthesia Level V (Advanced diploma) Program Level Standards

To ensure the quality of anesthesia education and training, the HRH Project supported the FMOH, and the Technical and Vocational Education and Training Agency (TVET) to develop Anesthesia Level V accreditation and quality improvement standards. Anesthesia tutors currently working at RHSCs participated in the workshop, and using resources such as curricula, TVET guidelines, FMOH priorities, HERQA BSc level program standards and standards from the Council on Accreditation of Nurse Anesthesia Educational Programs, they developed draft national standards for TVET level (RHSC) anesthesia education. The standards will facilitate systematic continuous quality improvement and promote effective and efficient accreditation systems in the country.

Mentorship and Coaching to Anesthesia Teaching Institutions

The HRH Project provided an orientation on the national anesthesia education accreditation and quality improvement standards developed by HERQA, to 12 anesthesia teaching schools (3 in Amhara, 3 in SNNP, 4 in Oromia, and 2 in Tigray). Utilization of these standards will facilitate continuous internal self-assessments and quality assurance by the institutions, leading to improved quality in anesthesia teaching, and ultimately in the production of a workforce that is competent and adequately prepared to provide essential surgical services.

Need-based Trainings – Anesthesia Faculty, Preceptors and Anesthetists

The HRH Project designed and conducted the following need-based trainings for anesthesia faculty, preceptors, and anesthetists:

Table 6: Anesthesia trainings for faculty, preceptors and anesthetists

Training Topic	Participants	Remarks
Safe spinal anesthesia for cesarean delivery, timely recognition and resuscitation of a sick mother, and provision of advanced newborn resuscitation	53 Level V anesthetists working across the country	Performance checklists on difficult airway management, adult resuscitation and newborn resuscitation were also reviewed and standardized. The capacity of the Ethiopian Association of Anesthetists (EAA) to provide similar trainings in the future for its members was also strengthened.
User level anesthesia machine maintenance	65 preceptors	Participants provided with the knowledge and skills to troubleshoot and provide appropriate care for anesthesia machines, ultimately providing safe general anesthesia to clients undergoing operative delivery.
Simulation Training	16 anesthesia faculty	Training designed to enable participants to establish simulation centers and effectively use simulation-based training for clinical learning and assessment. The training was very useful to ensure effective operation and utilization of recently donated high fidelity models to the training institutions.
Effective Teaching Skills	47 anesthesia faculty	Training strengthened participants' teaching skills including effective planning, use of visual aids, delivering interactive presentations, creating and facilitating group learning activities, demonstration and coaching for development of healthcare delivery skills, and preparing and conducting student assessment.
Clinical Training Skills	9 anesthesia preceptors	The clinical preceptors support student practice at affiliated health facilities - improving their clinical teaching skills will enable them to effectively plan and conduct clinical teaching and to implement effective assessment of student's clinical skills and competencies

Strengthened Skills Laboratory

The availability of a skills lab (simulation center) for student practice and mastery of essential competencies before moving to clinical practice with patients is an important aspect of competency-based training and humanistic training principles. In this reporting period the HRH Project supported Arbaminch HSC, Hossana HSC, and Dilla University to establish anesthesia skills labs (including setting up the labs and designing the layout). The skills labs will provide anesthesia students with the opportunity to repeatedly practice essential *lifesaving obstetric emergencies* and other anesthesia skills.



Advancing Anesthetists' Career Structure and Professional allowances

Given the critical shortage in the availability of qualified anesthetists in the country, the EAA has continued to advocate with the FMOH to ensure that the career structure and professional allowances for this cadre are fair and equitable, with the aim of attracting and retaining competent anesthetists who can provide quality services that will ultimately reduce *maternal and child morbidity and mortality*. In this quarter, as a result of ongoing discussions, the FMOH accepted the proposed career structure and benefit packages, and a request letter was sent to the Civil Service Minister for approval.

Champion Anesthesia Students Identified from 14 Higher Education Institutions (HEIs)

Students are an integral part of the teaching learning process, and can play a significant role in the internal quality assurance of their education. Recognizing this, the Ethiopian Federal Ministry of Education (FMOE) through the Higher Education Relevance and Quality Agency (HERQA) has emphasized the importance of ensuring appropriate participation of students in the design, management and evaluation of curricula and in other matters relevant to their education. In line with this strategy, the HRH Project supported 14 anesthesia training institutions to identify 19 anesthesia student champions who will be participating in key discussions related to higher education quality improvement efforts by the government, the EAA (Ethiopian Association of Anesthetists) and other stakeholders. A 1-day meeting was conducted with the students to review the expectations regarding their role in improving the quality of anesthesia education.

Advisory Workshop on the Need to Establish an Anesthesia Student Association

An anesthesia student association can play an important role in creating a forum for anesthesia students, through which various activities such as educational quality improvement, professional association membership and leadership, and student

attraction and retention can be facilitated. The HRH Project provided support for the conduct of a one day workshop to discuss the need, requirements and processes for establishing an anesthesia students association. The workshop included 19 anesthesia students from 14 Universities and health science colleges, and 8 EAA staff, and discussions focused on HERQA’s anesthesia program level standards and the potential role that a student’s association could play in improving quality of education. Finally, consensus was reached on the broader students’ association role, its establishment and structural organization.

Capacity Building – Ethiopian Association of Anesthetists (EAA)

Strong professional associations can play key a technical and advocacy role in increasing the quantity and quality of health professionals. As part of ongoing support to strengthen its capacity, the EAA expanded its office to include a multipurpose Continuing Professional Development (CPD) training hall, and purchased the necessary teaching materials and supplies required for a standard training hall based on the national CPD guideline requirement for providers. The EAA also obtained internet access to enhance communication with member professionals, partners, and stakeholders.

In preparation for the provision of In-Service Training (IST) and CPD for its professionals, the association used findings from the anesthesia task analysis and data from a needs assessment conducted by the Association, to identify priority areas for the training. The following 8 areas were identified as the current priorities for anesthesia professionals to ensure that they remain fit for practice:

<ul style="list-style-type: none"> • <i>Obstetrics and pediatrics anesthesia</i> • Basic and advanced cardiac life support • Critical incidents management • Airway management 	<ul style="list-style-type: none"> • Regional anesthesia and pain management • Trauma anesthesia • Anesthesia machine maintenance • Medico legal issues in Anesthesia
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Instructional Design Training and Development of a Draft In Service Training Package – EAA

In preparation for the development of high quality IST and CPD training materials on the selected 8 topics mentioned above, the HRH project supported the EAA to conduct instructional design training, during which participants developed draft training packages.

The 10-day training was conducted for 23 EAA subject matter experts, and it prepared them to develop effective training objectives, select relevant content, teaching methods and materials, identify and establish appropriate formative and summative assessment methods both for knowledge and performance, and to establish training quality assurance mechanisms. As a result of this training, draft training materials on Obstetrics and pediatrics anesthesia, Basic and advanced cardiac life support, Critical incidents management, Airway management, Regional anesthesia and

pain management, Trauma anesthesia, Anesthesia machine maintenance, and Medico legal issues in Anesthesia were developed and are ready for review and further comment. Once finalized these materials will be used for training and will contribute to standardizing anesthesia education and practice.

Strengthen Capacity of the Ethiopian Association of Anesthetists (EAA): Meeting Conducted with EAA's Regional Representatives

The EAA is a fairly new association, thus requiring support to strengthen its systems, and prepare it to become a visible and effective advocate in all parts of the country for anesthesia professionals, particularly as it relates to education, practice and regulation. The HRH Project continued to support EAA to expand coverage and accessibility of its management to member anesthetists through opening of regional chapter offices. A meeting was conducted with 21 participants (11 regional representatives, 5 Executive board members and 5 EAA staff), to discuss the structure and functional organization of regional chapter offices, and next steps in establishing these offices.

EAA National Annual Conference

The HRH Project provided technical and financial support to conduct the 11th national EAA annual conference, whose theme was '*Quality Anesthesia Care for Better Maternal and Neonatal Health*'. During the conference, 450 anesthetists from training institutions and health facilities were provided with updates on clinical practice guidelines, with an emphasis on anesthesia services related to maternal and child health. Executive board members of the Association were also elected, and an annual plan for the Association activities reviewed and approved.

During the conference, findings from the Task Analysis Study conducted by the HRH Project were also disseminated, providing an opportunity for participants to discuss the findings and their relevance to strengthening education and training curricula, licensure exam content, and scopes of practice for the profession.

IR 2.2: Increased Availability of Midwives

Availability of midwives remains vital for the provision of basic *reproductive health, family planning, antenatal care (including PMTCT), labor and delivery care, postnatal care and child health care services*. The shortage of midwives in Ethiopia is due to low enrollment and low output of midwifery training programs, thus creating a supply gap. The HRH project has continued its support to the FMOH in strengthening the capacity of midwifery training institutions to increase the quantity and quality of midwives.

Program Level Standards Developed – Midwifery

To ensure that higher education institutions have a robust and transparent quality assurance system, in the first quarter the HRH project supported the FMOH, the Higher Education Relevance and Quality Agency (HERQA), and EMwA to finalize the development of National Accreditation and Quality Improvement Standards for midwifery programs. The standards will serve to facilitate a culture of continuous quality improvement in education institutions and promote effective and efficient

accreditation system in the country. HERQA is committed to the process and will publish and disseminate the final standards to both public and private higher education institutions throughout the country.

In the second quarter, 13 midwifery higher education institutions were provided with on-site orientation on the standards and they committed to use them for continuous quality improvement.

Support FMOH in the Development of Midwifery Level IV (Diploma) Program Level Standards

To ensure the quality of midwifery education and training, the HRH Project supported the FMOH, and the TVET to develop Midwifery Level IV accreditation and quality improvement standards. Midwifery tutors currently working at RHSCs participated in the workshop, and using resources such as curricula, TVET guidelines, FMOH priorities, and International Confederation of Midwives (ICM) standards, they developed draft national standards for TVET level (RHSC) midwifery education. The standards will facilitate systematic continuous quality improvement and promote effective and efficient accreditation systems in the country.

National Midwifery Competencies Assessment Tool Development

The HRH project supported the FMOH to organize a 5-day midwifery competencies assessment tools development workshop. A total of **22** participants from the FMOH, teaching institutions (universities and regional health science colleges), and Ethiopian Midwives Association (EMwA) Chapter offices collaborated to develop evidence-based and standardized tools, which will be used to support learning and assessment in all midwifery training institutions. The major areas addressed in the tool include *reproductive health and family planning, Antenatal Care (ANC), labor and delivery, Post Natal Care (PNC), newborn and child care, HIV, TB and common infections*. The draft tools will be finalized in the coming quarter.

Support the FMOH to Conduct Instructional Design Training and Develop Modules for Level IV Midwifery Training

The HRH project provided financial and technical support to the FMOH to conduct instructional design training for 22 midwifery module writers from health science colleges, universities and the Ethiopian Midwives Association (EMwA). The 3-day training was specifically tailored to module development with emphasis on development of effective teaching materials and assessment tools. Following the training, participants developed 6 draft modules for Level IV midwifery training. These were:

- *Focused Antenatal Care (ANC)*
- *Postnatal Care (PNC)*
- *Gynecology (GYN), and*
- *Labor and Delivery (L&D)*
- *Family Planning (FP)*
- *Reproductive Health (RH)*

Subsequently, in the fourth quarter, the FMOH was supported to conduct a workshop where the modules were reviewed and validated. During the review process, it was

ensured that critical midwifery competencies in *Malaria, Tuberculosis and HIV service delivery* were included in the learning modules. The experts also ensured that updated management protocols and suitable student assessment methods were incorporated. The modules will serve as a standard reference for midwifery students during training and clinical attachment, particularly when they are assigned to institutions and facilities with limited access to educational resources.

Need-based Trainings: Midwifery tutors and midwives

The HRH Project designed and conducted the following need-based trainings for midwifery tutors and preceptors:

Table 7: Midwifery trainings for Midwifery tutors and midwives

Training Topic	Participants	Remarks
Integrated Management of Newborn and Child Hood Illness (IMNCI)	72 Midwives, nurses, physicians and health officers	The training objective was to equip midwifery faculty (60) and health workers who serve as tutors and preceptors with the basic skills related to the case management process and provision of IMNCI services
Syndromic Management of Sexually Transmitted Infections (STIs)	51 Midwifery tutors	Training provided using national STI training materials
Effective Teaching Skills (ETS) Training of Facilitators	10 Midwifery tutors	The training strengthened participants' skills as facilitators of this training, which includes effective planning, use of visual aids, delivering interactive presentations, creating and facilitating group learning, etc.
Effective Teaching Skills (ETS) Training	169 Midwifery tutors	The training provided faculty members with the skills to effectively design, conduct and assess their students.
Simulation Training	79 Midwifery tutors	The training enabled faculty members to establish simulation centers and more effectively use simulation-based training for clinical learning and assessment. The training was very useful to ensure effective operation and utilization of recently donated high fidelity models to the training institutions
Clinical Training Skills	39 midwifery preceptors	The clinical preceptors support student practice at affiliated health facilities - improving their clinical teaching skills will enable them to effectively plan and conduct clinical teaching and to implement effective assessment of student's clinical skills and competencies

Gap Assessment – Midwifery Mentorship Program

To document the number of existing midwifery mentors, and to better understand the quality of midwifery services provided by recent graduates, the HRH project conducted on-site gap assessments at 28 health facilities in **Tigray, Diredawa, Harari, Benishangul-gumuz, Somali and Afar** region. Some key findings included:

- The number of midwives providing services is not enough and is lower than the standard set by the FMOH;
- Lack of access to a consistent water supply has resulted in poor infection prevention practices in many health facilities;
- The referral linkage system to the HEWs is weak and is not properly documented.
- Many midwives have limited capacity/knowledge on areas such as long-acting family planning, which has affected service provision.

These findings will be used to inform future activities to strengthen the implementation of the mentorship program, resulting in improved provision of **MNCH and FP services**.

Midwifery Mentoring Training

The HRH project conducted a 3 day competency based midwifery mentoring training,

The ultimate aim of the mentorship program is to ensure that the quality of MNCH services provided by midwives in health facilities is improved

whose objective was to provide midwifery mentors with the required knowledge, skills and attitude to enable them to implement a structured mentoring program, and transfer adequate skills and knowledge to midwife mentees in their respective institutions. A total of 16 mentors were trained from Afar, Diredawa, Harari, and Tigray regions.

In the third quarter, similar training was provided for 17 senior midwives from 6 regions, (an additional 5 mentors from Beninshangul gumuz were trained by the UNFPA).

Mentor 61 Accelerated Midwifery Program Graduates at Health Facility Level

The HRH Project supported the conduct of a three week midwifery mentorship visit to 61 accelerated midwifery program graduates at 23 health centers in six regions (Afar, Benishangul Gumuz, Harari, Somali, Tigray and Dire Dawa). During the mentoring visits, the midwifery mentoring tool developed by the HRH Project and national reference materials were used.

A number of MNCH service delivery gaps were identified such as poor documentation and referral linkages, poor Infection Prevention (IP) practices, and lack of adequate care provided for newborns during delivery and in the postnatal care room. The mentors immediately addressed gaps identified during the visit, and worked with the new graduates to establish newborn corners, use partographs for laboring mothers, improve the overall sanitation and cleanliness of the environment, and support the Health Management Information System (HMIS) and documentation systems.



Figures: Senior midwife mentors conducting mentorship visits and addressing gaps found in MNCH service provision.

Midwifery Teaching Institutions Experience Sharing and Networking Workshop

To improve the quality of Midwifery education, the HRH Project provided support for a 2-day workshop whose aim was to create an opportunity for midwifery teaching institutions to network, share their experiences and best practices, identify challenges and discuss solutions. Participants from the FMOH HRH directorate unit, the FMOE, HERQA, and 25 midwifery teaching institutions (18 Universities and 7 Health Science colleges) attended the workshop.

During the workshop, midwifery departments presented their institutional staff profiles, student profiles, graduate profiles, and their teaching management system (class room, skill labs and clinical practice sites). Discussions resulted in plans to improve capacity at skills labs, provide more time for students to practice their clinical skills, and assign preceptors and tutors to guide students during clinical practice.

Participants also identified variations in the curricula used at each of the schools, and it was recommended that schools adopt and use the standard curriculum developed by the FMOH and FMOE.

The EMwA used this opportunity to distribute relevant midwifery reference documents such as the professional code of ethics and conduct for midwives, standards of midwifery care practice in Ethiopia, and management protocols on selected obstetrics topics for health centers. The Association also asked the institutions to send information on newly graduated midwives to facilitate updating of a database which is being developed to track midwifery data.

Orientation of Volunteer Tutors and Preceptors

The HRH Project supported the temporary recruitment of volunteers (4 midwifery tutors and 10 midwifery preceptors), with the intention of placing them in teaching institutions facing critical shortages in the availability of qualified faculty. In the second quarter, the

HRH Project, with guidance from the FMOH, selected 6 universities and 3 RHSCs, where the volunteers were placed, and subsequently conducted a one day orientation workshop. The orientation ensured that the volunteers were adequately prepared to support the institutions where they will be placed, and ensure that the institutions are committed to and aware of their roles and responsibilities related to hosting the volunteers. During the orientation, key donor compliance issues were also discussed. Availing these tutors and preceptors will help students to gain essential midwifery skills that ultimately lead to improved *RMNCH services*.

The HRH Project continued to support these volunteers for the rest of the program year (though the number reduced to 9 as a result of attrition). The supported institutions have realized the importance of hiring highly skilled midwifery tutors and preceptors to improve the quality of education, and it is anticipated that in the coming project year they will provide financial resources to support these positions.

Midwifery Curriculum Gap Assessment: RHSCs in Amhara Region

Periodic curriculum review and harmonization strengthens the capacity of educational institutions to meet emerging educational needs, address priority health needs and ensure consistency in training programs. The HRH Project technically supported four RHSCs in Amhara Region to conduct a targeted needs assessment and identify gaps using a standardized tool. Some gaps identified included poorly designed course syllabi, assessment methods not clearly indicated, some courses not logically sequenced, and lack of focused content in some of the curricula. It is expected that with future funding through the Fixed Amount Awards, the RHSCs will use findings of the assessment to inform and guide implementation of curricula strengthening activities.

Midwifery Curriculum Review – BSc Program, Medawelabu University

The HRH Project supported the Medawelabu University to review its midwifery curriculum through organizing a five-day curriculum review workshop. The revisions resulted in a strengthened midwifery curriculum that includes revised essential competencies in line with the future job expectations of the graduates, and grading scales revised as per the harmonized academic policy of Ethiopian public higher education institutions. It is expected that with this revised curriculum, midwifery graduates will be adequately prepared to provide high quality *RMNCH services* upon deployment.

Midwifery Curriculum Review – Level IV Program

The TVET model curriculum for Midwifery Level IV training was revised for 3 regional health science colleges in Oromia and Amhara region with the support of the HRH Project. The review resulted in strengthened curricula that are aligned with government policies and guidelines, and are based on the actual tasks that the cadre will be expected to perform upon deployment. Examples of changes made include sequencing of learning modules based on logical sequence as well as level of difficulty, and review of content to ensure that each module is aligned with performance criteria.

Problem Based Learning Training – Debre Tabor University Midwifery Program

One of the key interventions to improve quality of pre-service education of health workers is faculty development in evidence-based teaching and learning methods. In response to a gap identified during an internal monitoring assessment of implementation of the new midwifery program at Debre Tabor University, and using its own resources, the Health Science Education Development Center (HSEDC) organized a 4 day problem based learning (PBL) training aiming to help faculty develop realistic and contextually relevant PBL cases, equip them with effective facilitation skills for PBL sessions, and mentor faculty in implementing PBL. During the training 26 faculty were trained and 10 PBL cases were developed and made ready for use from the following modules in the midwifery curriculum:

- *Reproductive health and family planning module,*
- *Antenatal care module,*
- *Labor and delivery module,*
- *Postnatal care module, and*
- *Newborn and child health care module*

The HRH project provided technical support (trainers) for this activity.

Ethiopian Midwives Association (EMwA) - General Assembly

The HRH Project provided technical and financial support to EMwA for the conduct of its 23rd General Assembly held on 5th and 6th December 2014. Over 330 midwives and invited guests participated in this meeting, where the key note message delivered by a delegate of his Excellency State Minister Dr. Kebede, reiterated that reducing maternal and child mortality is a priority for FMOH, and the role of midwives in achieving this goal is vital. During the assembly, technical updates on *maternal and child health, family planning and reproductive health, and HIV* were presented. A documentary film on improving maternal and neonatal health was also launched for the public.

EMwA Regional Chapter Office Meetings – Tigray, Somali & Addis Ababa

Through the support of the HRH Project, the EMwA held a meeting of its **Tigray** region chapter office for 135 participants including midwives working in the region, representatives from the Tigray RHB, board members, and student associations. During the meeting, 9 regional board members were nominated, members registered, an environmental sanitation campaign conducted at the Wukro Health Centre and Hospital, and satellite offices in teaching institutions in the region established.

Similarly, the **Somali** Chapter office held a meeting for 102 participants from the region, including midwives, representatives from student associations and board members. During the meeting, new association members were recruited, and a facility gap assessment on midwifery mentorship conducted in five health centers. 10 regional board members were also nominated, and zonal focal persons selected.

A meeting was also held for the **Addis Ababa** chapter office for 170 participants, including midwives, representatives from the Addis Ababa RHB, and board members. Areas of discussion included MNCH best practices, EMwAs revised strategic direction,

and accomplishments made by the chapter office.

It is expected that these meetings will contribute towards expanding the profile of the association at the regions, with the overall aim of strengthening the midwifery profession.

Celebrate International Day of Midwives

The HRH Project supported the celebration of the 23rd International Day of the Midwives on May 7 and 8, 2015 in Addis Ababa, where a meeting with the theme of "Midwives: for a better tomorrow" was held. Approximately 400 midwives from all regions of Ethiopia, and other stakeholders attended the workshop, during which the professional code of ethics of midwives and a number of abstracts were presented. In addition, the Ethiopian Midwives Association (EMWA) in collaboration with the Addis Ababa EMWA chapter office organized hospital visits to 10 Addis Ababa based (private and government) hospitals. The visit was made with the objective of reinforcing the unity of midwives in working together to improve the lives of women, babies and families through pregnancy and childbirth, advocate for and represent the midwifery profession, raise the profile of midwives and draw attention to midwifery in a positive way.

Capacity Building – EMWA

As part of ongoing efforts to strengthen the capacity of the EMWA, a research and development advisor, communication expert, and Information Technology officer were recruited to strengthen the Association's functions related to generation of relevant midwifery research data, communication, and data management efforts, which will support sustainability of the Association.

The HRH Project also provided support to the EMWA to implement the following activities related to providing Continuing Professional Development (CPD) for its members:

- Developed two in-service courses on post natal care and midwifery courses;
- Develop CPD activity assessment tools, which will be used by the Association during its general assembly to gather/identify innovative ideas of making the CPD courses easily accessible to all midwives. The tools will also obtain information on the tasks which most midwives have difficulty performing.

IR 2.3: Support Health Extension Worker (HEW) training (Level III and IV)

The health extension program is the FMOH's flagship program to ensure primary health service delivery and quality of care through the effective implementation of essential packages including family health (reproductive, maternal, newborn and child health) and disease prevention and control (HIV/AIDS, tuberculosis and malaria). The HRH Project continued its support to HEW level III and IV training to maintain coverage and improve quality of the health extension services.

HEWs Level III Modules Development and Revision

The HRH Project provided technical and financial support for the conduct of a 12-day

HEW level III training module writing and review workshop, with the aim of developing modules for all (16) health extension training packages. A total of 19 experts from the FMOH, Regional Health Science Colleges (RHSCs), the HRH project and AMREF participated in the workshop, resulting in the development of 14 modules which will address the critical lack of relevant and contextually appropriate books for this training program. The modules developed are: *Family Planning, Expanded Program for Immunization (EPI), Antenatal Care, Labor and Delivery, Postnatal Care, Integrated Community Case Management (ICCM)*, Adolescent Youth Reproductive Health, Communicable Diseases, Nutrition, First Aid, Health Education, Hygiene and Environmental Health,; Emergency Preparedness and Response, Non-Communicable Diseases, , and Community Health Service and Management.

The FMOH provided with technical support to develop Generic Urban Health Extension Workers (UHEWs) Level III & IV Curricula

The FMOH plans to start a new Urban Health Extension Worker program and enroll 200 students in October 2015 at the Menilik Health Science College. This program differs from the previous Urban Nurse Health Extension Program (UNHEP), because it admits 10th grade students who will undergo a one year program and become level III UHEWs. They can subsequently enroll in the Level IV UHEW training program.

As part of this effort, the HRH Project provided technical support for the development of curriculum for this new training program. 14 level III and 13 level IV modules were identified, and content developed following standard instructional design principles.

Support the FMOH to Conduct Curriculum Development to Upgrade Level IV HEWs to Family Nurses

To further improve skills, motivation and retention of HEWs, the FMOH has planned to upgrade level IV HEWs to family nurses. The family nurses will enhance family health and wellbeing through the provision of focused preventive, curative and rehabilitative health services. In response to this initiative, the HRH Project provided financial and technical support to the FMOH for the development of curriculum for family nurses. The Bachelor of Science (BSc) family nurse competency based curriculum was designed with the aim of upgrading level IV health extension workers to provide *accessible and quality primary health care services to women, families and the larger community*.

Support FMOH in COC Assessment Tool Development and Validation

Valid and reliable assessments upon graduation can serve as a mechanism to ensure that graduating students have the necessary knowledge and skills. The HRH Project supported the FMOH in the development and validation of Certificate of Competence (COC) assessment tools for HEWs (Level III and IV) training. During the workshop, 47 subject matter experts and other participants invited from the FMOH, RHSCs, and central and Regional TVETs reviewed and finalized the assessment tools.

Support Oromia RHB to print and distribute 6,600 Level IV HEW modules

As part of the continuing support for regional health science colleges, the HRH Project

distributed a total of 6,600 HEW level IV training modules to four RHSCs in Oromia Region (Shashemene-572, Negele-1705, Mettu-1606 and Nekemete-2717) based on the number of students currently enrolled (Table 1 below). The donated modules will improve the critical shortage of references and textbooks, and support teaching of key competencies required for service delivery, including control of communicable diseases, integrated management of newborn and childhood illnesses, provision of family planning and MNCH services.

Table 8: List of HRH Distributed HEW Level IV Training Modules - Oromia region

No	Modules	Shashemene HSC	Negelle HSC	Mettu HSC	Nekemt HSC
1	Adolescent and Youth Reproductive Health	52	155	146	247
2	Communicable Disease Control Part 1	52	155	146	247
3	Communicable Disease Control Part 2	52	155	146	247
4	Communicable Disease Control Part 3	52	155	146	247
5	Integrated Management of Newborn and Childhood Illnesses/IMNCI Part 1	52	155	146	247
6	Integrated Management of Newborn and Childhood Illnesses/IMNCI Part 2	52	155	146	247
7	Antenatal Care Part 1	52	155	146	247
8	Antenatal Care Part 2	52	155	146	247
9	Labor and Delivery Care	52	155	146	247
10	Postnatal Care	52	155	146	247
11	Family Planning	52	155	146	247

Effective Teaching Skills Training – HEW Instructors

The HRH project conducted Effective Teaching Skills training for 23 HEW faculty. The training was tailored and designed based on the pedagogic skill gaps identified by the faculty. The improved pedagogic skills of the faculty are expected to strengthen the quality of training provided to students, resulting in the production of competent health professionals available to provide high quality health services to the Ethiopian population.

In the second quarter, the HRH project delivered ETS training for **43** health extension worker faculty from health science colleges in emerging regions. The training aimed at improving teaching skills of the new health extension worker faculty and orienting them on the TVET HEW curriculum.

Clinical Training Skills – HEW Preceptors

The HRH project conducted clinical training skills trainings for a total of 11 HEW clinical preceptors. The clinical preceptors support student practice at affiliated health facilities - improving their clinical teaching skills will enable them to effectively plan and conduct clinical teaching and to implement effective assessment of student’s clinical skills and competencies.

Simulation Training – HEW Faculty

The HRH project conducted simulation training for **42** HEW faculty in the first quarter. The training was designed to enable faculty members to establish simulation centers and more effectively use simulation-based training for clinical learning and assessment. The training was very useful to ensure effective operation and utilization of recently donated high fidelity models to the training institutions, and to stimulate the training faculty to look for ways to further strengthen the use of simulation for health professional education.

Review of Health Extension TVET Curriculum – Shashemene and Negele Regional Health Science Colleges

In the first quarter, through the Fixed Obligation Grant mechanism, support was provided to the Shashemene and Negele RHSCs to revise the TVET model curricula of the Health Extension Level III & IV training programs. During the workshops, which included a representative from the Oromia TVET commission, the TVET curriculum was revised to address gaps identified during teaching, resulting in a strengthened curriculum that will support the production of qualified health extension workers.

Conducted Coaching and Mentoring Visits to SNNP HEW training institutions

As part of the HRH Project support for HEW training, coaching and mentorship on-site visits were conducted at 5 HEW training institutions in the SNNP region. Through these follow up visits, gaps were identified and corrective actions were taken. Specific gaps identified included the absence of updated national guidelines which are relevant and important for HEW training. In response to this gap, the Project collected the following guidelines and shared them with the training institutions (Table 9 below).

Table 9: List of HRH distributed Relevant National Guidelines - SNNPR

List of shared guidelines with health extension training institutions

1. Drugs Management Handbook for Health Extension Workers
2. Guideline on Home Delivery Free Kebele (□□ □□□□ □□ □□ □□□□ □□□□ □□□□□□ □□□□)
3. Guideline on Pregnant Mothers’ Conference (□□□□ □□□□□□ □□□□ □□□□□□ □□□□□□ □□□□ □□□)
4. Trainers Manual, Safe and Clean Delivery Training for HEWs (□□□□□□ □□□□ □□□□□ □□□□□ □□□□ □□□□□□ □□□□□ □□□□□ □□□□□ □□□□□ □□□□□)
5. Deworming Guide For Teachers And Health Extension Workers

Supported FMOH to Conduct Advisory Meeting with Semera University

The HRH Project supported the FMOH financially and technically in the conduct of an advisory meeting to solve challenges related to HEW training in Semera University, which has been conducting HEW training for 234 Level III HEW students through the support of RHB since the Semera RHSC did not have adequate space and instructors. The purpose of the advisory meeting was to review the status of the training and make

recommendations to guide the transfer of the training to Semera RHSC. Accordingly, consensus was reached that the Semera HSC will take over the training program and run it with financial support from the Afar RHB, while the Semera University will continue to assist the RHSC with the necessary infrastructure and teaching staff until the RHSC is strengthened.

IR 2.4: Pre-service Education of Other Essential Health Workers Promoted

IR 2.4.1 Support Training of Emergency Medical Technicians (EMTs)

The Ministry of Health has identified developing a new cadre of emergency medical technicians as a priority in order to improve pre-hospital emergency care for managing all emergencies including maternal and newborn emergencies. Consequently, the HRH Project continued to support the FMOH in meeting this priority through training and deployment of emergency medical technicians.

Effecting Teaching Skills Training and Curriculum Orientation for EMT Instructors

The HRH project supported the FMOH to provide effective teaching skills training and TVET curriculum orientation with the aim of improving pre-service education quality for this essential cadre. The training was provided for 16 participants from 5 institutions. During the training, participants discussed and practiced essential teaching and assessment skills in line with the EMT curriculum; moreover, standardization of the ETS and TVET curriculum orientation training package was done in consultation with the FMOH and TVET agencies (elements from the two trainings were combined into one package).

Provide Financial Support to the MOH/Amhara RHB to Train EMT Graduates on Ambulance Driving Skills

The HRH Project provided financial support to the Amhara RHB for the provision of ambulance driving skills training for 56 EMT graduates. The training enabled EMT technicians to obtain driving skills that will help them to provide safe transportation services to mothers and patients receiving emergency care. It is expected that this will contribute towards preventing and managing complications and reduce preventable maternal and newborn deaths.

Support FMOH in Assessment of an Emergency Management Institute

The HRH Project supported the FMOH in the assessment of an emergency management institute, which has been newly established under the Addis Ababa City Administration to train students in interventions related to emergency situations (firefighting, drowning etc.). Based on the assessment results the institution was found to be an ideal place to train emergency medical technicians on some essential competencies, and the FMOH and the city administration agreed to collaborate in the training of EMTs moving forward.

Competency Based Assessment Tool Development

The HRH Project supported the Nekemte Health Science College to develop competency based learning/assessment tools and a checklist for the Emergency Medical Technician (EMT) department. The developed tools are expected to be used by EMT students and instructors to improve the skills learning process, resulting in the production of EMT professionals who are qualified to provide the necessary emergency support while transporting critical patients to seek care at health facilities.

IR 2.4.2 Support Biomedical Technician Training

Healthcare providers cannot provide life-saving and high impact MNCH, HIV/AIDS, tuberculosis and malaria interventions without functional infrastructure

Equipment maintenance has long been a huge problem for service delivery mainly due to lack of trained personnel. In response to this need, the FMOH identified training of biomedical technicians as a priority and the HRH Project has continued to support biomedical technician training accordingly.

Module Development – Level IV Biomedical Technician Training

The HRH project provided financial and technical support to the FMOH to conduct a 14 day module writing workshop for level IV biomedical technicians training. 20 experts from the FMOH, Universities, TVET colleges and the HRH project participated in a workshop designed to develop draft reference modules to be used by all biomedical training colleges. The reference modules produced will contribute to improve and alleviate the critical shortage of contextually appropriate reference materials. The following 8 draft modules were developed:

- Body system and interpretation of biomedical signs
- Installation, configuration and commissioning of biomedical equipment
- Maintenance basics of electrical machines and devices
- Repairing and maintaining biomedical equipment, instrumentation and control systems
- Troubleshooting techniques for biomedical testing and measuring equipment
- Disposal of biomedical equipment
- Management of biomedical equipment (health technology management)
- Calibration of biomedical equipment

ETS Training and Curriculum Orientation – Biomedical Technician Instructors

In this quarter, the HRH project delivered ETS training for 4 biomedical technician instructors from the Debre Markos Hunan Bridge Biomedical College. The training aimed at improving teaching skills of the instructors and orienting them on the TVET Biomedical Technicians training curriculum.

Support FMHACA in Preparation of a National Standard for Medical Devices

The HRH Project provided technical support to the FMHACA for the preparation of National Standards for Medical devices. During the development of this national

standard commonly referred to as the “ISO standards”, an HRH Project staff member served as the technical committee chairperson, and ensured compliance with global recommendations and frameworks for developing national standard for medical equipment.

Conduct Medical Equipment Maintenance and Users training.

The HRH Project provided technical support to the FMOH to conduct various user and maintenance trainings to ensure efficient utilization of medical equipment, including *ventilators, infant incubators, phototherapy and radiant warmer machines*, and anesthesia machines. The trainings were provided for 29 biomedical technicians and engineers, and 20 anesthesia machine users.

IR 2.4.3 Support the FMOH to Establish Nursing Specialty Programs

Nurses with specialized skills are necessary to improve access to and quality of services to women, newborns and other patients that need critical care and surgical interventions. The HRH Project supported the FMOH in this reporting period to establish neonatal nursing, emergency and critical care nursing, operation room, pediatrics, family health, and surgical nursing programs.

Curriculum Development for Nursing Specialties – Neonatal, Operation Room (OR) and Emergency and Critical Care Nursing (ECCN)

The HRH Project provided technical and financial support to the FMOH in facilitating 2 consecutive curriculum development workshops to develop and finalize draft curricula for neonatal, OR, and ECCN nursing cadres. 68 experts from the FMOH, Federal Ministry of Education (FMOE), the Higher Education Strategic Center (HESC), universities, regional health science colleges, the Ethiopian Nurses Association, regional health bureaus, the HRH project, and other development partners participated in the workshops, where global up-to-date evidence was identified, discussed and used to develop the curricula.

Based on the curriculum developed by the FMOH with the technical and financial support of the HRH Project, three nursing specialty programs (neonatal, operation room, and emergency and critical care nursing) were started in 11 institutions (9 universities and 2 regional health science colleges) as follows:

- Mekelle University, University of Gondar, Wollo University and Minilik health science college – all three programs;
- St Paul Hospital Millennium Medical College and Jimma University – OR and neonatal nursing;
- Wolaita, Arsi and Haromaya university – neonatal and ECCN;
- Hawassa University – ECCN
- Debretabor University - neonatal

Approximately 400 students have been admitted to the programs.

Curriculum Development for Nursing Specialties – Pediatrics Nursing and Surgical Nursing

The HRH Project provided technical and financial support to the FMOH in facilitating concurrent curriculum development workshops to develop curricula for pediatrics and surgical nursing cadres. The curricula were finalized, and as a next step, it was agreed that to start the programs in the coming academic year, training institutions will be identified and will be prepared by recruiting teaching staff and obtaining required teaching materials. Recruitment and enrollment of the candidates will also take place.

Support a Training of Trainers (TOT) on Post Resuscitation Care of the Neonate for Gondar College of Medicine and Health Sciences

The HRH Project provided financial support for the conduct of a TOT training on post resuscitation care for the neonate. The training was provided at the Gondar College of Medicine and Health Sciences in collaboration with volunteers funded by the Rotary Club. The following activities were conducted:

- A TOT for 15 professionals (3 pediatricians, 2 general practitioners, 2 midwife instructors, 6 nursing instructors and 2 neonatal nurses);
- 5 new instructors were mentored to conduct a training for 38 health providers as part of their learning;
- A 1-day Neonatal Resuscitation Program (NRP) provider course was provided for 20 newly arrived interns in pediatrics and obstetrics.
- Supplies such as oxygen delivery equipment, intravenous (IV) infusion supplies, thermometers and stethoscopes, were provided to the college to facilitate implementation of the techniques taught during the training.



Demonstration of IV infusion pump and practicing techniques for breast milk expression

Competency Based Training on Basic and Advanced Pediatrics Cardiac Life Support

The HRH Project provided a 3-day competency based training on basic and advanced pediatrics cardiac life support. The training was provided for 19 instructors (7 Neonatal, 3 Intensive Care Unit (ICU) and 9 Pediatrics and child health nursing faculty) from 13 Universities, who were provided updated resuscitation guidelines, and opportunities to perform advanced resuscitation interventions in a simulated environment.

IR 2.4.4 Strengthen Supply Chain Management (SCM) Training

One of the major challenges in providing adequate health services (including *MNCH, FP/RH, HIV, TB and malaria*) is poor management of logistics required to ensure continuous availability of supplies including drugs and medical equipment. However, the content and quality of pre-service education in Ethiopia does not adequately enable health workers to develop supply chain management competencies. The HRH Project is providing technical support to address this gap.

Support MSC health supply chain management curriculum development and review

One of the priority areas identified for strengthening HR capacity for supply chain management was developing a postgraduate program. The HRH Project provided technical support to the Addis Ababa University School of Pharmacy in the design, development and review of a draft competency based curriculum for a health supply chain management postgraduate program. The graduates are expected to possess knowledge of and perform the following tasks:

<ul style="list-style-type: none">• Selection and quantification• Procurement• Resource management• Management information system• Professionalism• Use	<ul style="list-style-type: none">• Material management (storage, warehousing, inventory, and cold chain)• Transportation and distribution management• Supply chain and Public health• Research/scholarship
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The HRH Project continued to provide technical support to review and validate the draft curriculum for this training program and further improved during quarter three. It is expected that the AAU will finalize the curricula and submit it to the University senate for approval, and subsequently launch the program.

IR 2.5: Support establishment of postgraduate programs in Human Resources for Health Management (HRM) and Health Economics (HE)

The need for more health workers is not limited to clinical providers but also includes public health professionals who can improve human resource planning and management capacity in the context of broader health sector strengthening. The HRH Project supported two Public Universities and one private Higher Education Institution to design and launch post-graduate programs in Health Economics and Human Resources for Health Management. In this reporting period, the Project provided the following support:

Support Tuition Fee Payments for Enrolled Students

Since the launch of the programs, **83** students have been enrolled, and currently, 76 students are actively pursuing their studies.

- At the University of Gondar, 30 students have completed the third semester

coursework and will begin working on the thesis module. 2 students have dropped out of the program to date.

- At the University of Jimma, 19 students have completed the 2nd semester. There has been no attrition.
- At the Addis Continental School of Public Health, 27 students have completed their second semester coursework. 5 students have dropped out of the program.

Provide technical support for delivery of the courses by bringing subject matter experts from the Open University (OU) to co-teach along with Ethiopian faculty

As part of program sustainability and education quality assurance, 2 subject matter experts from the Open University traveled to Jimma and Gondar universities to co-teach the HRM and HE courses in the first quarter; The experts led the facilitation of face to face modules, ensured delivery as per the curriculum, and shared their personal and institutional experiences in provision of high quality blended learning. Additionally, the co-teaching experience helped to coach the Ethiopian academics on good blended learning practices.

Similar support was provided in the third quarter, where OU academics co-taught with 5 Gondar academics through the week and were also joined by 4 other academics who sat in on sessions to observe. The aim of the co-teaching was to build the capacity of the Gondar university academics to provide a more interactive and engaging teaching and learning experience for the students.

During this visit, the HRH Project identified that the entrance exam was exclusively multiple choice questions which is inappropriate for a master's program providing competency based learning. Therefore, the Project supported in designing/developing some new entrance exam questions to test problem solving skills and level of written English to identify students who are best prepared to undertake the program in the future.

Supervisor Training Conducted

A 3-day supervisor training was conducted for 13 supervisors from Gondar University, 1 program coordinator from Jimma University and 1 program coordinator from Addis Continental Institute of Public health, who have been tasked with providing oversight for the implementation of the HRM/HE programs. One-to-one sessions were conducted with the supervisors to explore and discuss their individual experiences with implementing the program, and address any issues and concerns they had.

Case study Development – Masters in Public Health (MPH) in HRM and Health Economics

The HRH Project developed a health systems case study entitled “Ethiopia’s achievements in meeting MDGs 4 and 5: cutting maternal and child mortality” to enrich the quality and relevance of learning. To collect information required for the development of the case study, the HRH Project conducted interviews with different stakeholders at various levels (including the FMOH, RHBs, Zonal Health department, hospitals, health science colleges and development partners). Policy documents, journal

articles, personal testimony, film, photographs and maps were also collected – it is expected that this evidence will result in a complex, nuanced story that captures the tactical and strategic decisions that health managers take in applying the tools and approaches taught in the postgraduate health programs to reducing child and maternal mortality. The case study was finalized and DVD copies made available.

The case study also includes two study guides to enable the learner to make the most effective use of the case study by making clear links between the case study stories and the theories, approaches and concepts discussed in the modules.

Conducted Program Monitoring and Evaluation

The HRH Project conducted a program monitoring and evaluation survey at Gondar University through administering a questionnaire and in-depth interviews with a small number of students to evaluate the quality of teaching, the student learning experience and the supervision given by the line manager in the workplace. The survey findings suggest that the students have continued to be enthusiastic and are complimentary about the program.

Local Blended Learning Champions Identified and Student Handbooks developed – Jimma University

To increase the number of program coordinators and advocates of effective blending learning, 2 champions were appointed at Jimma University to assist the program coordinator, and engage with new tutors to support them in adapting blended learning approaches effectively in the institution.

Additionally, to provide the students with basic information on blended learning, 2 adapted student handbooks, one for each of the programs, were developed. At a meeting with the External Relations Officer, it was agreed that these handbooks would be uploaded on the university website to encourage new students, and to showcase the programs to a global audience.

IR 2.6 Support Project Mercy to establish a center of excellence in Midwifery and Anesthesia training

Since October 2013, the HRH Project has been supporting the Project Mercy Health Science College to establish and implement a 1-year accelerated midwifery training program, with the overall goal of producing competent midwives who will be available to provide priority MNCH services to the population in SNNPR, and the rest of the country. The following activities were conducted in this reporting period:

Student Admission and Training – Midwifery Program

After repeated discussions with the SNNP Regional Health Bureau and Zonal Health Departments, a total of 23 female registered nurses with Certificates of Competence (COC) were admitted and began the one-year Accelerated Midwifery Training program in November 2014. The recruitment process was coordinated with the SNNP Regional Health Bureau who allocated a quota for each zone. Many of the zones were not able to fill their quota of qualified students; however, a decision was made to start the program

with the 23 available students instead of further delaying the program start.

It was later discovered that 6 of the students had presented fraudulent Certificate of Competence (COC) documentation and they were consequently dismissed from the program. The remaining 17 students have continued to attend classes and are currently in clinical attachment at the Glenn C. Olsen Primary Hospital, Butajera Hospital and Butajera Health Center for hands on practice.

All 17 students are progressing well and have successfully completed two rounds of clinical attachment at the Glenn C. Olsen Hospital, Butajera Hospital and Butajera Health Center.

Establishing Partnership and Coordination with Clinical Practice Sites

To facilitate opportunities for clinical practice, Project Mercy has established close partnership and collaboration with the Butajera Health Center and Butajera General Hospital. Preceptors at these facilities provide feedback to the college on student performance, and identify areas that require further support by the tutors.

Refurbishment - Dormitories, Kitchen and Dining Room

In the main compound of Project Mercy, four km from the Health Science College, temporary refurbishment and furnishing of dormitories, kitchen and dining room was completed in the first quarter. These facilities will be used for the next two or three years until permanent facilities are constructed on the same property of the current college building.

Updated Reference Books and Broadband Internet Service

Project Mercy obtained an adequate number of the latest versions of reference books through its health partners in the U.S.A. In addition, discussions with the telecommunication office in Butajera and Addis Ababa led to successful installation of Broadband internet services.

College Performance Management Team (PMT) established

Project Mercy established a College Performance Management Team which will be tasked with providing oversight for the development of the college and implementation of the agreed upon action plan. The team consists of: a chairperson, deputy chairman and in charge of clinical instruction and practice, secretary and in charge of educational management, a member in charge of classroom and practical instruction, member in charge of assessment approaches, member in charge of school infrastructure and training materials, and a student representative member.

Obtained Necessary Approvals for the Provision of IST

Project Mercy applied to be recognized as an IST center to the FMOH and in May 2015, the FMOH reviewed the application, visited the college and recognized Project Mercy Health Science College as the seventh in-service training center in the region. Consequently, the Project requested the SNNP RHB for their approval of the FMOH recognition and to provide trainees to train on priority maternal and neonatal care

focused ISTs.

Identified In-service Training Courses

In response to the FMOH priority to institutionalize and standardize in-service training, Project Mercy Health Science College is focusing on improving maternal and child healthcare. Therefore, the in-service training (IST) unit of the Project identified relevant areas for in-service training in line with the national agenda and priorities; these are: BEmONC, Advanced Life Support in Obstetrics (ALSO) and Basic Life Support in Obstetrics (BLSO) training.

Infection Prevention and Patient Safety In-Service Training

The HRH Project supported Project Mercy to provide in-service training on Infection Prevention for 32 healthcare professionals from various healthcare facilities in SNNPR. At the end of the training, participants developed a six month action plan to address infection prevention related gaps at their respective healthcare facilities, with the overall aim of ensuring that health facilities are cleaner and free from contamination.

CROSS CUTTING ACTIVITIES

Develop Competency Based Assessment Tools – Anesthesia, Midwifery and HEW

In order to improve the quality of midwifery, anesthesia and HEW education and student assessment, a 3 day competency based learning and assessment tool development/adaptation and review workshop was conducted for 73 faculty from 21 universities and 23 regional health science colleges in Somali, Amhara, Benishangul-gumuz, Oromia, and Harari. As a result of the workshop, faculty developed and reviewed 47 performance checklists and job aids, which addressed key technical areas such as MNCH, FP and RH, HIV/AIDS, Malaria and pregnancy, and TB.

Support the Oromia RHB to resolve challenges related to Certificate of Competence (COC) Examination in the region

In the Oromia region, the TVET office issued a new guideline for all midwifery level IV, anesthesia level V, and HEW Level IV courses, which required them to take a COC examination for lower levels, prior to taking the Level IV exam. As an example, a student already enrolled in a Level IV accelerated midwifery training course would be required to take a Level II and a Level III exam, before taking the Level IV exam. The students were concerned with this new requirement, resulting in confusion and challenges with implementing it.

To resolve these challenges, a workshop was conducted by the region, with technical support from the HRH project. Discussions resulted in consensus among senior management officials from the RHB, TVET and COC center to continue with the previous practice for current Midwifery Level IV, HEW Level IV and Anesthesia Level V students. The new guideline will apply to those students graduating in 2007.

Discussions also focused on the EMT students who had graduated in the previous year, but had not yet had an opportunity to obtain driving licenses which would allow them to drive ambulances. It was agreed that the RHB would have further discussions

with the FMOH to identify solutions (supporting ambulance driving classes is included in the HRH work plan). The workshop also reviewed the student intake plan based on the approved model TVET curriculum for Midwifery and HEW level III.

Result 3: Improved Quality of Pre and In-service Training of Health Workers

Competent health workers are essential to provide high quality and safe healthcare services and meet Millennium Development Goals 4, 5 and 6. Ethiopia's success in rapidly increasing the number of health workers will not translate into improvement in population health outcomes if the competence of health workers is not improved. In this quarter, the HRH Project continued to support the efforts of the Government of Ethiopia to strengthen quality of pre-service education and in-service training of health workers with a focus on major cadres (doctors, health officers, midwives, nurses, anesthetists, pharmacists and medical laboratory technicians) directly involved in provision of reproductive, maternal, newborn and child healthcare, and HIV/AIDS, tuberculosis and malaria prevention, care and treatment services.

IR 3.1: Improved Quality of PSE of Health Workers

In the past, the HRH Project has strengthened the capacity of higher education institutions to improve the quality of education through comprehensive support including faculty development, curriculum strengthening, infrastructure improvement, clinical education strengthening, and health science education development center establishment. The Project also strengthened accreditation, certification and regulatory systems by supporting the Federal Ministry of Health, the Higher Education Relevance and Quality Agency (HERQA), the Technical and Vocational Education and Training Agency (TVET) and Occupational Assessment and Certification Agencies. In this reporting period, the HRH Project continued its technical and financial support.

3.1.1 Support the Higher Education Relevance and Quality Agency (HERQA)

HERQA is mandated with assessing and safeguarding the quality and relevance of tertiary education in Ethiopia. Thus far, the HRH Project has supported HERQA to develop national strategies, standards, and checklists for quality assurance of health trainings. The project has also provided support for short term trainings to increase the number of qualified national quality assessors, international exposure visits to develop HERQA's staff, conduct of quality audits and spot-checks at HEIs, establishment of a national quality technical working group, etc. These inputs have enabled the agency to work on assuring the quality and relevance of health professionals training to meet the needs of the nation. Specific activities included:

Finalize Development and Dissemination of National Accreditation and Quality Improvement Standards for Eleven Programs

The HRH Project supported HERQA to develop National Accreditation and Quality Improvement Standards for eleven health programs, namely Medicine, Public Health

Officer, Nursing, Midwifery, Pharmacy, Anesthesia, Medical Laboratory Science, Dentistry, Medical Radiology Technology, Environmental Health Science, and Physiotherapy degree programs.

The project then supported HERQA to print and disseminate 3500 copies of the standards (500 copies per health program), to HEIs. The standards were also uploaded to HERQA website (<http://www.herga.edu.et>). The standards will help HEIs to continuously monitor and improve the quality of programs provided, and will be used by HERQA to strengthen the accreditation and audit process for health professionals training. It is expected that this will result in the production of competent graduates who are prepared to provide high quality *RMNCH, HIV/AIDS, TB, Malaria and other health services*.

Developed Regulation Directive for accredited Higher Education Institutions:

The HRH Project has provided HERQA with technical and financial support to improve accreditation of academic programs through development of standards, strategic documents and building staff capacity. In the third quarter, the HRH Project continued its support to HERQA by conducting a workshop to develop a draft directive for regulation of accredited higher education institutions. The directive includes a list of possible violations by accredited institutions and equivalent sanctions to be implemented. When completed, the directive will enable HERQA to undertake timely sanctions tailored to specific violations, thus strengthening its ability to provide regulatory oversight to higher education institutions.

Provide Accreditation Assessors Training

HERQA has a limited number of staff (19) that provide accreditation, quality audit and educational credential authentication services. Given that these staff cannot be subject matter experts for every academic program running in the 35 public universities and over 90 private colleges in the Ethiopia, the Agency has to work with health professionals & instructors as volunteers/consultants. In the second quarter, the HRH project supported HERQA to conduct accreditation assessors training for 41 participants from private and public HEIs. The assessors were trained on the newly developed national health training accreditation and quality audit standards. As a result, the pool of subject matter experts in health program accreditation and re-accreditation has expanded. This will enable HERQA to respond to increasing accreditation and re-accreditation requests from private HEIs.

Provide Quality Audit Assessors Training

The HRH project supported HERQA to conduct a quality audit assessors' training for 44 participants from private and public HEIs in the second quarter. During the training, the new national accreditation and quality improvement standards were distributed, and participants were oriented on how to use them to conduct program and institutional quality audits. It is expected that the audits will ensure that higher education provided for health workers will be relevant and of high quality, and will prepare them to adequately provide RMNCH, HIV/AIDS, Malaria, TB and other health services to the

population.

Develop a Competency Based Training Package – Assessors Learning:

HERQA has been conducting annual targeted trainings for accreditation and quality audit assessors to develop their assessment skills and increase the assessors pool. The trainings prepare the assessors to interpret the standards objectively and measure the educational performance of HEIs and their programs. The existing learning resource packages that the Agency is using lack consistency – HERQA therefore requested the HRH project to improve the training package.

In the second quarter, technical support was provided to the Agency to improve the existing assessors' learning resources and upgrade them to a Competency Based Training Package. All relevant existing resources from HERQA, FMOE, Jhpiego and other global sources were collected as references, and core competencies for accreditation and quality audit were defined. An instructional design template was used to inform the development of the required learning content, teaching methods and assessment strategies. Based on the template, a course syllabus, modules and presentations were drafted.

Provide Support to Conduct Spot-check visits at Ten Health Science Colleges

HERQA conducts unannounced visits to private colleges to ensure that accredited academic programs are maintaining the basic educational quality as outlined in the national guidelines. In year two of HRH project implementation, program specific accreditation standards were developed for 7 health study programs. In the first quarter, the HRH Project supported the HERQA to adapt the standards to shorter checklists to guide the unannounced visits and conduct spot-check visits for 24 programs (covering medicine, midwifery, nursing and health officer) at ten private health science colleges in Addis Ababa, Amhara, Oromia and SNNP regions. During the visits, availability, adequacy and quality of teaching resources, curricula, teaching processes were assessed including coverage of priority healthcare services such as *RMNCH, HIV/AIDS, TB, and malaria*. Oral feedback was provided to the colleges' representatives at the end of the visit, and detailed reports are being developed and will be distributed to the colleges and relevant stakeholders (the Federal Ministry of Education (FMOE) and HERQA). Moreover, this activity also allowed piloting of the newly developed checklists and inputs for improvement of the tools were obtained.

Support Program Audits at 4 Private Colleges:

The HRH Project provided HERQA with technical support to conduct program audits at 3 private medical schools and 1 dental school, using the national quality assurance standards. The audits were initiated to investigate issues of compromised quality caused by large student intakes at the colleges, and the objective of the audits was to verify whether the private colleges have put in place the required governance, educational resources, faculty and teaching learning process to match the large number of students admitted.

After the program audits, onsite feedback and support was provided to the institutional leadership, and a detailed report was generated and submitted to HERQA

leadership. As a result of the findings, the Agency suspended the four colleges from admitting new students for the current academic year. The colleges have been informed of the gaps identified and advised to address the challenges during the next 8-month period, at which point they can re-apply for evaluation. This has helped to ensure that the colleges are accountable for ensuring quality assurance, and ultimately produce competent health care providers.

Support HERQA to upgrade its data center

At the national level, the Ministry of Communication and Information Technology recognizes the need to implement electronic government (e-government) to facilitate the process of increasing public access to government information. In response to this effort, HERQA is in the process of upgrading its data center to improve its electronic governance, including implementing IT-related changes to improve its business processes. The HRH Project provided technical support for a ½ day meeting that was organized by HERQA to discuss the establishment and organization of the data center, with the aim of providing a transparent and efficient IT platform which allows public access to findings from institutional quality audits, quality assurance and accreditation status of higher education institutions.

Support Institutionalization of Health Sciences Education Development Centers (HSEDCs) to improve the quality of health training

The Higher Education Proclamation 650/2009, article 22, instructs all higher education institutions (HEIs) of Ethiopia to establish an internal quality assurance (IQA) system. Accordingly, the HRH Project supported education institutions to establish a health sciences education development center (HSEDC) to systematically address challenges affecting quality of education and to nurture a culture of continuous quality improvement. In this reporting period, the support to strengthen HSEDCs continued.

3.1.2 Fixed Obligation Grants (FOGs)

Conduct Educational Quality Improvement Activities Through Fixed Obligation Grants (FOGS) Issued to Health Science Education Development Centers (HSEDCs)

Beginning in Year Two, the HRH Project has been providing direct funding to HSEDCs through the FOG mechanism, in order to support various activities related to improving the quality of health education. Using the FOG Mechanism, faculty development activities have been conducted by HSEDCs to develop and upgrade their own teaching staffs. The mechanism, through production of a critical mass for educational quality assurance (QA), has also rapidly facilitated institutionalization the QA processes. It is expected that these inputs will strengthen the capacity of these institutions to produce a health workforce that is adequately prepared to provide high quality *RMNCH, Malaria, HIV/AIDS, and TB healthcare services*. In the first quarter, the following activities were conducted (*see Table 10 below*). In the second quarter, the HRH project the HRH project provided on-site mentorship and coaching at 43 HSEDCs (13 in Amhara, 8 in Oromia, 6 in Tigray, 10 in SNNPR, 1 in Gambela, 3 in Somali, 1 in Harar, and 1 in Addis Ababa) to systematically address challenges and nurture a culture of continuous

quality improvement. In the third quarter, the HRH Project supported 24 HSEDCs (5 in Tigray, 2 in Amhara, 5 in Oromiya, 11 in SNNPR, 1 in Gambella) through providing ongoing coaching, supportive supervision and remote phone follow-up.

Table 10: Quality Improvement Activities Conducted with Fixed Obligation Grants, Q1

Activity	Number Trained	Remarks
Quality Assurance Training	797	Including instructors from various departments, college management, preceptors and management members at clinical practice sites
Effective Teaching Skills (ETS) Training	348	<ul style="list-style-type: none"> - From 18 universities and 10 RHSCs - Technical support provided to strengthen the capacity of the HSEDCs to plan and conduct future ETS trainings on their own
Clinical Simulation Training	142	<ul style="list-style-type: none"> - From 8 universities and 8 RHSCs - Trainings provided participants with skills to effectively train students using simulation methods for the development of psychomotor skills, communication skills, and clinical decision-making skills.
Clinical Training Skills	191	In addition to the training, participants discussed common challenges faced by students during clinical practice, and identified solutions to address these challenges moving forward
PMTCT Option B+	146	<ul style="list-style-type: none"> - From 2 universities and 7 RHSCs - Updates on comprehensive PMTCT option B+ service provision, ARV medications, Dried Blood Sample collection for pediatrics HIV testing, quality HIV testing and counseling, etc
Malaria case management	25	Instructors from Harar RHSC
Infection prevention	52	Midwifery, Anesthesia, HEW and other instructors from Hosaina RHSC
Long Acting Family Planning & Immunization in Practice	12	Instructors from the Midwifery (4), HEW (3) and nursing (5) instructors at the Hosaina RHSC
Quality assessments	7 universities, 7 RHSC	Developed action plans clearly identify the roles of the institution, the HRH Project and other stakeholders, and will be used to guide the process of strengthening the quality of education provided
Curricula Review	16 universities and RHSCs	39 curricula, 2 Modules, and 21 course syllabi were reviewed. During the review, contents regarding RMNCH, TB, HIV/AIDS, and malaria were strengthened. Teaching methodologies for these

		priority health conditions were improved
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Provide Technical Support to the FMOH for revision of the New Innovative Medical Education Initiative (NIMEI) curriculum

The HRH Project provided technical support to the FMOH to revise and standardize the New Innovative Medical Education Initiative (NIMEI) curriculum. Supervision visits and review meetings revealed a number of implementation gaps and inconsistencies partly due to lack of detailed guidance for delivery of the curriculum. To address this gap, the FMOH organized a curriculum revision workshop with financial support from ICAP and requested Jhpiego's technical assistance to facilitate the workshop. Two HRH staff provided technical assistance to strengthen and standardize the module syllabi and assessment policies and strategies.

The HRH project also supported the FMOH and 5 NIMEI schools to build their capacity for video conference based learning planning and management. HRH staff provided technical support for 10 instructors and IT staff so that they can identify and use video conferencing utilities and equipment. The five NIME schools will soon be able to deliver video conference based courses and manage classrooms in video conferencing based learning.

Support FMOH to orientate HSEDC focal persons at New Innovative Medical Schools

Upon request from the FMOH, the HRH Project provided technical support to conduct a meeting with health science education development center focal persons from new innovative medical schools. The meeting helped to clarify the government's direction with regard to establishing strong HSEDCs, share experiences among schools, discuss challenges and develop action plans to strengthen internal quality systems.

Support the FMOH to strengthen Skills Lab Equipment Installation, Training and Maintenance in the new innovative medical schools.

In the second quarter, HRH staff led development of the distribution plan for skills lab models and medical equipment procured by the FMOH and trained faculty on the use of the models and maintenance. In the fourth quarter, the HRH project provided support to Yirgalem medical college, and Wolo, Debremarkos, Dilla and Wolaita Sodo Universities, to install skill lab equipment. The equipment will facilitate practice opportunities for students, with the overall aim of improving the quality of education. In addition to the installation, hands-on training was provided for 20 skill lab assistants on how to adequately use and maintain the equipment.

Support through HRH Project staff seconded to the FMOH:

Through inputs from various HRH staff seconded to the FMOH, the following technical assistance was provided to the NIMEI Schools:

- Training on Video Conferencing: Given the shortage of instructors in the 13 training institutions, the FMOH organized a one-day training on facilitation of video conferencing, which will be used to facilitate training on basic science subjects such as anatomy, pathology, pharmacology, microbiology and physiology.

- Organized Consultative Meeting Workshop: The HRH Project provided technical inputs (develop agenda, facilitate discussion, identify key lessons from discussion) for the conduct of a one day NIMEI consultative meeting. Challenges and best practices were discussed and agreed upon by all stakeholders to further improve the quality of NIMEI training programs.
- Prepared and disseminated Pamphlet: In order to increase awareness of the new innovative medical education initiative among the general population and stakeholders, a pamphlet highlighting the training program was developed and disseminated. The pamphlet contains general background on NIMEI education, its mission, NIMEI training institutions, what has been achieved so far, and the total number of NIMEI students per institution (2012-2015).

Develop Checklists, Logbooks and Standard Operating Procedures

The HRH Project supported three universities and two RHSCs to conduct a workshop to develop competency-based learning/assessment tools and checklists. HRH project staff provided one-day training on competency-based learning tools development, followed by technical onsite support to develop the tools. Participants developed standardized learning tools, standard operating procedures and checklists used to teach basic skills in the departments of Medicine, Nursing, Public Health Officer, and Medical Laboratory (Ambo and Haramaya Universities); Environmental Health (Haramaya University); Pharmacy, Nursing and Public Health officer (Harar HSC); and Health Information Administration (Nekemte HSC). The standardized learning and assessment tools will facilitate learning by ensuring that students follow evidence-based processes in learning new tasks, accumulate sufficient clinical experience and receive feedback for improvement.

Provide Technical Support to Jimma University to Develop Curriculum on Master of Science in Health Professions Education

The HRH Project provided technical support to Jimma University to develop curriculum for master of science in health professionals' education. Considering the absence of a similar training program in Ethiopia, the opening of a postgraduate education program in health professions education is an effective and sustainable strategy to improve quality of education. The primary targets of this program are leaders or members of HSEDCs, and the program will produce health professions education experts to strengthen human capacity of health science education development centers. The curriculum development workshop was organized by Jimma University with technical and financial assistance by Ludwig- Maximilians-Universitat Munchen (LMU). The HRH Project has agreed to coordinate its support with that of LMU, providing a potential cost-share opportunity.

Develop Exam Banks or review/revise Assessment Tools or Exam Papers

The HRH Project supported Haramaya University and Harar RHSC to organize standardized exam banks for student assessments. Collection of exam items in a bank facilitates storage and retrieval of items when needed, provides a systematic approach

for using item analysis data to improve existing items, provides models for constructing quality items and improves item writing skills of faculty. Staff collected, reviewed and revised the previous exam papers, resulting in improved and quality exam items for future use.

Support External Examination of Medical Students – Debretabor University

The HRH Project has supported Debretabor University to develop and implement innovative curricula for medicine and midwifery programs including faculty development, establishment of a health science education development center and skills learning lab, and donation of educational materials.

In the fourth quarter, the HRH Project provided technical support to the University to prepare and conduct a comprehensive qualification exam for the first batch of medical students who finished pre-clerkship, to decide progression to clerkship. The Project trained exam developers to develop an exam blueprint, higher order multiple choice questions, objective structured practical/clinical examination stations and structured oral exam questions. The multiple choice questions were designed to test ability to use medical knowledge instead of mere memorization of facts. The objective structured practical/clinical examination was intended to assess practical and clinical skills. The structured oral exam was designed to assess ability of students to apply biomedical and public health principles in understanding and solving health problems and integrate perspectives from different disciplines. The Project also technically supported administration of structured oral exams by external examiners drawn from several universities by providing training, mentoring and quality assurance. The examination also created an opportunity for the young University to receive feedback from older universities on strengths and areas for improvement. The examination was the first of its kind in the country both in content, process and rigor and the experience has already inspired other medical schools to design similar qualification exams.

3.1.3. Strengthen Gender Offices and Clubs at Universities and Colleges

Girls and women in Ethiopia are a disadvantaged segment of the population, and have much lower access to educational opportunities when compared to men. To address this gender gap, the HRH Project has emphasized the support of female students at Universities and colleges towards empowerment and gender equality.

Gender Orientation and Discussion Forums

Through the FOG mechanism, the HRH Project supported 12 universities and 9 RHSCs to conduct gender orientations and discussion forums. The orientation sessions focused on the roles and responsibilities of the gender unit/office and addressed strategies to support female students and enable them to succeed academically. The orientation sessions also focused on key gender issues such as gender-based violence, gender equity, and female empowerment. A total of **1541** female students participated in the gender orientation and discussion forum sessions, which were facilitated by gender focal persons who participated in the Gender Training of Trainers (TOT) training

organized by the HRH Project in the previous years. These activities are expected to impact the academic and social success of the female students, and promote gender equity and female empowerment.

Conduct Life Skill Trainings for Female Students

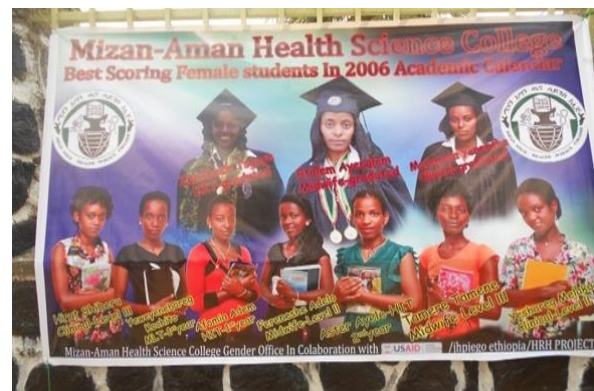
Through the FOG mechanism, the HRH Project supported 12 universities and 9 RHSCs to conduct life skill trainings for **1315** female students. The training provided the female students with information on academic/study skills, gender based violence, HIV/AIDS, reproductive health issues, assertiveness, stress management and problem solving skill with the aim of helping them to navigate the academic setting and successfully complete their health training programs.

Support Gender Offices to implement Student Support and Retention Programs for Female Students

Through the FOG mechanism, the HRH project supported gender offices to provide financial assistance to **282** female students facing severe financial challenges. The financial assistance included provision of hygiene and sanitary items, stationery, cooking oil, etc. The financial support is intended to support the students by improving their living conditions, increase their self-confidence and improve their academic performance.

In addition, 89 best performing female students received awards (pocket money and/or certificate of best performance at 8 HEIs in SNNPR, to further encourage and incentivize them to perform well in their course work (see photo of recognition of students at Mizan-Aman Health Science College).

Inputs have resulted in positive outcomes for the students – as an example, Banchiyamolu Damte, a first year medicine student and award winner in Arbaminch University, stated that *“previously, getting copies of learning materials was a nightmare for me since my family couldn’t afford to photocopy the learning handouts. Now, I can get the copies and study them thanks to the 100 birr stipend I get monthly from the gender office. Because of that, I performed the best in this year and got the annual reward for my academic performance”*



3.1.4. Improve Teaching Facilities at Education Institutions and their Affiliated Clinical Sites

Appropriate and relevant educational resources, infrastructure and clinical practice sites are required to ensure that health worker training is optimal. Ensuring that faculty members are updated and have the latest pedagogical skills is also important. The HRH project has been providing HEIs with financial and technical resources to improve the

teaching-learning environment. In this reporting period, the following support was provided:

Mapped, Collected and Distributed National Health Service Guidelines to Health teaching Institutions:

Many health training institutions do not have adequate numbers of standardized learning materials and national health policies, protocols and guidelines for educational purposes. To improve student learning of local health priorities such as HIV/AIDS, FP, RMNCH, TB and malaria, the HRH Project distributed **26** updated health service guidelines to 25 institutions nationally (13 in Amhara, 11 in SNNPR, 1 in Gambella).

These guidelines included:

- National malaria guideline
- Ethiopian Consolidated National Guidelines for HIV Prevention, Care and Treatment
- Public Private Mix Directly Observed Treatment Short Course (PPM-DOTS) Implementation Guidelines
- National guideline for family planning services in Ethiopia
- Bleeding after birth: helping mothers survive
- National strategy for infant and young child feeding
- National Expanded Program on Immunization Implementation Guideline
- National Cervical Cancer Prevention Guidelines
- Maternal Death Surveillance and Response (MDSR) Technical Guideline

Medical Equipment Maintenance

The HRH project provided medical equipment maintenance services to clinical sites and skill labs in 3 HEIs in Oromia and 1 in SNNP. Medical equipment, skills lab equipment, and models were repaired at each institution (40 at Shashamene RHSC, 42 at Negele RHSC, 36 at Medawalabu University and 44 at Hawassa University) and clinical sites (Shashemene, Hawassa referral, Negele Hospitals). The repaired equipment included autoclaves (steam & dry oven), sphygmomanometers, delivery couches, oxygen concentrators, weight scales, stethoscopes, examination lights and anesthesia machines, which are now available for both teaching and service delivery, *thus enabling access to essential RMNCH, HIV/AIDS, TB, and Malaria services.*

In addition, to ensure that essential equipment used for neonatal service provision is appropriately utilized and maintained, the HRH project supported the FMOH to conduct a 6-day skill training for 20 regional and hospital biomedical engineers and technicians on maintenance of neonatal incubators and phototherapy machines.

Assessment of availability of medical equipment in public hospitals

The FMOH initiated a baseline assessment to collect information on the availability, quality and status of medical equipment in public hospitals. Findings from the assessment will guide decision making related to procurement, maintenance and disposal of equipment in these facilities. The HRH Project provided technical support to

the FMOH to conduct a medical equipment inventory at 3 hospitals (Dilchora Hospital in Diredawa, Jijiga Hospital in Somali and Adama Hospital in Oromia). Functional and strengthened infrastructure in hospitals will benefit both clinical services and education.

3.1.5. Faculty Development at HSEDCs

Building the skills of teachers and clinical preceptors in effective teaching/learning methods and relevant clinical topics is important to ensure the quality of education. The HRH Project has supported training institutions to build the capacity of their HSEDCs to train faculty in various pedagogic skills such as effective teaching skills, simulation training, clinical preceptorship, instruction design training, multimedia for learning, quality assurance management and need-based technical updates. In this reporting period, the Project continued its support for faculty development as highlighted below:

Table 11: Faculty Development Training Provided at HSEDCs

Type of Training	Number Trained	Remarks
Multi-media for learning	23	Participants obtain skills required to design, develop and deliver instructionally sound, competency-based multimedia learning materials that can successfully bridge learning between the classroom, skills lab and clinical sites
Instructional Design (ID)	44	Participants obtain knowledge and skills to review, appraise and standardize course materials – curricula, syllabus, learning content strengthening and teaching methods
Clinical Simulation Training	48	Conducted for skill lab assistants and teaching staff from 12 universities and 10 RHSCs
PMTCT Option B+	15	Instructors and preceptors from Mettu Health Science College
Effective Teaching Skills	30	Six departments from Jimma University (medicine-7, pharmacy-7, Nursing and Midwifery-6, Medical lab and parasitology-4, biomedical sciences-4 and anesthesia-2). The university provided financial resources for the training, and the HRH Project provided technical support.

Conducted Supportive Supervision Training for St. Paul Hospital Millennium Medical Colleges Staff:

A three-day facilitative supervision training was conducted for 21 case team leaders, quality assurance (QA) officers and nurse coordinators from various units of the college, who are involved in internal supervision, inspections and QA activities of the hospital

and the college. The participants were provided with the knowledge and skills to plan and prepare for supportive supervision, develop supervision tools, apply effective communication, coaching, and mentorship skills, provide feedback for performance improvement, and support performance assessments. The HRH Project provided technical support for this activity upon request from the College and all financial costs were covered by the College.

3.1.8. Strengthen the Student Selection Process

Quality in higher education is a multidimensional concept, which includes all the related inputs and functions of a university system. An important element is the quality of students admitted, hence the need for sound student selection criteria. In Ethiopia, there are many challenges with the student selection and admission procedures at health science programs, including a lack of consideration of students' interests and abilities, and inadequate counseling during the admission and course selection process.

In response to these challenges, the HRH project conducted a desk review on best practices and global evidence related to student selection and admission. A draft concept paper was developed for discussion at a stakeholder meeting planned for the next project year. It is expected that these discussions will result in recommendations for the FMOE and FMOH on effective student selection and admission criteria and policy.

The concept note stipulates that students should be selected and admitted for health professional training when they:

- Make informed self-selection through the provision of timely vocational guidance;
- Attain the necessary academic achievements as indicated by performance at school and /or undergraduate studies;
- Have cognitive ability as measured by psychometric testing;
- Have desirable personal attributes like compassion, motivation and integrity as measured by psychometric testing
- Have Interpersonal skills as measured by interview.

3.2.10 Improve partnership with the Private Sector

There are more than 75 private colleges in Ethiopia contributing significantly to produce trained human resources. Ensuring quality of education at private health science colleges is therefore critical. In year I & II, the HRH Project provided technical support to private health science colleges in Tigray, Amhara, Oromia, SNNP and Addis Ababa to strengthen quality of education.

In this reporting period, the HRH Project supported the training of 33 faculty from 16 private health science colleges in Addis Ababa with the goal of developing effective teaching, student assessment and quality assurance management skills of their staff. In addition, they were oriented to essential teaching materials such as the Effective Teaching Skills (ETS) reference manual, terms of reference for establishing health science development centers, and national accreditation and quality improvement standards. Financial costs for this training were covered by the private colleges, which

indicate that they are committed to ensuring the academic quality of their health training programs.

3.1.12. Support the FMOH to Provide Pre-Licensure Examinations for new graduates from Medicine, Health Officer, Midwifery and Anesthesia education programs

With support from the HRH Project, the FMOH established a National Board Exam (NBE) to protect the public through independent verification of a graduate's ability for safe and effective practice. The following support was provided in this reporting period:

Support the FMOH to Develop a National Guideline for Licensure Examination

A licensing exam is an important regulatory mechanism to protect the public from unskilled and unsafe practitioners, and improve the quality of education through feedback. In the previous year, the HRH Project supported the FMOH to draft a policy document, organize stakeholder consultation meetings and hire a seconded staff to initiate licensing exams for university graduates. In the first quarter, the HRH Project supported the FMOH to conduct a three day workshop to develop the national licensure examination implementation guide. The guideline was developed based on international best practices, national experience with national examinations, and stakeholders' inputs.

Valid and reliable assessment of competence gives the public confidence that only qualified and competent health professionals receive a license to practice.

unskilled and unsafe practitioners, and improve the quality of education through feedback. In the previous year, the HRH Project supported the FMOH to draft a policy document, organize stakeholder consultation meetings and hire a seconded staff to initiate licensing exams for university graduates. In the first quarter, the

Conduct Advocacy on National Licensure Examination

In the first quarter, the HRH Project supported the FMOH to organize an advocacy workshop on the national licensure examination for 7 private colleges and leadership at the FMOH, in an effort to increase awareness of and prepare for the conduct of the examinations. Following this workshop, FMOH leadership agreed to allocate an additional budget to administer and manage the exam given the huge number of candidates expected to take the exam.

In the second quarter, a consensus building workshop was held with deans and academic leaders of health science colleges from both public and private higher education institutions) to discuss the introduction of the licensure exam. It was unanimously agreed that the exam shall be introduced through standardization of the Qualifying exam where exams will be developed and stored in a centralized Item Bank at the FMOH (National Board Exam, NBE) and assessors will be selected, trained and assigned by the NBE in collaboration with training institutions. The accepted/agreed upon exam formats selected were MCQ and OSCE. The agreement reached at this meeting was critical for implementation of the licensing exam.

Licensure Examination Question Development Training

In the second quarter, a 5-day National Licensure Examination Question Development training for Anesthesia and Midwifery was conducted for 33 Midwifery and 17 Anesthesia subject matter experts. Building on the results of task analysis studies

conducted in year two, the training enabled development of exam blueprints (specifications) for both Anesthesia and Midwifery. The training focused on writing quality Multiple Choice Questions (MCQ) items, and designing an Objective Structured Clinical Examination (OSCE) for student performance assessment, resulting in participants developing questions which will be part of an “exam pool” for both cadres.

In the fourth quarter, an additional 36 item developers from Medical and Health Officer training programs were trained, and they subsequently developed 1000 MCQs and 25 OSCE items in line with the blue prints developed for the programs. This activity expands the pool of questions available for medicine and health officer licensure examinations. Financial cost for this training was covered by the FMOH, which shows the commitment of the government for this initiative.

Reviewed, standardized and banked quality questions for licensure examinations:

As part of the ongoing effort by the FMOH to develop defensible, valid and reliable assessment tools, the HRH Project supported the review, standardization and banking of approximately 4500 examination questions for medicine, health officer, midwifery and anesthesia programs. These included multiple choice questions and objective structured clinical exam station scenarios. The questions are ready to be used for the examination of graduates from these cadres.

Assembled examination forms based on the blueprint

The HRH Project supported the FMOH to assemble exam forms based on the Blueprint for Anesthesia (180 MCQs; 3:30Hrs), Midwifery (180 MCQs; 3:30Hrs) and Health officers (200MCQs; 4:00Hrs). This task improves validity and reliability of licensure examination by ensuring broad and representative sampling of contents.

Identified an open source item banking software (Moodle):

The HRH Project supported the FMOH technically to identify an open source item banking software (Moodle) and supported negotiation to obtain commercially available exam development software. The availability of item banking software will help to ensure security and efficiency in the preparation, storage, and administration of licensure examinations.

Draft Assessor’s Guideline for OSCE administration developed:

Performance assessment is prone to rater error/bias. The HRH Project provided technical support to the FMOH to develop a guideline for administration of OSCEs. The draft has been completed and will be further reviewed, strengthened and finalized. Upon completion, it will standardize the OSCE procedures used during the licensure examinations and improve reliability and fairness of results.

Support Administration of the Examinations for four cadres (Medicine, Anesthesia, Midwifery and Health Officer):

The HRH Project provided technical support to the NBE to assemble and administer licensure exams for 4756 graduates from public and private higher education

institutions (790 Medicine, 850 Midwifery, 116 anesthesia and 3000 Health officer graduates). Before the exam, technical assistance was provided to review and refine the exam questions.

Support the FMOH to provide computer-based testing in collaboration with the FMOE's Data Center

The FMOE has established a Data Center to facilitate educational and research networking and sharing among Ethiopian higher education institutions. The HRH Project initiated and provided technical support to the FMOH to collaborate with the FMOE to host the licensing exam for medical schools at the FMOE's Data Center for computer-based testing. The HRH Project assisted with installation, configuration and customization of Moodle, a learning management system for online test administration and item banking at the Data Center and coordinated the preparation of computer labs at training institutions for computer-based testing. A computer-based test was successfully administered in Bahir Dar University and Jimma University. Repeated power failure and some technical difficulties forced a shift to a paper-based test at University of Gondar. The other two universities (Addis Ababa University and Hawassa University) had a paper-based examination due to not having adequate preparation.

Conduct Standard Setting and Validation Workshops

The HRH Project provided technical support to the FMOH to conduct two standard setting and answer key validation workshops for Anesthesia, Midwifery and Health officers. The objective of these workshops was to determine a pass score (cut-off point) for the exams. After determining a cut-off score, discussions were held to evaluate the fairness of the cut-off score. The exam papers were then scored, and a preliminary item analysis of the exam items (determination of the reliability, difficulty level and discrimination ability of items) conducted.

Support the FMOH to score exams using Optical Mark Recognition (OMR) open source software

The first round exam scoring was done manually, and it took a lot of time to identify examinee data for statistical analysis. Recognizing this will become increasingly laborious and error prone as we test more students, the HRH Project supported FMOH to adopt a pencil-shaded answer sheet format which can be easily scanned and data transformed to score electronically. Each examinee's answer sheet was scanned with the Optical Mark Recognition (OMR) open source software, thus facilitating quick scoring and item analysis (3638 of the exams will be scanned).

3.1.14. Support to Technical and Vocational Education and Training

Support Technical and Vocational Education and Training (TVET) and Certificate of Competence (COC):

Annually, regional health science colleges and private health science colleges produce a significant number of health professional graduates who join the world of health care

services. The competencies of these new graduates are verified by standardized Certification of Competence (COC) assessments before they are allowed to practice. However, there are reported challenges in the quality of these COC assessments.

Improving the COC assessments will improve the quality of the health training and protect the public from incompetent providers. In the first quarter, the HRH Project organized two successive 5-day capacity building trainings on conducting and managing competency based assessments. **76** COC assessors from Tigray and Amhara Regions attended the training, which built their capacity to conduct state-of-the-art occupational competency assessments in their regions.

In the second quarter, the HRH project provided financial and technical support to **Amhara, Tigray, SNNP, Somali, Oromia, Harari and Dire Dawa** regional COC centers to train a total of 90 new assessors to more effectively conduct and administer COC assessments.

In the third quarter, two trainings were completed for Tigray and Oromia COC assessors to enable them conduct assessments of biomedical technician, nursing, medical laboratory, pharmacy, health information technicians (HIT), health extension workers and midwifery programs in their regions.

- **Tigray:** the HRH Project provided technical and financial support to train 39 new COC assessors on assessment methodology.
- **Oromia:** Financial and technical support was provided to the RHB and Oromia COC center to conduct a 5 day assessors training for 40 COC assessors.

Develop and finalize accreditation and quality improvement standards for 5 cadres

In the fourth quarter, the HRH Project provided technical support to develop and finalize quality and improvement standards for the following cadres (from Level II to Level IV) – Midwifery, Nursing, Anesthesia, Pharmacy, and Medical Laboratory training. The standards will be used to guide quality assurance for these training programs.

Disseminate Educational Quality Assurance Findings

The HRH project presented key program findings and lessons learned related to quality of health worker education at several conferences. Successful Quality Assurance (QA) practices, tools and new developments in health professionals’ education were promoted and distributed at these conferences, and the visibility of Ethiopia’s efforts to improve the quality of health worker education was increased. The following presentations were made:

Presentation Title	Event
Strengthened QA Mechanisms to Address Increased Complexities of Higher Education Landscape in Ethiopia: A strategic Partnership of a USAID Funded Project and HERQA – paper presentation	2015 biennial International Network of Quality Assurance Agencies in Higher Education (INQAAHE) Conference in Chicago, USA
Developing National accreditation and quality improvement standards for health profession education in Ethiopia: lever for quality assurance – poster	

presentation	
National accreditation and quality improvement standards for public health officer, medicine and nursing degree programs	4 th Ethiopian Public Health Officer Association (EPHO) conference, the 51 st Ethiopian Medical Association (EMA) annual conference, and the Ethiopian Nursing Association (ENA) annual conference
<ul style="list-style-type: none"> ▪ Status of Health Professionals Training Quality at Private College in Ethiopia – a research finding; ▪ National Strategies for Revitalizing Health Training Quality; ▪ Findings of Internal Quality Assurance Functions at Ten Public Pharmacy Schools in Ethiopia; and ▪ National Accreditation and Quality Improvement Standards for Pharmacy Degree Program 	National workshop on Quality of Pharmacy education, organized by the Ethiopian Pharmaceutical Association (EPA), HERQA and Jhpiego
Presentation on current implementation activities, resulting in interest from the FMOE and other stakeholders in extending activities related to quality improvement to other non-health educational programs.	HERQA and the Education Strategic Center (ESC)'s 5th annual international higher education quality conference, with attendance of over 500 participants from universities, FMOH, and other stakeholders
Ensuring Quality of Nursing Education: Adoption of Global Nursing Education Standards in Ethiopia	25th International Council of Nursing (ICN) conference in Seoul, Korea
<ul style="list-style-type: none"> ▪ A keynote lecture on “Education Development Centers as Levers for Excellence of Health professionals’ Trainings in Ethiopia”. ▪ An oral presentation on “Developing Innovative Medical Curricula in Ethiopia” ▪ An oral presentation on “Improving Midwifery Education in Ethiopia” 	3rd Eastern Africa Health Profession Education Association (EAHPEA) annual conference held in Kigali, Rwanda
Effective collaboration towards improved accreditation practices for health training programs in Ethiopia	Network: Towards Unity for Health Conference” in Johannesburg, South Africa

Participation in these conferences and meetings provided an excellent opportunity to share HRH success stories and increase visibility of the Project as well as learn from and network with others.

IR 3.2 Improved Quality of In-service Training (IST) of Health Workers

In-service training and continuing professional development (CPD) aligned with national health priorities and professional needs is crucial not only for updating and maintaining competence of health workers, but are also important as motivational tools to improve performance and retention of health workers.

To date, in response to the FMOH priority to institutionalize and standardize in-service training, the HRH Project provided support to develop an IST framework and guideline, establish 35 IST sites, and initiate capacity building interventions for IST sites. The Project has continued its comprehensive support to the IST sites, regional health bureaus and FMOH. The following are the key accomplishments in this reporting period:

When capacity to develop and provide need-based in-service training is strengthened, the knowledge, skills and performance of health workers in the provision of *HIV, TB, malaria, maternal and child health and family planning/reproductive health* will improve.

3.2.1 Build the capacity of 35 training centers to provide IST

Procure and distribute IST materials and Furniture

In the first quarter, the HRH Project finalized procurement and distributed furniture and training materials to 24 in-service training (IST) centers. The centers are now adequately equipped to provide standardized training in line with the national guidelines. It is expected that future trainings will be conducted at these sites, improving the training quality, reducing the costs associated with hotel-based trainings, and ensuring standardization among government partner trainings, which will ultimately lead to improved skills of health providers to provide comprehensive *HIV/AIDS, RMNCH, TB and malaria* care to the community.

In the fourth quarter, additional items (LCD projectors, Printers, flipchart stands and fans) were distributed.

Develop a generic financial manual, and generic Standard Operating Procedures to guide implementation of In Service Training

The HRH Project developed generic IST standards of practice and a generic financial manual and distributed them to the 35 IST Centers. The manuals, which provide guidance on planning, organizing and monitoring of trainings, will help the centers to manage the financial aspects of trainings and to deliver quality priority trainings addressing gaps in health worker knowledge and skills. This in turn will improve the quality of *RMNCH, HIV/AIDS, malaria, and TB health services*.

Create a database for in-service training centers

The HRH project provided technical support for the review of a national in-service training database which will be hosted at the FMOH data center. Once the database is

fully functional and available to IST centers in the country, data to guide evidence based decisions will be available regarding the design, implementation and evaluation of in-service training activities. This will result in the delivery of need based and quality in-service trainings especially in the areas of HIV/AIDS, TB, malaria, maternal and child health services.

3.2.2 Build the capacity of RHBs to coordinate regional IST standardization and institutionalization

Advocacy for Implementation of the IST guidelines

In the second quarter, the HRH project conducted a meeting with the FMOH, RHBs and

RHBs acknowledged that use of these centers would help them save costs on health worker training, and enable them to training an even larger number of workers, resulting in improved access to and quality of HIV/AIDS, TB, malaria, maternal and child health services.

other stakeholders, to advocate for implementation of the national IST guidelines and criteria. Discussions focused on the importance of conducting trainings at the selected 35 sites. During the meeting, the FMOH officially communicated its directives related to institutionalization of IST to RHB leaders, and urged them to use the 35 selected sites

for all short-term trainings in the respective regions. As a result of this meeting, RHBs have now begun to conduct trainings in these centers. Examples are below:

- The Amhara RHB has signed a Terms Of Reference (TOR) with 6 IST centers in the region so that the centers will conduct 70% of the in-service trainings on **HIV/AIDS, TB, MNH, malaria, FP** and other priority health conditions in the coming years. The Regional Health Bureau has allocated over **6 million birr** to the centers.
- The Tigray regional health bureau has also signed a TOR with IST centers at Mekelle and Axum Universities so that the centers will conduct **HIV/AIDS** related trainings for 2,600 health workers in the region in the coming years.
- Upon request from the SNNP RHB, the Hawassa University IST center has conducted 16 in-service training courses in the area of **HIV/AIDS, maternal & child health and TB** from December 2014 to February 2015. The RHB has also signed an agreement with the university for approximately 20 million birr, for the provision of relevant IST trainings.

Consultative Workshop – Partnerships between RHBs and IST Centers

In collaboration with the FMOH and ICAP Ethiopia, the HRH project organized a national consultative workshop in the second quarter to design mechanisms for improving partnerships between RHBs and IST centers. Representatives from all RHBs and 35 IST centers participated in the workshop.

In SNNPR, following the workshop, the region developed a joint annual IST plan and established an IST steering committee.

Provided Training Skills Training for Mekelle University

The Mekelle University IST Center was provided with support to conduct a training skills course for **55** Mekelle University trainers. The trainers are expected to provide HIV/AIDS, PMTCT and other programmatic trainings, and the Center has agreed with the Tigray RHB to deliver TB, HIV/AIDS and maternal health related trainings to health workers in the region.

PMTCT Training of Trainers at the Haramaya University IST Center

With the technical support of the HRH project, a *prevention of mother to child transmission of HIV (PMTCT) training of trainers (TOT)* course was conducted for 23 potential trainers from the Haramaya University IST center. This training increased the pool of PMTCT trainers available to cascade the trainings in West Oromia and Harari region, which will in turn improve the quality of PMTCT services available to mothers and newborns.

Support a Training of Trainers (TOT) for the ALERT Training Center

The HRH Project supported the ALERT Training Center to organize a 6-day in-service training skills course TOT for **29** candidate trainers from various IST centers. The objective of the course was to develop candidate trainers skills in IST planning, and implementing, managing, and monitoring competencies. The trainers developed a training cascading plan for *TB, HIV/AIDS, maternal health* and training skills courses to be conducted in their respective training centers.

Provide Technical Support for HIV/AIDS TOT Training

The HRH Project provided technical support to the St. Paul Millennium Medical College and the Menelik II Hospital IST centers in Addis Ababa to organize *Anti-retroviral treatment (ART) and PMTCT* TOTs for **27** and **34** potential trainers, respectively, in collaboration with ICAP Ethiopia. This will increase the IST centers' pool of trainers who can deliver standardized ART and PMTCT courses.

In addition, the HRH project supported the conduct of an ART TOT by the Haramaya University IST center, for **22** potential trainers of the university. These trainers will be available to provide training to health professionals in West Oromia and Harar, which in turn will improve the quality of chronic care for HIV/AIDS patients in West Oromia and Harari Region.

3.2.3 Support the FMOH to Standardize IST Packages

The HRH Project supported the review of the following training packages as per the course standardization checklist. The course standardization checklist, developed by the FMOH with the support of the HRH Project, has criteria to assess the quality of content, teaching and assessment methods and tools in training packages. During the review process, the FMOH provided comments to be incorporated by the respective course developers before approval of the materials.

1. Prevention of mother to child transmission of HIV (PMTCT).	10. Health Management Information System (HMIS).
2. Severe acute malnutrition.	11. Cervical Cancer Prevention.
3. Programmatic management of drug resistant tuberculosis (TB).	12. Midwifery Mentoring and Coaching courses.
4. Advanced leprosy management.	13. Infection prevention for support staff.
5. Integrated TB, TB/HIV & Leprosy management.	14. Integrated emergency medicine training.
6. Self-study module of blended TB management.	15. Immunization training
7. Life support in Obstetrics	16. Clinical mentoring
8. Sexually transmitted illnesses	17. Human Resources Information System
9. Integrated emergency training	

In addition, the Cervical Cancer Prevention, Immunization in Practice and Inactivated Polio Vaccine Introduction in-service training packages were reviewed as per the in-service training course standardization checklist and comments were provided to be incorporated by the respective course developers. Accordingly, the comments were incorporated and the three courses have been approved by the Ministry. These standardized training materials will improve the quality of training provided, and ultimately improve service delivery.

3.2.4. Support FMOH and FMHACA to develop and Implement a CPD Accreditation System

In order to continue to provide safe and quality healthcare services, health professionals must keep themselves current by undertaking continuing professional development activities. In the last two years, the HRH Project has supported the FMOH to develop a regulatory framework and implementation guideline for a needs-based and accredited CPD system. In this reporting period, support to develop national capacity for a planned and managed CPD system continued.

Support the Food, Medicine and Health Care Administration and Control Authority (FMHACA) to appoint Accreditors and Providers for CPD

Under the leadership of FMHACA, a CPD accreditation committee has been established, including representatives from professional associations, training institutions and development partners. The committee meets regularly to identify CPD providers and accreditors. A CPD provider is an institution capable of providing need based courses which are approved by selected CPD accreditors. In the first quarter, the HRH Project provided technical support to identify 35 In-service training centers, and 30 professional associations and 7 federal hospitals as potential CPD providers.

In the third quarter, The HRH project continued to participate in the national

CPD committee and supported the review of applications from 68 potential CPD providers and eleven Pre-Accreditors. As a result, forty CPD providers and ten Pre-Accreditors were chosen for providing CPD services. A License certificate will be provided to each as soon as FMHACA completes the internal processes for licensure.

Develop Standards of Practice (SOPs) for CPD accreditors and Providers

The HRH project supported the development of Standards of Practice (SOPs), application forms and proposal templates for the accreditation of CPD providers and accreditors. These tools were used to guide the process of identifying 10 CPD course accreditors whose role will be to accredit providers and courses. As part of the continuing education and in service training, the CPD providers are being encouraged to focus on key priority areas such as *family planning/reproductive health, maternal and child health, HIV, malaria and tuberculosis*.

Developed Checklist for CPD Accreditation of Courses

The HRH Project supported FMHACA to develop a checklist to assess the quality of online courses for the purpose of accrediting international continuing professional development (CPD) providers. This will help CPD providers and FMHACA to consider credit points accumulated by health professionals from international CPD providers, and will allow Ethiopian health professionals to participate in quality international CPD courses on priority health problems.

In the second quarter, the HRH project provided technical and financial support to the national CPD committee to conduct onsite accreditation assessments for CPD providers using the checklist. A total of 57 CPD providers and 9 CPD course accreditors were **assessed and accredited**. Many of them are national health professional associations and private companies. This will facilitate the availability of quality, need based and relevant professional development courses, thus contributing to improved delivery of HIV/AIDS, malaria, TB and maternal & reproductive health services.

Similarly, the checklist was used to assess and recognize 81 *international* CPD providers for health workers using the assessment checklist. This will facilitate the process of including international CPD learning opportunities obtained by health professional as part of their overall CPD requirements.

National Workshop to Orient CPD Providers and Accreditors

In the fourth quarter, the HRH Project provided technical assistance to FMHACA to organize a national workshop to orient Continuing Professional Development (CPD) Providers and Accreditors, including 87 participants from professional associations, and representatives from health science colleges, government in-service training institutions, and private training institutions.

During the workshop, CPD course requirements and Standard Operating Procedures for designing CPD courses were discussed with the CPD providers. This will strengthen efforts to establish a CPD system in the country to continually improve the competence of health professionals in delivery of quality health services including Reproductive, maternal & child health and HIV/AIDS, tuberculosis and malaria.

Provide Technical Support to Strengthen CPD

The HRH Project staff participated in a 4-day experience sharing workshop on health professionals regulation conducted at FMHACA in collaboration with the College of physicians and surgeons of Alberta, Canada. Lessons learned were shared with the CPD Committee members and higher officials at FMHACA with the purpose of improving health professionals' regulation.

Conduct Advocacy Workshop on CPD

The HRH Project staff gave a presentation on CPD and IST at a workshop organized by the FMOH in collaboration with the Cure Hospital. At the end of the workshop, which focused on rehabilitation, an agreement was reached to develop standardized IST materials on physical rehabilitation and conduct periodic update trainings for professionals working in rehabilitation.

Provide Capacity-building Support and Mentorship for FMHACA Staff

The HRH Project provided mentorship support to the Customer Services Directorate at FMHACA to improve the team's performance in registration, licensing and re-licensing of health professionals. The Project also identified gaps in interpreting the national Continuing Professional development (CPD) guideline and invited two staff from FMHACA to attend instructional design training. This will increase the ability of the staff to actively engage in the CPD course review and accreditation process.

Support FMHACA to develop Health Regulatory Sector Transformation Plan

Using preliminary findings from the Health Professional Regulation Study conducted by the HRH Project, technical support was provided to FMHACA to inform the planning process for the agency's five-year health regulatory sector transformation plan. The findings also helped to revise the targets for a regulatory indicator, 'percentage of health professionals re-licensed'.

Provided technical support to FMHACA and Federal MOH to conduct an external evaluation of Tikur Anbessa Specialized Hospital (TASH) and College of Health Sciences, Addis Ababa University, Ethiopia

Upon request from FMOH, an HRH Project staff was assigned to lead a team who conducted a comprehensive patient care quality assessment in Tikur Anbessa Specialized Hospital (TASH) involving interviews and focus group discussions with staff and patients. The evaluation report has been submitted to the Office of the State Minister of Health of Ethiopia.

3.2.5 Develop capacity of professional associations to provide CPD

Conduct Instructional design course for Professional Associations:

The HRH Project provided an Instructional Design Skills course to 22 potential IST course developers from 11 professional associations in collaboration with the Ethiopian

Medical Association. At the end of the training participants developed CPD courses in their respective health science fields. This will strengthen the capacity of professional associations in developing need based CPD courses for health professionals. This in turn will improve the quality of health care including TB, HIV/AIDS, malaria, maternal and child health services.

Advocate for CPD at the Ethiopian Society of Internal Medicine Annual Conference

The HRH project supported the Ethiopian Society of Internal Medicine (ESIM) to promote the national CPD directives, scope of practice and ethics activities during its annual conference.

Provide Technical Support to the Ethiopian Public Health Officers Association to Develop a Strategic Plan

The HRH Project supported the Ethiopian Public Health Officers Association to develop a three-year Strategic Plan and a 6-month implementation plan during a workshop organized by the Association. The HRH Project representatives ensured explicit inclusion of the Association's role in strengthening health officers' education, in-service training and continuing professional development (CPD) in the Strategic Plan.

Support the FMOH to distribute training materials to selected Professional Associations

To strengthen the capacity of Professional Associations to deliver quality CPD courses, training equipment/materials such as LCD projectors, printers and flipchart stands were distributed to the Ethiopian Nursing Association, Ethiopian Medical laboratory Association, Ethiopian Dentistry Professionals Association and the Ethiopian Pharmaceutical Association.

Activities Conducted by Seconded Staff at the FMOH

Through the HRH supported staff who are seconded to the FMOH, the following support was provided in this reporting period:

Support the FMOH to conduct a TOT Training on Mobile Health (mHealth)

In August 2012, the FMOH published the "m-Health Roadmap: Architecture and Design Workshop Report", which summarized functional requirements for a national mobile health platform to support the Health Extension Program and MNCH services. The FMOH has also developed an Interactive Voice Response (IVR) system to improve the data exchange practices of HEWs from the community to higher levels.

The HRH project provided technical support to the FMOH for the conduct of a TOT training on mHealth/IVR, and supported cascading the training to HEWs using the mobile health platform in 9 regions.

Support the FMOH to Strengthen the use of Telemedicine

In Ethiopia, where 86% of the population resides in rural areas and has limited access to specialized health care, investments in the use of eHealth to strengthen the health

system are important. Advances in Information and Communications Technology (ICT) have enabled telemedicine to be integrated into the routine care of patients, and coupled with eLearning technologies, to facilitate the exchange of medical knowledge through virtual seminars, lectures, conferences, and other online educational and training materials. The HRH project provided technical support to the FMOH to establish the use of telemedicine as follows:

- Provided technical support for the purchase and installation of telemedicine equipment;
- Provided technical support for the conduct of onsite training on various health conditions using telemedicine for 137 Health professionals.
- Supported the FMOH to develop rural/urban site identification for teler dermatology, and created linkages for additional 29 sites. In addition, consultative sessions between the 2 hubs and 17 spoke sites for the teler dermatology were enabled.
- Supported the FMOH to develop a teleradiology consultation reimbursement guideline document (the Ethiopian National Teleradiology Strategy Implementation Plan (2015-2020));

Additional selected inputs include:

- The health system support directorate of the FMOH was supported to improve data collection, interpretation, and utilization for decision making through developing weekly and monthly reporting and feedback mechanisms;
- The FMOH's health system special support directorate was supported to develop integrated supportive supervision checklists, which will be used to strengthen health extension program packages including *maternal and child health, malaria, HIV/AIDS, and TB*.
- The FMOH was supported technically to conduct the third round of leadership, management and governance training for 103 district health facilities of Somali region. Competencies of managers were developed regarding human resources planning, management, development and training. In addition, logistics, supply, drugs, information system management skills were addressed.

Support the FMOH to develop a GAVI Health Systems Strengthening (HSS) Proposal

The HRH project provided technical support to the FMOH for the development of a GAVI health system strengthening (HSS) project proposal. The proposal identified essential inputs that can facilitate implementation of the FMOH's soon-to-be-approved working documents - a 20 year envisioning document, and a five year strategic plan (Health Sector Transformation Plan (HSTP)). Out of the major areas of focus in the transformation document, the GAVI HSS support is planned to support three main objectives in strengthening the Health System;

- Improve Child Health service Delivery through community involvement
- Strengthening the capacity of the National Supply Chain System through strengthening the Cold Chain and the supply chain, the network system and the

regulatory system.

- Strengthening the Monitoring and Evaluation System through strengthening the HMIS and CHIS.

Result 4: Program Learning and Research Conducted

To be effective, HRH policies and programs must be based on evidence. The HRH Project supports the FMOH and professional associations to conduct operational research and document program learning on critical HRH issues using a capacity building approach. In this reporting period, the following support was provided:

IR 4.1 Research and Evaluation Evidence on Critical Human Resource for Health Issues Generated

Conduct Data Collection : Study on Health Professionals’ Regulation and Practice in Ethiopia

The HRH project supported the FMOH and FMHACA to conduct a study on the regulation of health professionals practice in the country. The aim of this study is to generate evidence on the existing health professionals’ regulation practice in the country, which will guide the implementation of relevant guidelines and directives. The research questions included:

- Identify current CPD practices and institutional capacity of key stakeholders to provide and regulate continuing professional development in the country;
- Examine current practices in regulation of scopes of practice of health professionals at different levels of the health care system;
- Assess the existing practices in managing fitness to practice (ethics and competence review) concerns; and to
- Investigate how registration, licensure and re-licensure are being practiced at different levels of the country;

Data was collected in March 2015 in 102 randomly selected health facilities, 11 RHBs, FMHACA, FMOH, 26 health professional associations and 35 in-service training sites. A total of 554 health professionals were interviewed in selected health facilities to obtain information on adherence to their scope of practice and how they stay up-to-date. Findings from the study are expected to serve as inputs to improve the existing professionals regulatory, licensure and CPD policies.

Technical Reports and Manuscripts – Research Studies

In this reporting period, the HRH Project drafted or finalized technical reports and manuscripts using data from previously conducted research activities including:

Technical Reports:

- In Year Two, the HRH Project conducted a national study with the aim of identifying factors related to the health workforce motivation, job satisfaction and retention in Ethiopia. A technical report summarizing study findings was

finalized and submitted to USAID/FMOH.

- A draft technical report summarizing findings from the “Regulation of Health Professionals Practice in Ethiopia” study has been drafted and will be finalized and submitted to USAID, the FMOH and FMHACA at the beginning of the next project year;
- Draft technical reports summarizing findings from the “Task Analysis Study for Five Cadres – Medical Doctors, Health Officers, Nurses, Medical Laboratory Professionals and Pharmacy Professionals” have been initiated and will be shared to respective professional associations for their inputs;

Manuscripts:

- A manuscript titled “How well does pre-service education prepare midwives for practice: competence assessment of midwifery students at the point of graduation in Ethiopia” was published in the BMC Medical Education Journal (open access – see link: <http://www.biomedcentral.com/1472-6920/15/130>)
- A manuscript titled “Preparing the health workforce in Ethiopia: a cross sectional study of competence of anesthesia graduating students” has been accepted for publication in the Education for Health Journal - the editors are finalizing the publication.
- A manuscript titled “Factors Affecting Turnover Intention amount Nurses in Ethiopia” has been submitted to the World Health and Population Journal.
- Task Analysis manuscripts for Midwifery, HEWs and Anesthetists are currently being refined.

Scope of Work Developed: HRH Midterm Evaluation

The HRH project drafted a scope of work for the midterm evaluation in the first quarter. The purpose of the midterm evaluation is to assess the HRH project implementation process and document the extent of results achieved against the process, output and intermediary outcome level indicators presented in the project performance monitoring plan and implementation plan. The midterm evaluation will cover public training institutions, private health science colleges, the FMOH, RHBs, ZHDs, sample woreda health offices, HERQA, FMHACA, TVET agencies (Federal, Oromia, Tigray and Amhara regions) and 6 implementing partners (Jhpiego, MSH, OU, EMwA, EAA and project mercy).

In the second quarter, the scope of work was revised based on inputs from USAID and submitted for approval.

Rapid Assessment: Contributions of the HRH Project towards Priority Health Issues

The HRH Project conducted a rapid assessment to collect data on the Project’s contribution towards HIV/AIDS, TB, Malaria, and RMNCH services, as well as priority health worker demand and supply. The assessment was conducted in all regions except Gambela, and included inputs from 25 health officers, 11 medical doctors, 35 midwives, 41 nurses, 12 Anesthetists and 19 HEWs from 59 health facilities.

Large numbers of people are being served by health professionals whose

education was supported by the HRH project since 2012. *For example, HRH supported graduates from different cadres reached 3,184,526 people with voluntary HIV counseling and testing (VHCT) services, of whom 1,196,860 were pregnant mothers. They also provided ARV services to 82,054 HIV exposed infants* (see attached report).

Present Study Findings at the Dutch Working Party on Safe Motherhood and International Child Health

The HRH Project presented findings from the Student Competency Assessment Study conducted in Year two at the Dutch Working Party on Safe Motherhood and International Child Health meeting held from November 26 – 30, 2014. The title of the presentation was “How well does pre-service education prepare midwives for the world of work: competence assessment of midwives at the level of graduation”. The meeting was an opportunity to highlight the health systems strengthening activities being conducted in Ethiopia.

Present project findings at the Ethiopian Public Health Association Conference

The HRH project made the following presentations at the 16th Ethiopian Public Health Association (EPHA) annual conference held in the second quarter.

- Educational Standards to Improve Health Professional Training
- Developing Master of Public Health Programs in Human Resources for Health Management and Health Economics in Ethiopia

This was an opportunity to share key findings with the participants, and increase visibility of the project activities.

4.2 Build Local Capacity in M&E and Research focusing on HRH

In an effort to build local capacity for the conduct of high quality research on relevant HRH related issues, the HRH project has been working with the Amhara, Tigray and Oromia RHBs, as well as selected professional associations, to implement the following research activities:

Support Amhara and Tigray RHBs to conduct a study on assessing the competency of midwives in the health facilities of the regions

In response to a request from the Amhara and Tigray regional health bureaus, the HRH project provided mentorship and guidance for the conduct of a study to assess the competency of midwives working in the regions. The aim of this study was to assess performance of midwives in the provision of care during labor, childbirth and the

It is expected that findings from this study will be used to develop recommendations for strengthening both the in-service and pre-service training for midwives in these regions, ultimately increasing access to quality maternal and child health services for women and children.

immediate postpartum period. The study also aimed to identify current gaps in the work environment that influence performance during provision of labor and delivery services.

Data were collected in February 2015 in 56 randomly health facilities (19

hospitals and 37 health centers) in Amhara and 59 randomly selected health facilities (13 hospitals and 46 health centers) in Tigray. A total of 150 midwives in Amhara and 144 midwives in Tigray were observed by proficient assessors.

An abstract highlighting findings from data collected in Amhara was submitted for oral presentation at the Amhara RHB Annual Research Conference. An abstract was also submitted for presentation at the upcoming Ethiopian Midwifery Association annual general assembly meeting planned for October 2015.

Technical reports documenting findings from the two regions will be finalized in the next project year.

Support Health Professional Associations to conduct a Task Analysis Study for Five Selected Cadres

The HRH project supported the FMOH and 5 health professional associations to conduct a task analysis study for five cadres (medical doctors, health officers, nurses, medical laboratory professionals and pharmacy professionals). The purpose of the study was to assess the needs and gaps in the education, practice and competencies of these cadres.

In the first quarter, data collection tools were finalized and ethical clearance was received from the Johns Hopkins University IRB. Data was collected in February 2015, in more than 65 hospitals and 93 health centers across all regions. A total of 192 medical doctors, 213 health officers, 223 nurses, 228 medical laboratory professionals and 235 pharmacy professionals were interviewed. Preliminary results for medical doctors and health officers were produced, and used to inform blueprints for licensure examination development for these cadres. The findings from the study will be used as inputs for licensure, curriculum revision and design of in-service training courses.

Draft Study Protocol Developed: Competence Assessment of Level IV Health Extension Workers in Oromia

The HRH project is supporting the Oromia RHB to develop a study protocol to assess the competence of Level IV HEWs in the region. The aim of this study is to assess selected HEW competencies focusing on HIV, maternal, child and newborn health. These findings will be used to inform programmatic efforts to strengthen the pre-service education and integrated refresher training of HEWs, which will in turn improve the quality of healthcare services in the region. A total of 120 Level IV HEWs and 18 HEWs supervisors will be assessed. The protocol will be submitted to the Johns Hopkins University (JHU) IRB for ethical review and approval.

Support the Federal Ministry of Education and Federal Ministry of Health to Establish a Student Tracking System

In the second quarter, the HRH project provided financial and technical support to the FMOE to initiate the process of establishing a student tracking system at Universities. Specific inputs included supporting the higher education directorate of the FMOH to conduct a needs assessment and collect information on the prerequisites required for developing the student tracking database. This included a desk review and onsite assessments at 4 HEIs. The draft document outlining the requirements for the student

tracking database is in the process of review and will be finalized in the next project year.

Support the FMOH to Develop an In-Service Training Database

In response to a request from the FMOH to develop a standardized in-service training database, the HRH project participated in four consecutive meetings with the FMOH, CDC, ICAP and Tulane to discuss and recommend database options for tracking in-service training (IST) participants in the first quarter. The HRH project provided technical support in identifying IST data elements for discussion. The team proposed to customize the existing HRIS database to include the IST data elements. The HRH project will contribute for the development of standard operating procedure after the customization of training database by Tulane.

Conduct Annual Data Quality Assurance Assessments using Routine Data Quality Assessment (RDQA) tool

The HRH Project conducted a Data Quality Assessment (DQA) in 18 training institutions (4 universities and 14 regional health science colleges) supported by the Project. The purpose of the DQA was to verify reported data, review the existing system for routine data recording and reporting in the targeted training institutions, and to utilize findings to provide recommendations to training institutions for improvement and maintenance of quality data.

The DQA verified the reported data on two selected standard indicators:

1. Number of new Health Care Workers (HCW) who graduated from a pre-service training institution or program as a result of USG-supported strengthening efforts. In this category; graduates of midwifery, anesthesia and emergency medical technician programs are assessed.
2. Number of community health and para-social workers who successfully completed a pre-service training program” In this category; community health workers i.e health extension workers who trained at level III and level IV program were assessed.

The assessment also reviewed data management systems and processes to assess proper flow of information as well as documentation in registrar offices of selected education institutions. Findings from the DQA include:

- The number of health care worker graduates reported and recounted figures were 1,586 and 1,445 respectively which is an 8.89% margin of error. The data quality rating is within the acceptable range (5%-10%).
- For HEW graduates, reported and recounted figures were 2,754 and 2,758 respectively with a 0.15% margin of error. This margin of error is less than 5% showing adequate reporting quality.
- All the institutions have computers and related materials for recording and keeping student information but they lack an adequate system and trained personnel to record and report quality data. Registrar office personnel need support to build their capacity on computer use and close follow up so that the

M&E system can provide reliable, valid and timely data.

Document effectiveness of HRH project at pre-service education institutions:

To document progress in improving the quality of education as a direct result of inputs from the HRH Project, data was collected at all HRH project supported Universities, Colleges and stakeholders such as regional COC agencies. A semi-structured tool was developed to guide the data collection, and it included questions on:

- HSEDC establishment and institutionalization,
- Faculty development,
- Improving the quality of curricula,
- Building the capacity of simulation centers,
- Availability of educational and ICT resources (books and computers),
- Improving clinical education,
- Improving gender activities,
- Strengthening in-service training centers, and
- Improving the capacity of FMOH, FMHACA, RHBs and HERQA

A report summarizing findings from the data collection will be finalized in the next project year. The findings will help to consolidate efforts in the coming two years.

Integrated Supportive Supervision - Oromia and SNNPR RHBs

In preparation for Integrated Supportive Supervision in Oromia region, the HRH project provided technical support for review and revision of the existing ISS checklist. Revisions included adding new HRH related indicators on HR structure and staffing, HR planning, HR guideline and policy document availability, HR data management, HR development, motivation and retention and information sharing and communication. The updated checklist was then used to conduct ISS in the region in all zonal health departments, and selected town health offices. Key findings include:

- Promising efforts in filling HR vacant positions at WoHOs observed;
- Most ZHDs and WoHOs routinely reviewed their HR plans, completed performance appraisals according to the BSC and provided feedback to their staff;
- Trainings were provided on HRIS and software was installed at zonal health departments and town health offices;

Similar support was provided to the SNNP region, where visits were made to 7 WoHOs.

Key findings included:

- The Human Resources Data & Statistics units visited have a weak HRIS system;
- Most of the WoHOs have now instituted an employee orientation program.

Joint Supportive Supervision - Training Institutions

The HRH project provided financial and technical support to the FMOH to conduct joint supportive supervision in 13 training institutions in the first quarter and 7 training institutions in the second quarter. The supervisory team included representatives from the FMOH, the Federal Ministry of Education, and the HRH Project. The team visited midwifery, anesthesia, health extension, health informatics and emergency medical technician training programs, with the objective of:

- Assessing the implementation of the health professional training programs as per

national educational standards,

- Assessing the extent of effective coordination, collaboration and integration among teaching facilities, RHBs and health facilities.

Selected key findings include:

- The institutions have established an internal quality assurance framework and are conducting regular self-assessment on the progress of educational quality improvement using the standardized HERQA tools;
- There continues to be a high turn-over of faculty, which contributes to teachers having a limited role in assessing practical training.
- Some training institutions have created mechanisms to motivate and improve performance of health facility preceptors through providing them with trainings on clinical teaching skills, technical updates, and awarding scholarships for career development through summer and extension education programs.
- Regional Health Science Colleges are receiving support from several partners including the HRH project, AMREF, UNFPA, ICAP and Tulane, particularly for HEW, health informatics and emergency medical technician training – these inputs should be coordinated.

At the end of each visit, discussions were held with the university or college management, the HSEDC focal person and department heads to provide feedback, technical recommendations and develop action plans.

Conduct monitoring visits to Regional Health Bureaus

The HRH project conducted monitoring visits to all RHBs (except Addis Ababa and Afar) during the reporting period. The aim of the visits was to mentor human resource support core process owners and human resource management officers on project documentation, branding and performance tracking. Key findings include:

- HRIS is not functional in most of the RHBs due to a lack of trained personnel and computers. The RHBs have requested partners for support to increase the functionality of the HRIS.
- Emerging regions (Somali, Benshangul Gumuz and Gambela) have challenges in hiring qualified professionals in the HR department, which has resulted in poor documentation of personnel files and a weak individual performance appraisal system.

The team provided onsite feedback to address identified gaps.

Conduct regular follow-up at Midwifery, Anesthesia, HEW, Biomedical Technician, & EMT training institutions to monitor project activities.

In the first quarter, the HRH project conducted regular follow up through phone calls and onsite visits. A total of 26 training institutions (12 in Amhara, 4 in Oromia, 6 in Tigray and 4 in SNNP), were monitored and provided with follow-up to support the implementation of activities in the HSEDCs and gender offices.

In the second quarter, regular follow up via phone and onsite visits were conducted at 38 training institutions to provide technical support and follow-up the progress of HSEDCs, and educational quality improvement. Ongoing monitoring

activities will contribute to building the capacity of institutions and faculty members to provide quality education to health professional students, ultimately resulting in the production of competent health workers who will provide safe *MNCH, FP, TB, HIV/AIDS and Malaria services*.

Findings indicate that HSEDCs have begun to support performance of faculty and preceptors through providing need-based technical updates, and awarding scholarships for career development.

Conduct Supportive Supervision visits at 7 RHBs and 31 In-Service Training (IST) sites

In the second quarter, the HRH Project conducted supportive supervision visits at 7 RHBs and 31 in-service training centers to strengthen IST standardization and institutionalization. Key findings include:

- Most IST centers have started organizing and conducting various courses on priority health issues such as *Basic Emergency Obstetrics and Newborn Care (BEmONC), long acting family planning methods, TB, malaria, and HIV/AIDS*.
- Non-governmental partners and governmental institutions have started using these IST centers for trainings.
- Centers have begun using the standardized IST courses, national IST directives, manuals and project management documents.

In addition, the HRH project supported the Amhara RHB to conduct supportive supervision at six In-Service Training sites with the objective of advocating for and strengthening the status of IST centers in the region. Key findings include:

- All sites have the national IST guideline and manual and almost all have assigned a focal person (either the academic vice dean or HSEDC focal person) to lead the process;
- All the sites visited are using the IST center for both internal and external trainings;
- Five of the sites have established a well-furnished training center which can accommodate more than 30 participants for various trainings;

Technical support provided to Oromia RHB to conduct Hospital Supervision and Evaluation:

The HRH Project provided technical support to the Oromia RHB for supportive supervision and evaluation of three hospitals: Abomsa, Robe-dida'a and Bishoftu. The supervision and evaluation was conducted using a comprehensive checklist containing elements related to the Ethiopian Hospitals Reform Implementation Guide (EHRIG), referral systems, Maternity issues and Clean and safe Hospitals. The results showed that there were gaps in the implementation of HRM functions – there was no comprehensive HR plan, incomplete HR policy documents, no strong performance appraisal system and employee files were not complete with all necessary documents. Appropriate corrective measures were forwarded from the supervising team.

Collect Annual HRM performance data from RHBs, ZHDs, and WoHOs

Using a standardized data collection tool, annual HRM data collection was conducted at

10 RHBs (except Harar as the RHB focal person was unavailable), 26 ZHDs, 49 WoHOs and 5 Hospitals. The objective of the data collection was to assess the implementation status of human resource management practices, and identify major gaps and challenges in HRM implementation. Key findings from all the regions are summarized below:

Improvements were observed in implementation of HRM practices, including availability and utilization of comprehensive regional HRDM policy documents, availability of updated employee job descriptions in 95% of organizations visited, and staff requirement plans available in 88% of organizations visited; provision of housing for health professionals to improve retention and motivation (**Gambela**); allocation of non-salary budgets to support HRM activities (**Oromia**); and improvements in the educational profiles of HRM staff (E.g., **SNNPR**, where 77% of existing HR staff have a bachelor’s degree in an area related to HR management). In **Tigray**, the RHB has a CPD plan for critical cadres such as HEWs – in the last EFY 2007 (2014/2015), the bureau trained 333 level III and level IV HEWs.

Gaps identified included turn-over of HR staff, weak HR data collection and utilization, staff absenteeism (**Somali**), and a lack of budget allocation for non-salary HRM support in some regions.

Overall, from the data collected, there are currently **155, 305** health workers (9626 Midwives, 545 Anesthetists, 36,319 HEWs, 477 EMTs and 122 biomedical technicians) in the regions, except for Harari whose data was not available at the time of data collection. Over 1,584 health workers formally resigned in the reporting period.

Collect Annual HRH performance data collection from training institutions

The HRH Project collected data from 54 higher education institutions that have been receiving support from the project (28 Universities, 25 HSCs and one private college). The data collection tool used captured relevant information such as: the type and number of students enrolled in each year, number of graduates in the academic year, dropout rates, number of students who took the COC exam and passed in the year, availability of skill labs and preceptors, and functionality of gender offices established in the institutions.

In the September 2014-July 2015 academic year, a total of 6,435 students graduated from 20 universities and 21 health science colleges (see table below). Compared to the last two years of project implementation newly enrolled students in Anesthesia, HEW level III, HEW level IV and other essential cadres such as emergency medical technicians and biomedical technicians have significantly increased.

Table 1: Number of Graduates by Cadre, FY 14

Institution type	Midwifery	Anesthesia	HEW Level III	HEW level IV (upgrading)	EMT
University	1124	146	-	-	-
RHSC	985	48	1778	2302	52
Total	2109	194	1778	2302	52

Fig. 1: HRH Project supported institutions – total number of graduates per cadre, planned 5 year targets versus 3-year achievements.

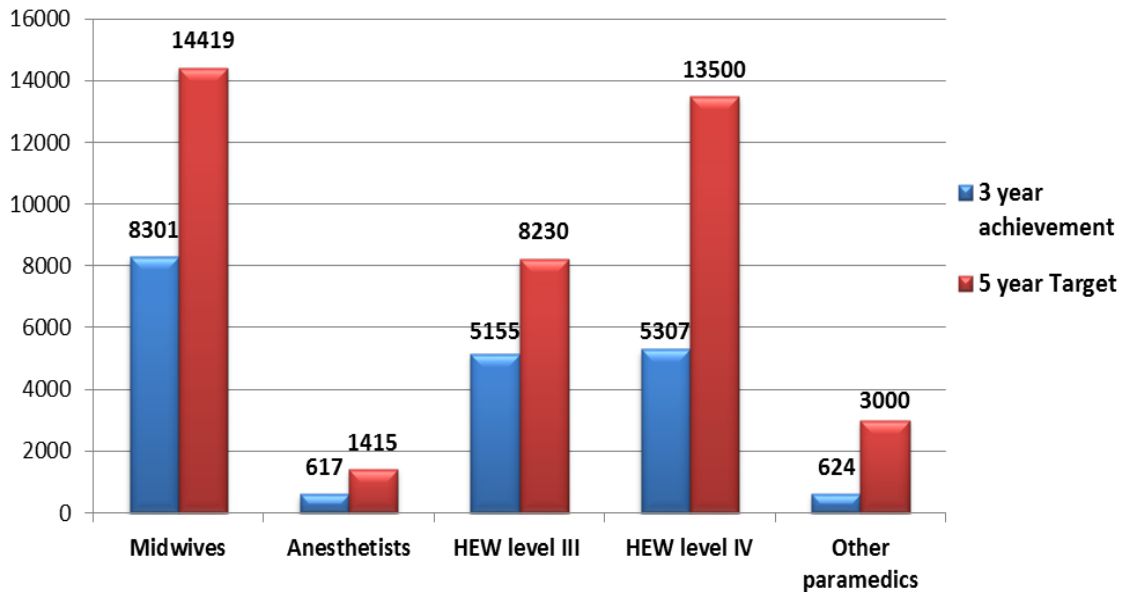
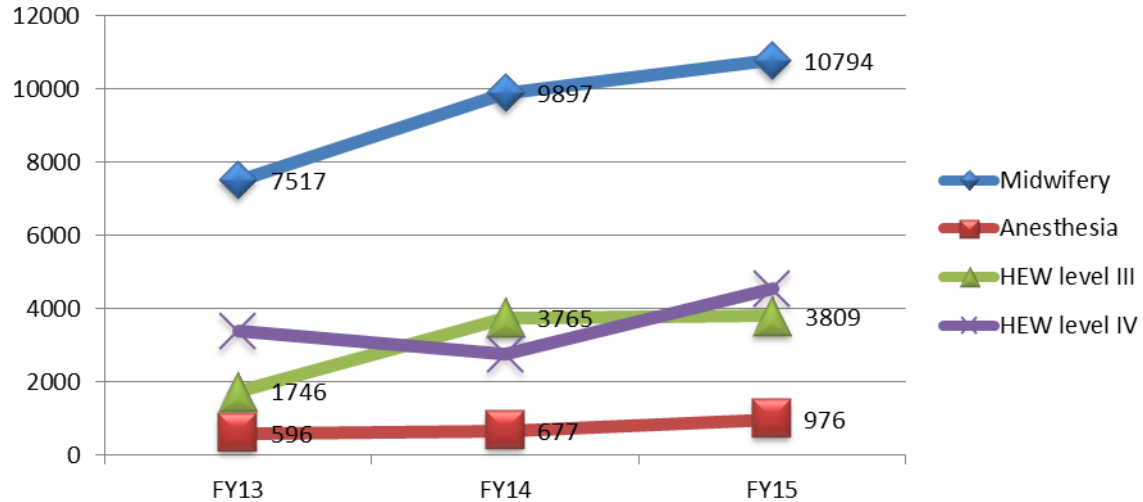


Figure 2: HRH Project supported institutions – total number of students enrolled by year, 2013 - 2015



Four training institutions; Jima University, Adama University, Wolayita Sodo University and Menilik HSC have started Nursing Specialty Programs in Neonatal Nursing, Emergency Nursing and OR Nursing. A total of 155 students were enrolled in the last academic year. The post graduate programs in HRM and Health Economics are currently being implemented at the Addis Continental Institute of Public Health (ACIPH), Jimma and Gondar Universities with a total of 76 students enrolled in the year. A detailed report of the annual data collection is attached in the Annexes.

7. Challenges and Constraints and plans to overcome them during the reporting period

Quarterly challenges and Constraints for each program area

Major Challenges during the Quarter

- Shortage of instructors and skills development lab equipment for newly opened nursing specialty trainings (ICU, OR, and Neonatal Nursing);
- The HSEDC is not integrated into the organogram of some health science colleges, which minimizes their ability to make decisions and effectively work according to their mandate.
- In Gambella, the Project was unable to conduct HRM Training follow up and mentorship at the Zonal Health Department, Woreda health office and facilities level due to security problems in some parts of the region.
- In SNNPR, a recent change has been made that requires students to have evidence showing that they have passed Level-II, Level-III, & Level IV COC training. This new requirement came into effect after the Project Mercy College had enrolled the 1st group of 17 midwifery students. Since this was not the requirement at the time of their enrollment, many of these students don't not meet this new standard.

Plans to overcome challenges and constraints in each of your program areas

- The HRH project will advocate with the FMOH and relevant institutions for the hiring of experienced instructors, and will build the capacity of existing ones;
- The issue of integration of HSEDC in the organogram of Health Science Colleges' structure was discussed during the HRH forum, resulting in an agreement that the appropriate revisions will be considered during the upcoming government planning period.
- Ongoing monitoring of the security situation will continue, and local staff trained to conduct supportive supervision.
- Project Mercy has made arrangements to allow the currently enrolled students to continue under the standards in which they enrolled into the program. The next group of students will have to meet the new standards. This means that it is likely to be challenging to find enough students to meet enrollment targets. However, efforts will be made to recruit both from the SNNP region, as well as in other regions.

8. Data Quality issues during the reporting period

<p><u>Specific concerns you have with the quality of the data for program areas reported in this report</u></p> <p>During data collection for the research studies, there were some missing responses and unavailability of eligible study participants.</p>
<p><u>What you are doing on a routine basis to ensure that your data is high quality for each program area</u></p> <ul style="list-style-type: none"> • Deployed supervisors from the HRH project to ensure data quality • Supervisors supported data collectors to check missing variables. • Unavailable study participants were replaced from other selected health facilities
<p><u>How you planned to address those concerns / improve the quality of your data for each program area</u></p> <ul style="list-style-type: none"> • Deployment of trained and experienced supervisors and data collectors • Feasibility assessments should be required to minimize unavailable study participants

9. Major Activities Planned in the Next Reporting Period

Result Area One: Improved Human Resources for Health Management	
HRH4-001	Provide technical and financial support to the FMOH and RHBs to implement HRM Capacity Assessment Plans through semi-annual supportive supervision visits (to Regional Health Bureaus (RHBs), Zonal Health Departments (ZHDs) and selected districts)
HRH4-015	Provide technical & financial support to RHBs to conduct Balanced Score Card (BSC) Training for ZHDs & WHOs
HRH4-037	Conduct quarterly post-HRM In-service training follow up for HRM training participants (100 in Q1)
Result Area Two: Increased Availability of Midwives, Anesthetists, Health Extension Workers, and other Essential Health Workers	
HRH4-054	Print, laminate and distribute anesthesia practice standards and protocols
HRH4-060	Review and revise the generic Bachelor of Science (BsC) anesthesia curriculum to address core professional competencies
HRH4-061	Using the nationally endorsed anesthesia education standards, provide mentorship and coaching to Anesthesia Teaching Institutions, supporting them to use the standards to improve quality of education
HRH4-092	Conduct mentorship training for senior midwives from health facilities which also serve as clinical practicum sites
HRH4-094	Conduct a 4-day Instructional Design (ID) skills training and curriculum revision for curriculum reviewers
HRH4-096	Mentor and support midwifery schools to assess and improve the quality of education using national midwifery education standards
HRH4-101	Provide technical and financial support for the annual EMwA General Assembly (Annual Conference)

HRH4-110	Support the Oromia RHB to train 300 midwives in the region (upgrading), by providing tuition fee support
HRH4-111	Support the FMOH/TVET to provide a 6 day Effective Teaching Skills and curriculum orientation training for newly hired HEW instructors
HRH4-119	Contribute to the FMOH 2-day Annual Forum for Regional Health Science Colleges. During the forum, performance of anesthesia, midwifery, HEW, biomedical technician, EMT, and nursing specialty training will be reviewed.
HRH4-130	Provide financial and technical support to the FMOH to review and finalize the Level IV biomedical technician modules developed in the previous project year.
HRH4-159	Conduct a 3-day ID training and 5-day curriculum development workshop for Psychiatric and Ophthalmic Nursing
HRH4-162	Provide mentoring and coaching to improve the quality of nursing specialty education
HRH4-389	Provide tuition fee support for students enrolled in the programs
Result Area Three: Improved Quality of Training of Health Workers	
HRH4-183	Provide semi-annual mentoring and coaching visits to HSEDCs to promote a culture of program specific self-review using education standards
HRH4-245	Customize open source software to be used by COC Centers for online assessments
HRH4-226	Support HERQA to strengthen its data center by procuring a server, and other essential networking material
HRH4-251	Procure a server to support item banking and online testing
HRH4-275	Provide technical support for the assessment of potential IST centers
HRH4-341	Support the Federal FMHACA to develop a 'model Health Professionals Regulation (HPR) practices' project concept targeting 15 model public health institutions from eleven regions
HRH4-343	Provide technical assistance to FMHACA, eleven RHBs and model health institutions to develop a 'modeling HPR practices' project monitoring and reporting tool
HRH4-360	Provide technical and financial support to FMHACA to assist eleven RHBs and region-level FMHACA bodies to establish/strengthen regional ethics committees
Result Area Four: Monitoring and Evaluation, Program Learning and Research	
HRH4-302	Conduct a high level dissemination workshop to present key findings from HRH supported studies to key stakeholders (FMOH, RHBS, Universities, Colleges, etc)
HRH4-312	Support Amhara and Tigray Region to conduct a manuscript writing workshop using data from the Competency Assessment of Midwives Study

HRH4-316	Conduct Joint Supportive Supervision (JSS) in collaboration with the FMOH, RHBs and TVET at selected training institutions and in-service training centers, and collect outcome monitoring data (HEW, Anesthesia, Midwifery and other Essential Cadres)
HRH4-317	Provide ongoing program monitoring visits or follow-up over the phone at training institutions, RHBs, ZHDs, and IST centers
HRH4-296	Support Professional Associations to conduct manuscript writing workshops to draft manuscripts using data from a Task Analysis Study for 5 cadres (Medical doctors, Health Officers, Nurses, Pharmacists, and Medical Laboratory Scientists).

10. Environmental compliance

Describe any issues related to environmental compliance (if there are any)

Not applicable in this quarter

11. Financial accomplishment

(... in USD)

Life of Project budget (a)	Obligated to date (b)	Expenditure (Accrual and actual disbursement) to date (c)	Remaining balance (d) = (b) – (c)	Remarks
\$55,000,000	\$30,676,953	\$28,901,618.62	\$1,775,334.38	

12. Issues requiring the attention of USAID Management

Identify and state issues that USAID needs to look at and address for each program area

N/A

13. Data Sharing with Host Government:

Have you shared this report with the host government?

Yes

No

If yes, to which governmental office/s?

The report from the past quarter was shared with the Federal Ministry of Health and RHBs; This report will be shared with the relevant governmental offices, according to government reporting timelines set for non-governmental organizations.

If No, why not?

[Please put your response here]

Have you made **data reconciliation** with respective regional sectoral office/s?

Yes X
No

If yes, to which regional sectoral office/s? Were there any issues that came out from the reconciliation? How these issues were handled/ will be handled?

HRH intervention training institutions

If no reconciliation was made, what are the reasons for it?

[Please put your response here]

14. Appendices

(Include any relevant documents, data etc as appendices)

1. Amhara National Regional State Health Bureau – Regional Human Resources for Health (HRH) Annual Profile/Report
2. Federal Democratic Republic of Ethiopia Ministry of Health – Human Resource for Health Strategic Plan (2009 – 2025)
3. Rapid Assessment Report
4. Annual Data Collection Report